

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5 Team Ryan

ADDRESS (number and street) 320 1st St SE Washington DC 20003 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C00545947 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31 Year-End Report (YE) (b) Monthly Report Due On: Feb 20 (M2) through Nov 20 (M11) (c) 12-Day PRE-Election Report for the: Primary (12P), General (12G), Runoff (12R), Convention (12C), Special (12S) (d) 30-Day POST-Election Report for the: General (30G), Runoff (30R), Special (30S)

5. Covering Period 10 / 01 / 2017 through 12 / 31 / 2017

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 Kilgore, Paul, , ,

Signature of Treasurer Kilgore, Paul, , , [Electronically Filed] Date 01 / 18 / 2018

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

**Team Ryan**

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2017"/>	<input type="text" value="478426.19"/>	<input type="text" value="478426.19"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="2253436.56"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="4959916.66"/>	<input type="text" value="44708990.54"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="7213353.22"/>	<input type="text" value="45187416.73"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="6236492.81"/>	<input type="text" value="44210556.32"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="976860.41"/>	<input type="text" value="976860.41"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

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

**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

Write or Type Committee Name

**Team Ryan**

Report Covering the Period: From:  /  /  To:  /  /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	3815609.00	38393672.15
(ii) Unitemized .....	127446.58	777818.35
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	3943055.58	39171490.50
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	899445.00	5107345.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	4842500.58	44278835.50
12. Transfers From Affiliated/Other Party Committees.....	117405.08	362716.42
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	11.00	67438.62
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	4959916.66	44708990.54
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	4959916.66	44708990.54

**DETAILED SUMMARY PAGE**

of Disbursements

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Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	2546963.37	9124160.87
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	2546963.37	9124160.87
22. Transfers to Affiliated/Other Party Committees.....	3677104.44	34701568.45
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	12325.00	380977.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	100.00	- 2400.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	12425.00	378577.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	6250.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	6236492.81	44210556.32
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	6236492.81	44210556.32

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	4842500.58	44278835.50
34. Total Contribution Refunds (from Line 28(d)) .....	12425.00	378577.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	4830075.58	43900258.50
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	2546963.37	9124160.87
37. Offsets to Operating Expenditures (from Line 15, page 3).....	11.00	67438.62
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	2546952.37	9056722.25

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 6 OF 946
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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)  
**Team Ryan**

**A. ABREU, CHARITY, V., DR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 1619 HERITAGE LN  
City MISSION State TX Zip Code 78572-4529  
FEC ID number of contributing federal political committee. **C**  
Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) PHYSICIAN  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 23 / 2017  
**Transaction ID : SA11A.524844**  
Amount of Each Receipt this Period 300.00  
 Memo Item CONTRIBUTION

**B. ABREU, RICARDO, , DR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 5300 N MCCOLL RD STE 100  
City MCALLEN State TX Zip Code 78504-3969  
FEC ID number of contributing federal political committee. **C**  
Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) PHYSICIAN  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 2700.00

Date of Receipt 10 / 23 / 2017  
**Transaction ID : SA11A.525044**  
Amount of Each Receipt this Period 2700.00  
 Memo Item CONTRIBUTION

**C. ACKAD, ALEXNDRE, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 199 HARVEST WAY  
City SADDLE RIVER State NJ Zip Code 07458-2822  
FEC ID number of contributing federal political committee. **C**  
Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
Receipt For:  Primary  General  Other (specify)  
Aggregate Year-to-Date ▼ 350.00

Date of Receipt 10 / 19 / 2017  
**Transaction ID : SA11A.524928**  
Amount of Each Receipt this Period 50.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....▶ 3050.00  
**TOTAL** This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 946
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. ACKAD, ALEXNDRE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 199 HARVEST WAY  
 City SADDLE RIVER State NJ Zip Code 07458-2822  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 11 / 19 / 2017  
**Transaction ID : SA11A.528070**  
 Amount of Each Receipt this Period 50.00  
 Memo Item CONTRIBUTION

**B. ACKAD, ALEXNDRE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 199 HARVEST WAY  
 City SADDLE RIVER State NJ Zip Code 07458-2822  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 12 / 19 / 2017  
**Transaction ID : SA11A.531318**  
 Amount of Each Receipt this Period 50.00  
 Memo Item CONTRIBUTION

**C. ACOR, GENEVA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 468 VALLEY VIEW DR  
 City WINTER GARDEN State FL Zip Code 34787-4512  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 15 / 2017  
**Transaction ID : SA11A.524171**  
 Amount of Each Receipt this Period 250.00  
 Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	350.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 8 OF 946
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. ADAMS, LEE, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 17567 120 TH AVE

City INDIANOLA	State IA	Zip Code 50125-8835
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) DANLEE CORP	Occupation (for Individual) OWNER
--	--------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	28	/	2017

**Transaction ID : SA11A.531733**

Amount of Each Receipt this Period  
250.00

Memo Item  
CONTRIBUTION

**B. ADAMS, STEVE, R., MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 624

City CARROLLTON	State GA	Zip Code 30112-0012
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS	Occupation (for Individual) INFORMATION REQUESTED PER BE
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
10000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	20	/	2017

**Transaction ID : SA11A.527852**

Amount of Each Receipt this Period  
10000.00

Memo Item  
CONTRIBUTION

**C. AGANS, ROBERT, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 46 WEXFORD CLUB DR.

City HILTON HEAD	State SC	Zip Code 29928-3356
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
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Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	23	/	2017

**Transaction ID : SA11A.525138**

Amount of Each Receipt this Period  
50.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	10300.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

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

FOR LINE NUMBER: PAGE 9 OF 946  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. AGANS, ROBERT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 46 WEXFORD CLUB DR.  
 City HILTON HEAD   State SC   Zip Code 29928-3356  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE   Occupation (for Individual) RETIRED  
 Receipt For:  Primary    General    Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 11 / 23 / 2017  
**Transaction ID : SA11A.528242**  
 Amount of Each Receipt this Period 50.00  
 Memo Item CONTRIBUTION

**B. AGANS, ROBERT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 46 WEXFORD CLUB DR.  
 City HILTON HEAD   State SC   Zip Code 29928-3356  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE   Occupation (for Individual) RETIRED  
 Receipt For:  Primary    General    Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 12 / 23 / 2017  
**Transaction ID : SA11A.531615**  
 Amount of Each Receipt this Period 50.00  
 Memo Item CONTRIBUTION

**C. AGEE, BRANDON, , MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11072 TELMAR DR  
 City NORTHPORT   State AL   Zip Code 35475-2829  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NHS MANAGEMENT LLC   Occupation (for Individual) CONSULTANT  
 Receipt For:  Primary    General    Other (specify)  
 Aggregate Year-to-Date ▼ 7500.00

Date of Receipt 12 / 11 / 2017  
**Transaction ID : SA11A.530390**  
 Amount of Each Receipt this Period 2500.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....▶ 2600.00  
**TOTAL** This Period (last page this line number only).....▶

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

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

FOR LINE NUMBER: PAGE 10 OF 946  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. AGRAWAL, BRIJ, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 614 ALKIRE LAKE DR

City SUGAR LAND	State TX	Zip Code 77478-3510
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) VKC GROUP INC.	Occupation (for Individual) RESTAURANT MANAGEMENT
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		18		2017

**Transaction ID : SA11A.524700**

Amount of Each Receipt this Period  
5000.00

Memo Item  
CONTRIBUTION

**B. ALLEN, RALPH, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1401 S. FLORIDA AVE.

City LAKELAND	State FL	Zip Code 33803-2291
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) ALLEN & CO	Occupation (for Individual) CHAIRMAN
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		12		2017

**Transaction ID : SA11A.523898**

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

**C. ALLEN, RALPH, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1401 S. FLORIDA AVE.

City LAKELAND	State FL	Zip Code 33803-2291
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) ALLEN & CO	Occupation (for Individual) CHAIRMAN
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Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11		12		2017

**Transaction ID : SA11A.527342**

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	5050.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 946
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. ALLEN, RALPH, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1401 S. FLORIDA AVE.

City LAKELAND	State FL	Zip Code 33803-2291
------------------	-------------	------------------------

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

Name of Employer (for Individual) ALLEN & CO	Occupation (for Individual) CHAIRMAN
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	12	/	2017

**Transaction ID : SA11A.530787**

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

**B. ALLEN, ROB, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1414 S EUDORA ST

City DENVER	State CO	Zip Code 80222-3528
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) ENCON DESIGN LLC	Occupation (for Individual) PROJECT DESIGN DRAFTSMAN
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	13	/	2017

**Transaction ID : SA11A.523941**

Amount of Each Receipt this Period  
50.00

Memo Item  
CONTRIBUTION

**C. ALLEN, ROB, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1414 S EUDORA ST

City DENVER	State CO	Zip Code 80222-3528
----------------	-------------	------------------------

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

Name of Employer (for Individual) ENCON DESIGN LLC	Occupation (for Individual) PROJECT DESIGN DRAFTSMAN
---	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	17	/	2017

**Transaction ID : SA11A.528113**

Amount of Each Receipt this Period  
50.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	125.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 12 OF 946  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. ALLEN, ROB, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1414 S EUDORA ST  
 City DENVER State CO Zip Code 80222-3528  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) ENCON DESIGN LLC Occupation (for Individual) PROJECT DESIGN DRAFTSMAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 20 / 2017  
**Transaction ID : SA11A.531399**  
 Amount of Each Receipt this Period 50.00  
 Memo Item CONTRIBUTION

**B. ALLEN, ROGER, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 375 CEMAR CT  
 City MARION State IA Zip Code 52302-2500  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) METCY Occupation (for Individual) PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 10 / 21 / 2017  
**Transaction ID : SA11A.525202**  
 Amount of Each Receipt this Period 30.00  
 Memo Item CONTRIBUTION

**C. ALLEN, ROGER, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 375 CEMAR CT  
 City MARION State IA Zip Code 52302-2500  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) METCY Occupation (for Individual) PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 11 / 21 / 2017  
**Transaction ID : SA11A.528137**  
 Amount of Each Receipt this Period 30.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....▶ 110.00  
**TOTAL** This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 946
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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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)  
**Team Ryan**

**A. ALLEN, ROGER, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 375 CEMAR CT  
 City MARION State IA Zip Code 52302-2500  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) METCY Occupation (for Individual) PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 21 / 2017  
**Transaction ID : SA11A.531373**  
 Amount of Each Receipt this Period  
 30.00  
 Memo Item  
 CONTRIBUTION

**B. ALVIR, PAZ, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8711 PAPPAS WAY  
 City ANNANDALE State VA Zip Code 22003-4539  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 28 / 2017  
**Transaction ID : SA11A.526137**  
 Amount of Each Receipt this Period  
 30.00  
 Memo Item  
 CONTRIBUTION

**C. ALVIR, PAZ, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8711 PAPPAS WAY  
 City ANNANDALE State VA Zip Code 22003-4539  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 28 / 2017  
**Transaction ID : SA11A.528770**  
 Amount of Each Receipt this Period  
 30.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	90.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 946
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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)  
**Team Ryan**

**A. ALVIR, PAZ, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8711 PAPPAS WAY

City ANNANDALE	State VA	Zip Code 22003-4539
-------------------	-------------	------------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
360.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	28	/	2017

**Transaction ID : SA11A.531773**

Amount of Each Receipt this Period  
30.00

Memo Item  
CONTRIBUTION

**B. AMES, STEVEN, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3007 SETTING SUN DRIVE

City CORONA DEL MAR	State CA	Zip Code 92625-1522
------------------------	-------------	------------------------

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

Name of Employer (for Individual) USAA	Occupation (for Individual) REAL ESTATE INVESTMENT
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	01	/	2017

**Transaction ID : SA11A.522745**

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

**C. AMES, STEVEN, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3007 SETTING SUN DRIVE

City CORONA DEL MAR	State CA	Zip Code 92625-1522
------------------------	-------------	------------------------

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

Name of Employer (for Individual) USAA	Occupation (for Individual) REAL ESTATE INVESTMENT
---	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	01	/	2017

**Transaction ID : SA11A.526553**

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	80.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 946
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. AMES, STEVEN, , ,**

Mailing Address 3007 SETTING SUN DRIVE

City CORONA DEL MAR	State CA	Zip Code 92625-1522
------------------------	-------------	------------------------

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

Name of Employer (for Individual) USAA	Occupation (for Individual) REAL ESTATE INVESTMENT
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	01	/	2017

**Transaction ID : SA11A.529376**

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**B. AMOS, DANIEL, P., MR.,**

Mailing Address PO BOX 5566

City COLUMBUS	State GA	Zip Code 31906-0566
------------------	-------------	------------------------

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

Name of Employer (for Individual) AFLAC	Occupation (for Individual) CEO
--	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
15000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	29	/	2017

**Transaction ID : SA11A.528591**

Amount of Each Receipt this Period  
15000.00

Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**C. AN TAL, JANEY, , ,**

Mailing Address 3900 WEST 40TH PLACE

City KENNEWICK	State WA	Zip Code 99337-2625
-------------------	-------------	------------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	06	/	2017

**Transaction ID : SA11A.523266**

Amount of Each Receipt this Period  
10.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	15035.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 946
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. AN TAL, JANEY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3900 WEST 40TH PLACE  
 City KENNEWICK State WA Zip Code 99337-2625  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 12 / 03 / 2017  
**Transaction ID : SA11A.529603**  
 Amount of Each Receipt this Period 10.00  
 Memo Item CONTRIBUTION

**B. ANAYA, CARLOS, , DR,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6807 N 1ST LN  
 City MCALLEN State TX Zip Code 78504-1922  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 23 / 2017  
**Transaction ID : SA11A.525045**  
 Amount of Each Receipt this Period 500.00  
 Memo Item CONTRIBUTION

**C. ANDERSON, EDWIN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6337 GLEN HOLLOW DR.  
 City LIBERTY TWP State OH Zip Code 45011-0442  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 765.00

Date of Receipt 10 / 16 / 2017  
**Transaction ID : SA11A.524154**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	535.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 946
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. ANDERSON, EDWIN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6337 GLEN HOLLOW DR.  
 City LIBERTY TWP State OH Zip Code 45011-0442  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 765.00

Date of Receipt 11 / 16 / 2017  
**Transaction ID : SA11A.527880**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**B. ANDERSON, EDWIN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6337 GLEN HOLLOW DR.  
 City LIBERTY TWP State OH Zip Code 45011-0442  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 765.00

Date of Receipt 12 / 16 / 2017  
**Transaction ID : SA11A.531138**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**C. ANDERSON, PHILMORE, B., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 121 BLOOMFIELD RD  
 City CHARLOTTESVILLE State VA Zip Code 22903-9355  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NAVIGATORS GLOBAL Occupation (for Individual) SENIOR STRATEGIST  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 10000.00

Date of Receipt 12 / 31 / 2017  
**Transaction ID : SA11A.532113**  
 Amount of Each Receipt this Period 2500.00  
 Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2550.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 946
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. ANDRESEN, RANDI, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2037 N PARKSIDE DR.  
 2  
 City PARK RIDGE State IL Zip Code 60068-1001  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 630.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 14 / 2017  
**Transaction ID : SA11A.524224**  
 Amount of Each Receipt this Period  
 30.00  
 Memo Item  
 CONTRIBUTION

**B. ANDRESEN, RANDI, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2037 N PARKSIDE DR.  
 2  
 City PARK RIDGE State IL Zip Code 60068-1001  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 630.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 21 / 2017  
**Transaction ID : SA11A.525199**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item  
 CONTRIBUTION

**C. ANDRESEN, RANDI, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2037 N PARKSIDE DR.  
 2  
 City PARK RIDGE State IL Zip Code 60068-1001  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  
 Primary  General  
 Other (specify)  
 Aggregate Year-to-Date ▼  
 630.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 14 / 2017  
**Transaction ID : SA11A.527617**  
 Amount of Each Receipt this Period  
 30.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	85.00
<b>TOTAL</b> This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 19 OF 946
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Team Ryan

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**ANDRESEN, RANDI, , ,**

Mailing Address 2037 N PARKSIDE DR.  
2

City PARK RIDGE	State IL	Zip Code 60068-1001
--------------------	-------------	------------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
630.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
11 / 21 / 2017

Transaction ID : SA11A.528135

Amount of Each Receipt this Period  
25.00

Memo Item CONTRIBUTION

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**ANDRESEN, RANDI, , ,**

Mailing Address 2037 N PARKSIDE DR.  
2

City PARK RIDGE	State IL	Zip Code 60068-1001
--------------------	-------------	------------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
630.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
12 / 21 / 2017

Transaction ID : SA11A.531369

Amount of Each Receipt this Period  
25.00

Memo Item CONTRIBUTION

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**ANDREWS, WILLIAM, F., MR.,**

Mailing Address 1409 MORAN RD

City FRANKLIN	State TN	Zip Code 37069-6301
------------------	-------------	------------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
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Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
750.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
10 / 08 / 2017

Transaction ID : SA11A.523320

Amount of Each Receipt this Period  
25.00

Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	75.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 946
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. ANDROS, ANN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P O BOX 3651  
 City CARMEL State CA Zip Code 93921-3651  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) REAL ESTATE  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 2600.00

Date of Receipt 10 / 01 / 2017  
**Transaction ID : SA11A.522763**  
 Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION

**B. ANDROS, ANN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P O BOX 3651  
 City CARMEL State CA Zip Code 93921-3651  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) REAL ESTATE  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 2600.00

Date of Receipt 10 / 19 / 2017  
**Transaction ID : SA11A.524901**  
 Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION

**C. ANDROS, ANN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P O BOX 3651  
 City CARMEL State CA Zip Code 93921-3651  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) REAL ESTATE  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 2600.00

Date of Receipt 10 / 27 / 2017  
**Transaction ID : SA11A.525770**  
 Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... 300.00  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 946
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. ANDROS, ANN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P O BOX 3651  
 City CARMEL State CA Zip Code 93921-3651  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) REAL ESTATE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2600.00

Date of Receipt **11 / 01 / 2017**  
**Transaction ID : SA11A.526565**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION

**B. ANDROS, ANN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P O BOX 3651  
 City CARMEL State CA Zip Code 93921-3651  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) REAL ESTATE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2600.00

Date of Receipt **11 / 19 / 2017**  
**Transaction ID : SA11A.528073**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION

**C. ANDROS, ANN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P O BOX 3651  
 City CARMEL State CA Zip Code 93921-3651  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) REAL ESTATE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2600.00

Date of Receipt **11 / 27 / 2017**  
**Transaction ID : SA11A.528346**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	300.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 22 OF 946
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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)  
**Team Ryan**

**A. ANDROS, ANN, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address P O BOX 3651

City CARMEL	State CA	Zip Code 93921-3651
----------------	-------------	------------------------

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

Name of Employer (for Individual) SELF EMPLOYED	Occupation (for Individual) REAL ESTATE
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2600.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12		01		2017

**Transaction ID : SA11A.529356**

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

**B. ANDROS, ANN, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address P O BOX 3651

City CARMEL	State CA	Zip Code 93921-3651
----------------	-------------	------------------------

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

Name of Employer (for Individual) SELF EMPLOYED	Occupation (for Individual) REAL ESTATE
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2600.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12		19		2017

**Transaction ID : SA11A.531309**

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

**C. ANDROS, ANN, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address P O BOX 3651

City CARMEL	State CA	Zip Code 93921-3651
----------------	-------------	------------------------

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

Name of Employer (for Individual) SELF EMPLOYED	Occupation (for Individual) REAL ESTATE
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
2600.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12		27		2017

**Transaction ID : SA11A.531674**

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 23 OF 946
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. ANDROS, GUS, , MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1203 PASEO DORADO

City SAN DIMAS	State CA	Zip Code 91773-4411
-------------------	-------------	------------------------

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

Name of Employer (for Individual) DAUM COMMERCIAL	Occupation (for Individual) REAL ESTATE SALES
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		14		2017

**Transaction ID : SA11A.524223**

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

**B. ANDROS, GUS, , MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1203 PASEO DORADO

City SAN DIMAS	State CA	Zip Code 91773-4411
-------------------	-------------	------------------------

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

Name of Employer (for Individual) DAUM COMMERCIAL	Occupation (for Individual) REAL ESTATE SALES
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11		14		2017

**Transaction ID : SA11A.527622**

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

**C. ANDROS, GUS, , MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1203 PASEO DORADO

City SAN DIMAS	State CA	Zip Code 91773-4411
-------------------	-------------	------------------------

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

Name of Employer (for Individual) DAUM COMMERCIAL	Occupation (for Individual) REAL ESTATE SALES
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12		14		2017

**Transaction ID : SA11A.530935**

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	75.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 946
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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)  
**Team Ryan**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. ANGEL, J., B., ,</b>		Date of Receipt M M / D D / Y Y Y Y Y 11 / 29 / 2017
Mailing Address 474 WHITE CEMETERY RD		<b>Transaction ID : SA11A.528602</b>
City PINE MOUNTAIN	State GA	Zip Code 31822-4009
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS	Occupation (for Individual) INFORMATION REQUESTED PER BE	<input type="checkbox"/> Memo Item CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. ANGELAKIS, MICHAEL, J., MR.,</b>		Date of Receipt M M / D D / Y Y Y Y Y 10 / 16 / 2017
Mailing Address 1250 LAFAYETTE RD		<b>Transaction ID : SA11A.523627</b>
City GLADWYNE	State PA	Zip Code 19035-1110
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 33900.00
Name of Employer (for Individual) ATAIROS MANAGEMENT	Occupation (for Individual) CHAIRMAN	<input type="checkbox"/> Memo Item CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 33900.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. APPLING, MEDRITH, N., MS,</b>		Date of Receipt M M / D D / Y Y Y Y Y 10 / 18 / 2017
Mailing Address 2500 BARTON CREEK BLVD. 3403		<b>Transaction ID : SA11A.524707</b>
City AUSTIN	State TX	Zip Code 78735-1603
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED	<input type="checkbox"/> Memo Item CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	34925.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 946		
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14	<input type="checkbox"/> 11c <input type="checkbox"/> 15	<input type="checkbox"/> 12 <input type="checkbox"/> 16

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)  
**Team Ryan**

**A. APPLING, MEDRITH, N., MS,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2500 BARTON CREEK BLVD.  
 3403  
 City AUSTIN State TX Zip Code 78735-1603  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 11 / 18 / 2017  
**Transaction ID : SA11A.528091**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**B. APPLING, MEDRITH, N., MS,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2500 BARTON CREEK BLVD.  
 3403  
 City AUSTIN State TX Zip Code 78735-1603  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 12 / 18 / 2017  
**Transaction ID : SA11A.531087**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**C. ARDUINI, PETER, J., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 341 PINEVILLE RD  
 City NEWTOWN State PA Zip Code 18940-3111  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) INTEGRA LIFE SCIENCES Occupation (for Individual) PRESIDENT AND CEO  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 12 / 13 / 2017  
**Transaction ID : SA11A.530756**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1050.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 946
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. ARGUINZONI, LYNN, C., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 107 ARD RD  
 City SEAGOVILLE State TX Zip Code 75159-2401  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) ESTATE SALES  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 29 / 2017  
**Transaction ID : SA11A.526060**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item  
 CONTRIBUTION

**B. ARGUINZONI, LYNN, C., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 107 ARD RD  
 City SEAGOVILLE State TX Zip Code 75159-2401  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) ESTATE SALES  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 29 / 2017  
**Transaction ID : SA11A.528940**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item  
 CONTRIBUTION

**C. ARGUINZONI, LYNN, C., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 107 ARD RD  
 City SEAGOVILLE State TX Zip Code 75159-2401  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) ESTATE SALES  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 29 / 2017  
**Transaction ID : SA11A.531904**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	150.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 27 OF 946
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. ARNOLD, GREG, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3900 GILLON AVE  
 City DALLAS State TX Zip Code 75205-3117  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) TRUMAN ARNOLD COMPANIES ENERGY Occupation (for Individual) CHAIRMAN, PRESIDENT & CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 50000.00

Date of Receipt 10 / 23 / 2017  
**Transaction ID : SA11A.524805**  
 Amount of Each Receipt this Period 50000.00  
 Memo Item CONTRIBUTION

**B. ARNOLD, TRUMAN, , MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2900 SAINT MICHAEL DR FL 5  
 City TEXARKANA State TX Zip Code 75503-2388  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) TRUMAN ARNOLD COMPANIES Occupation (for Individual) EXECUTIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 10000.00

Date of Receipt 10 / 23 / 2017  
**Transaction ID : SA11A.524813**  
 Amount of Each Receipt this Period 10000.00  
 Memo Item CONTRIBUTION

**C. ARONOV, JAKE, F., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO BOX 235000  
 City MONTGOMERY State AL Zip Code 36123-5000  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) ARONOV REALTY Occupation (for Individual) CHAIRMAN & CEO  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 25000.00

Date of Receipt 12 / 13 / 2017  
**Transaction ID : SA11A.530739**  
 Amount of Each Receipt this Period 25000.00  
 Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	85000.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 946
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. ASHLEY, JEAN, D., MRS.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1330 UNIVERSITY DR  
 APT 22  
 City MENLO PARK State CA Zip Code 94025-4241  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 24 / 2017  
**Transaction ID : SA11A.525015**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item  
 CONTRIBUTION

**B. ASHWORTH, RON, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1508 PACLAND RIDGE CT  
 City CHESTERFIELD State MO Zip Code 63005-4327  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 13 / 2017  
**Transaction ID : SA11A.527304**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item  
 CONTRIBUTION

**C. ASPLIN, LYLE, I., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1615 HOVEDEN DR  
 City KATY State TX Zip Code 77450-4901  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 27 / 2017  
**Transaction ID : SA11A.528282**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1750.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 29 OF 946  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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)  
**Team Ryan**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. ATTEBERRY, BETTY, J., MRS.,**

Mailing Address **3720 NW BRONSON CREST LOOP**

City **PORTLAND** State **OR** Zip Code **97229-7064**

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

Name of Employer (for Individual) **NONE** Occupation (for Individual) **RETIRED**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**10 / 30 / 2017**

**Transaction ID : SA11A.525632**

Amount of Each Receipt this Period  
**200.00**

Memo Item  
 CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**B. AVERY, ELIZABETH, , ,**

Mailing Address **4650 N DITTMAR RD**

City **ARLINGTON** State **VA** Zip Code **22207-4352**

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

Name of Employer (for Individual) **SNAC INTL** Occupation (for Individual) **PRESIDENT**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **10000.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**12 / 20 / 2017**

**Transaction ID : SA11A.531273**

Amount of Each Receipt this Period  
**2500.00**

Memo Item  
 CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**C. AVERY, WILLIAM, J., MR.,**

Mailing Address **2431 POTSHOP LN**

City **NORRISTOWN** State **PA** Zip Code **19403-3961**

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

Name of Employer (for Individual) **INFORMATION REQUESTED PER BEST EFFORTS** Occupation (for Individual) **INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼ **2500.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**10 / 19 / 2017**

**Transaction ID : SA11A.524525**

Amount of Each Receipt this Period  
**2500.00**

Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... **5200.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 946
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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)  
**Team Ryan**

**A. AVEY, CATHERINE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 120 BROAD ST  
 City MARLBOROUGH State MA Zip Code 01752-4002  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SHRIVER NURSING SERVICES/ FAMILY LIVES Occupation (for Individual) REGISTERED NURSE  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00

Date of Receipt **10 / 21 / 2017**  
**Transaction ID : SA11A.525207**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**B. AVEY, CATHERINE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 120 BROAD ST  
 City MARLBOROUGH State MA Zip Code 01752-4002  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SHRIVER NURSING SERVICES/ FAMILY LIVES Occupation (for Individual) REGISTERED NURSE  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00

Date of Receipt **11 / 21 / 2017**  
**Transaction ID : SA11A.528145**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**C. AVEY, CATHERINE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 120 BROAD ST  
 City MARLBOROUGH State MA Zip Code 01752-4002  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SHRIVER NURSING SERVICES/ FAMILY LIVES Occupation (for Individual) REGISTERED NURSE  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00

Date of Receipt **12 / 21 / 2017**  
**Transaction ID : SA11A.531357**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	75.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 946
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. AVILA, FELIPE, M., DR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 1224 MEADOW WOOD DR  
City WESLACO State TX Zip Code 78596-3432  
FEC ID number of contributing federal political committee. **C**  
Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) PHYSICIAN  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 10 / 23 / 2017  
**Transaction ID : SA11A.524843**  
Amount of Each Receipt this Period 2000.00  
 Memo Item CONTRIBUTION

**B. AVILA, JORGE, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 1430 S HARBOR DR.  
City MERRITT ISLAND State FL Zip Code 32952-4606  
FEC ID number of contributing federal political committee. **C**  
Name of Employer (for Individual) DELA AIR LINES Occupation (for Individual) PILOT  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 27 / 2017  
**Transaction ID : SA11A.531636**  
Amount of Each Receipt this Period 250.00  
 Memo Item CONTRIBUTION

**C. BABKA, SARAH, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 4939 IDUMEA RD  
City CORRYTON State TN Zip Code 37721-4216  
FEC ID number of contributing federal political committee. **C**  
Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
Receipt For:  Primary  General  Other (specify)  
Aggregate Year-to-Date ▼ 225.00

Date of Receipt 10 / 27 / 2017  
**Transaction ID : SA11A.525754**  
Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2275.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 946
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. BABKA, SARAH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4939 IDUMEA RD  
 City CORRYTON State TN Zip Code 37721-4216  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt **11 / 27 / 2017**  
**Transaction ID : SA11A.528330**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**B. BACHER, ARTHUR, A., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 47 FOREST COVE DRIVE APT 25  
 City AKRON State OH Zip Code 44319-3666  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) ST. VICTOR Occupation (for Individual) PASTOR EMERITUS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **12 / 11 / 2017**  
**Transaction ID : SA11A.530471**  
 Amount of Each Receipt this Period 150.00  
 Memo Item CONTRIBUTION

**C. BACHMAN, CLAY, C., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2371 SEVEN PINES DR UNIT 6  
 City SAINT LOUIS State MO Zip Code 63146-2276  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **10 / 31 / 2017**  
**Transaction ID : SA11A.526473**  
 Amount of Each Receipt this Period 300.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 475.00  
**TOTAL** This Period (last page this line number only)..... ▶



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 946
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. BAHLER, WALTER, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5927 S CREEKSIDE CT

City REMINGTON	State IN	Zip Code 47977-8867
-------------------	-------------	------------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		06		2017

**Transaction ID : SA11A.523253**

Amount of Each Receipt this Period  
25.00

Memo Item CONTRIBUTION

**B. BAHLER, WALTER, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5927 S CREEKSIDE CT

City REMINGTON	State IN	Zip Code 47977-8867
-------------------	-------------	------------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		07		2017

**Transaction ID : SA11A.523333**

Amount of Each Receipt this Period  
10.00

Memo Item CONTRIBUTION

**C. BAHLER, WALTER, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5927 S CREEKSIDE CT

City REMINGTON	State IN	Zip Code 47977-8867
-------------------	-------------	------------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		18		2017

**Transaction ID : SA11A.524687**

Amount of Each Receipt this Period  
50.00

Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	85.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 946
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. BAHLER, WALTER, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5927 S CREEKSIDE CT

City REMINGTON	State IN	Zip Code 47977-8867
-------------------	-------------	------------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	28	/	2017

**Transaction ID : SA11A.526114**

Amount of Each Receipt this Period  
25.00

Memo Item CONTRIBUTION

**B. BAHLER, WALTER, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5927 S CREEKSIDE CT

City REMINGTON	State IN	Zip Code 47977-8867
-------------------	-------------	------------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2017

**Transaction ID : SA11A.529086**

Amount of Each Receipt this Period  
25.00

Memo Item CONTRIBUTION

**C. BAHLER, WALTER, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5927 S CREEKSIDE CT

City REMINGTON	State IN	Zip Code 47977-8867
-------------------	-------------	------------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2017

**Transaction ID : SA11A.529441**

Amount of Each Receipt this Period  
10.00

Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	60.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 35 OF 946  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. BAKER, JACQUELYN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8033 SAGEBRUSH CT  
 City BOULDER State CO Zip Code 80301-5008  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) NETWORK MARKETING  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt 10 / 18 / 2017  
**Transaction ID : SA11A.524722**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**B. BAKER, JACQUELYN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8033 SAGEBRUSH CT  
 City BOULDER State CO Zip Code 80301-5008  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) NETWORK MARKETING  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt 11 / 18 / 2017  
**Transaction ID : SA11A.528108**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**C. BAKER, JACQUELYN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8033 SAGEBRUSH CT  
 City BOULDER State CO Zip Code 80301-5008  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) NETWORK MARKETING  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt 12 / 18 / 2017  
**Transaction ID : SA11A.531101**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 75.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 36 OF 946  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. BAKKER, LENNARD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1346 N 3300 W  
 City PROVO State UT Zip Code 84601-1246  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BRIGHAM YOUNG UNIVERSITY Occupation (for Individual) PROFESSOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 10 / 17 / 2017  
**Transaction ID : SA11A.524643**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**B. BAKKER, LENNARD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1346 N 3300 W  
 City PROVO State UT Zip Code 84601-1246  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BRIGHAM YOUNG UNIVERSITY Occupation (for Individual) PROFESSOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 12 / 20 / 2017  
**Transaction ID : SA11A.531325**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**C. BALDWIN, RONAL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2017 EAGLE AV  
 City ALAMEDA State CA Zip Code 94501-1323  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SERENE THOSE LLC Occupation (for Individual) GENERAL COUNSEL  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 10 / 13 / 2017  
**Transaction ID : SA11A.523959**  
 Amount of Each Receipt this Period 50.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....▶ 100.00  
**TOTAL** This Period (last page this line number only).....▶

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

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

FOR LINE NUMBER: PAGE 37 OF 946  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. BALDWIN, RONAL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2017 EAGLE AV  
 City ALAMEDA State CA Zip Code 94501-1323  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SERENE THOSE LLC Occupation (for Individual) GENERAL COUNSEL  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 13 / 2017  
**Transaction ID : SA11A.527327**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item  
 CONTRIBUTION

**B. BALDWIN, RONAL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2017 EAGLE AV  
 City ALAMEDA State CA Zip Code 94501-1323  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SERENE THOSE LLC Occupation (for Individual) GENERAL COUNSEL  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 13 / 2017  
**Transaction ID : SA11A.530856**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item  
 CONTRIBUTION

**C. BANANAL, ARTURO, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10264 RANCHO CARMEL DR. 205  
 City TEMECULA State CA Zip Code 92590-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 30 / 2017  
**Transaction ID : SA11A.525960**  
 Amount of Each Receipt this Period  
 20.00  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....▶ 120.00  
**TOTAL** This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 946
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. BANANAL, ARTURO, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10264 RANCHO CARMEL DR.  
 205  
 City TEMECULA State CA Zip Code 92590-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 30 / 2017  
**Transaction ID : SA11A.529134**  
 Amount of Each Receipt this Period  
 20.00  
 Memo Item CONTRIBUTION

**B. BANANAL, ARTURO, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10264 RANCHO CARMEL DR.  
 205  
 City TEMECULA State CA Zip Code 92590-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 30 / 2017  
**Transaction ID : SA11A.532556**  
 Amount of Each Receipt this Period  
 20.00  
 Memo Item CONTRIBUTION

**C. BANAS, DAVID, A., DR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5594 ALDERBROOK DR  
 City DUBLIN State OH Zip Code 43016-2523  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) PHYSICIAN  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 16 / 2017  
**Transaction ID : SA11A.527805**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	90.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 946
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. BANFIELD, CAROLE, J., MS.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5 WILLOW WOODS TRAIL

City WARREN	State NJ	Zip Code 07059-5565
----------------	-------------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	16	/	2017

**Transaction ID : SA11A.527790**

Amount of Each Receipt this Period  
250.00

Memo Item  
CONTRIBUTION

**B. BARNETT, MICHAEL, L., MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8539 CREEKRISE DR

City COLUMBUS	State GA	Zip Code 31904-1409
------------------	-------------	------------------------

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

Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS	Occupation (for Individual) INFORMATION REQUESTED PER BE
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	29	/	2017

**Transaction ID : SA11A.528603**

Amount of Each Receipt this Period  
1000.00

Memo Item  
CONTRIBUTION

**C. BARRICK, WALTER, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 16 KRISTOPHER LANE

City WEST TOWNSEND	State MA	Zip Code 01474-1056
-----------------------	-------------	------------------------

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

Name of Employer (for Individual) RMP CAPITAL CORP	Occupation (for Individual) CONSULTANT
---	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2017

**Transaction ID : SA11A.526411**

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1275.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 40 OF 946
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. BARRICK, WALTER, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 16 KRISTOPHER LANE

City WEST TOWNSEND	State MA	Zip Code 01474-1056
-----------------------	-------------	------------------------

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

Name of Employer (for Individual) RMP CAPITAL CORP	Occupation (for Individual) CONSULTANT
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2017

**Transaction ID : SA11A.529154**

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

**B. BARRICK, WALTER, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 16 KRISTOPHER LANE

City WEST TOWNSEND	State MA	Zip Code 01474-1056
-----------------------	-------------	------------------------

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

Name of Employer (for Individual) RMP CAPITAL CORP	Occupation (for Individual) CONSULTANT
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2017

**Transaction ID : SA11A.532387**

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

**C. BARRY, THOMAS, C., MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 604 MOUNT OLYMPUS BOULEVARD

City NEW SMYRNA BEACH	State FL	Zip Code 32168-2416
--------------------------	-------------	------------------------

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

Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS	Occupation (for Individual) INFORMATION REQUESTED PER BES
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	24	/	2017

**Transaction ID : SA11A.525038**

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	150.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 946
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. BARRY, THOMAS, C., MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 604 MOUNT OLYMPUS BOULEVARD

City NEW SMYRNA BEACH	State FL	Zip Code 32168-2416
--------------------------	-------------	------------------------

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

Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS	Occupation (for Individual) INFORMATION REQUESTED PER BE
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	11	/	2017

**Transaction ID : SA11A.530564**

Amount of Each Receipt this Period  
100.00

Memo Item CONTRIBUTION

**B. BARTLETT, TIMOTHY, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7401 US ROUTE 9

City ELIZABETH TOWN	State NY	Zip Code 12932-1720
------------------------	-------------	------------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	26	/	2017

**Transaction ID : SA11A.525601**

Amount of Each Receipt this Period  
50.00

Memo Item CONTRIBUTION

**C. BAUMANN, DONALD, F., MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6438 SULTANA AVENUE

City SAN GABRIEL	State CA	Zip Code 91775-2039
---------------------	-------------	------------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
210.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	06	/	2017

**Transaction ID : SA11A.526689**

Amount of Each Receipt this Period  
50.00

Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	200.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 42 OF 946
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. BAUMANN, DONALD, F., MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6438 SULTANA AVENUE

City SAN GABRIEL	State CA	Zip Code 91775-2039
---------------------	-------------	------------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
210.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	11	/	2017

**Transaction ID : SA11A.530561**

Amount of Each Receipt this Period  
50.00

Memo Item  
CONTRIBUTION

**B. BEAMAN, MIKE, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7229 S 549

City ROCKWALL	State TX	Zip Code 75032-
------------------	-------------	--------------------

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

Name of Employer (for Individual) QUINCY BIO SCIENCE	Occupation (for Individual) CEO
---	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	16	/	2017

**Transaction ID : SA11A.523982**

Amount of Each Receipt this Period  
5000.00

Memo Item  
CONTRIBUTION

**C. BEATTY, VADA, C., MS.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 56 SANDISCOTT DRIVE

City ARNOLD	State MO	Zip Code 63010-3588
----------------	-------------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
210.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	07	/	2017

**Transaction ID : SA11A.526740**

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	5075.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 946
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. BEATTY, VADA, C., MS.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 56 SANDISCOTT DRIVE  
 City ARNOLD State MO Zip Code 63010-3588  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 26 / 2017  
**Transaction ID : SA11A.531247**  
 Amount of Each Receipt this Period  
 30.00  
 Memo Item CONTRIBUTION

**B. BEAUMONT, SCOTT, A., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 230 WINSOR LN  
 City HAVERFORD State PA Zip Code 19041-1823  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 01 / 2017  
**Transaction ID : SA11A.526510**  
 Amount of Each Receipt this Period  
 2000.00  
 Memo Item CONTRIBUTION

**C. BEAVERS, DONNA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 444 BILLY DR  
 City PITTSBURGH State PA Zip Code 15235-2311  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 19 / 2017  
**Transaction ID : SA11A.524910**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2055.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 946
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. BEAVER, STEVEN, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 436 OLD GATE RD

City MIDLAND	State GA	Zip Code 31820-4779
-----------------	-------------	------------------------

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

Name of Employer (for Individual) AFLAC	Occupation (for Individual) FINANCE
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	09	/	2017

**Transaction ID : SA11A.527121**

Amount of Each Receipt this Period  
1500.00

Memo Item  
CONTRIBUTION

**B. BECKERT, RICHARD, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 11620 127TH AVE NE

City LAKE STEVENS	State WA	Zip Code 98258-8314
----------------------	-------------	------------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
547.50

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2017

**Transaction ID : SA11A.525906**

Amount of Each Receipt this Period  
50.00

Memo Item  
CONTRIBUTION

**C. BECKERT, RICHARD, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 11620 127TH AVE NE

City LAKE STEVENS	State WA	Zip Code 98258-8314
----------------------	-------------	------------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
547.50

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	20	/	2017

**Transaction ID : SA11A.531436**

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1650.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 946
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. BEDESCHI, SILVIO, M., MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 3107 SUNSET BLVD  
City STEUBENVILLE State OH Zip Code 43952-2335  
FEC ID number of contributing federal political committee. **C**  
Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 4000.00

Date of Receipt 10 / 27 / 2017  
**Transaction ID : SA11A.525574**  
Amount of Each Receipt this Period 1000.00  
 Memo Item CONTRIBUTION

**B. BEERS, CLAIRE, N., MS.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 5100 JOHN D RYAN BLVD 522  
City SAN ANTONIO State TX Zip Code 78245-3527  
FEC ID number of contributing federal political committee. **C**  
Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 845.00

Date of Receipt 10 / 27 / 2017  
**Transaction ID : SA11A.525524**  
Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**C. BEERS, CLAIRE, N., MS.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 5100 JOHN D RYAN BLVD 522  
City SAN ANTONIO State TX Zip Code 78245-3527  
FEC ID number of contributing federal political committee. **C**  
Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
Receipt For:  Primary  General  Other (specify)  
Aggregate Year-to-Date ▼ 845.00

Date of Receipt 11 / 29 / 2017  
**Transaction ID : SA11A.528838**  
Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....▶ 1050.00  
**TOTAL** This Period (last page this line number only).....▶

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

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

FOR LINE NUMBER: PAGE 46 OF 946  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. BEERS, CLAIRE, N., MS.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5100 JOHN D RYAN BLVD  
 522  
 City SAN ANTONIO State TX Zip Code 78245-3527  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 845.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 11 / 2017  
**Transaction ID : SA11A.530541**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**B. BEERS, CLAIRE, N., MS.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5100 JOHN D RYAN BLVD  
 522  
 City SAN ANTONIO State TX Zip Code 78245-3527  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 845.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 20 / 2017  
**Transaction ID : SA11A.531220**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**C. BEERS, CLAIRE, N., MS.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5100 JOHN D RYAN BLVD  
 522  
 City SAN ANTONIO State TX Zip Code 78245-3527  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 845.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 30 / 2017  
**Transaction ID : SA11A.532485**  
 Amount of Each Receipt this Period 50.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....▶ 100.00  
**TOTAL** This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 946
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. BEIGHTOL, DAVID, , MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3800 LELAND ST

City CHEVY CHASE	State MD	Zip Code 20815-4902
---------------------	-------------	------------------------

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

Name of Employer (for Individual) SELF EMPLOYED	Occupation (for Individual) CONSULTANT
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11		10		2017

**Transaction ID : SA11A.526967**

Amount of Each Receipt this Period  
1000.00

Memo Item  
CONTRIBUTION

**B. BEIGHTOL, SCOTT, C., MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 310 E BIRCH AVE

City WHITEFISH BAY	State WI	Zip Code 53217-5141
-----------------------	-------------	------------------------

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

Name of Employer (for Individual) MICHAEL BEST	Occupation (for Individual) ATTORNEY
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11		10		2017

**Transaction ID : SA11A.526949**

Amount of Each Receipt this Period  
1000.00

Memo Item  
CONTRIBUTION

**C. BEINHOWER, ELAINE, W., ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 63 FISHING CREEK ROAD

City NEW CUMBERLAND	State PA	Zip Code 17070-
------------------------	-------------	--------------------

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

Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS	Occupation (for Individual) INFORMATION REQUESTED PER BES
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11		09		2017

**Transaction ID : SA11A.526936**

Amount of Each Receipt this Period  
500.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2500.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 48 OF 946
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. BELYAVSKI, ALEX, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2626 EL CAMINO REAL

City REDWOOD CITY	State CA	Zip Code 94061-3815
----------------------	-------------	------------------------

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

Name of Employer (for Individual) COAST LIGHTING	Occupation (for Individual) BUYER
---	--------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2750.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		10		2017

**Transaction ID : SA11A.523286**

Amount of Each Receipt this Period  
250.00

Memo Item  
CONTRIBUTION

**B. BELYAVSKI, ALEX, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2626 EL CAMINO REAL

City REDWOOD CITY	State CA	Zip Code 94061-3815
----------------------	-------------	------------------------

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

Name of Employer (for Individual) COAST LIGHTING	Occupation (for Individual) BUYER
---	--------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2750.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11		10		2017

**Transaction ID : SA11A.527379**

Amount of Each Receipt this Period  
250.00

Memo Item  
CONTRIBUTION

**C. BENJAMIN, HELEN, Z., ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3109 GRAND AVE #566

City MIAMI	State FL	Zip Code 33133-5103
---------------	-------------	------------------------

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

Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS	Occupation (for Individual) INFORMATION REQUESTED PER BES
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
20000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12		20		2017

**Transaction ID : SA11A.531215**

Amount of Each Receipt this Period  
20000.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	20500.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

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

FOR LINE NUMBER: PAGE 49 OF 946  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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)  
**Team Ryan**

**A. BENSON, JUNE, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4079 GOVERNOR DR.  
322

City SAN DIEGO	State CA	Zip Code 92122-2522
-------------------	-------------	------------------------

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

Name of Employer (for Individual) BENSON PROPERTIES	Occupation (for Individual) PROPERTY MGR.
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	25	/	2017

**Transaction ID : SA11A.525349**

Amount of Each Receipt this Period  
25.00

Memo Item CONTRIBUTION

**B. BENSON, JUNE, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4079 GOVERNOR DR.  
322

City SAN DIEGO	State CA	Zip Code 92122-2522
-------------------	-------------	------------------------

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

Name of Employer (for Individual) BENSON PROPERTIES	Occupation (for Individual) PROPERTY MGR.
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	25	/	2017

**Transaction ID : SA11A.528404**

Amount of Each Receipt this Period  
25.00

Memo Item CONTRIBUTION

**C. BENSON, JUNE, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4079 GOVERNOR DR.  
322

City SAN DIEGO	State CA	Zip Code 92122-2522
-------------------	-------------	------------------------

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

Name of Employer (for Individual) BENSON PROPERTIES	Occupation (for Individual) PROPERTY MGR.
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	25	/	2017

**Transaction ID : SA11A.531554**

Amount of Each Receipt this Period  
25.00

Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	75.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 946
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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)  
**Team Ryan**

**A. BEOUWING, CHARLIE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 18773 HWY 174  
 City PELL CITY State AL Zip Code 35125-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 10 / 14 / 2017  
**Transaction ID : SA11A.524206**  
 Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION

**B. BERGH, KJELL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4950 NEAL AVE N  
 City STILLWATER State MN Zip Code 55082-1071  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BORTON VOLVO, INC Occupation (for Individual) BUSINESSMAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3000.00

Date of Receipt 10 / 23 / 2017  
**Transaction ID : SA11A.524859**  
 Amount of Each Receipt this Period 2000.00  
 Memo Item CONTRIBUTION

**C. BERRY, EDWARD, C., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 508 CLOVER LANE  
 City EAGLE State WI Zip Code 53119-2051  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 29 / 2017  
**Transaction ID : SA11A.526079**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2125.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 51 OF 946
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. BERRY, EDWARD, C., MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 508 CLOVER LANE

City EAGLE	State WI	Zip Code 53119-2051
---------------	-------------	------------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	29	/	2017

**Transaction ID : SA11A.528948**

Amount of Each Receipt this Period  
25.00

Memo Item CONTRIBUTION

**B. BERRY, EDWARD, C., MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 508 CLOVER LANE

City EAGLE	State WI	Zip Code 53119-2051
---------------	-------------	------------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	29	/	2017

**Transaction ID : SA11A.531882**

Amount of Each Receipt this Period  
25.00

Memo Item CONTRIBUTION

**C. BERRY, TIMOTHY, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8311 NORTH MAIN STREET

City DAYTON	State OH	Zip Code 45415-1602
----------------	-------------	------------------------

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

Name of Employer (for Individual) BERRY'S LAWN & LANDSCAPING, LLC	Occupation (for Individual) PRESIDENT
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	12	/	2017

**Transaction ID : SA11A.523901**

Amount of Each Receipt this Period  
25.00

Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	75.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 52 OF 946  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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)  
**Team Ryan**

**A. BERRY, TIMOTHY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8311 NORTH MAIN STREET  
 City DAYTON State OH Zip Code 45415-1602  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BERRY'S LAWN & LANDSCAPING, LLC Occupation (for Individual) PRESIDENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 12 / 2017  
**Transaction ID : SA11A.527345**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**B. BERRY, TIMOTHY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8311 NORTH MAIN STREET  
 City DAYTON State OH Zip Code 45415-1602  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BERRY'S LAWN & LANDSCAPING, LLC Occupation (for Individual) PRESIDENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 12 / 2017  
**Transaction ID : SA11A.530784**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**C. BERTOLINI, CHARLES, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1219 GOLDENDALE DR.  
 City SEABROOK State TX Zip Code 77586-4101  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 01 / 2017  
**Transaction ID : SA11A.522736**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 75.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 946
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. BERTOLINI, CHARLES, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1219 GOLDENDALE DR.  
 City SEABROOK State TX Zip Code 77586-4101  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 01 / 2017  
**Transaction ID : SA11A.526545**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**B. BERTOLINI, CHARLES, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1219 GOLDENDALE DR.  
 City SEABROOK State TX Zip Code 77586-4101  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 01 / 2017  
**Transaction ID : SA11A.529365**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**C. BERTZ, JOHN, , MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3432 VALLEY WOODS DR  
 City VERONA State WI Zip Code 53593-9748  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 27 / 2017  
**Transaction ID : SA11A.525742**  
 Amount of Each Receipt this Period 75.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 125.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 54 OF 946  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. BHANDARI, AMIT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4 W RIVERCREST DR  
 City HOUSTON State TX Zip Code 77042-2127  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BIORJA TRADING, LLC Occupation (for Individual) FOUNDER AND CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 10 / 18 / 2017  
**Transaction ID : SA11A.524690**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item  
 CONTRIBUTION

**B. BIEBIGHAUSER, VICTOR, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2424 CHEROKEE DR  
 City MONTGOMERY State AL Zip Code 36111-1609  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SOUTH UNIVERSITY OF ALABAMA, INC. Occupation (for Individual) PRESIDENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 23 / 2017  
**Transaction ID : SA11A.525327**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item  
 CONTRIBUTION

**C. BILLINGSLEY, JOHN, B., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 17300 DALLAS PKWY  
 City DALLAS State TX Zip Code 75248-1145  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) TRIGLOBAL ENERGY Occupation (for Individual) CEO  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 10 / 11 / 2017  
**Transaction ID : SA11A.523219**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 11000.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 55 OF 946
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. BILLINGSLEY, ROBERT, L., MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 6 RAMPART PASS

City WACCABUC	State NY	Zip Code 10597-1017
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer (for Individual) CUSHNAN & WAKEFIELD		Occupation (for Individual) COMMERCIAL REALTOR
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
10 / 13 / 2017  
**Transaction ID : SA11A.523619**

Amount of Each Receipt this Period  
200.00

Memo Item  
CONTRIBUTION

**B. BINGAMAN, LELA, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 1005 LARIMER STREET

City PRATT	State KS	Zip Code 67124-1237
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS		Occupation (for Individual) INFORMATION REQUESTED PER BE
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 245.00

Date of Receipt  
10 / 26 / 2017  
**Transaction ID : SA11A.525494**

Amount of Each Receipt this Period  
50.00

Memo Item  
CONTRIBUTION

**C. BINGAMAN, LELA, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 1005 LARIMER STREET

City PRATT	State KS	Zip Code 67124-1237
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS		Occupation (for Individual) INFORMATION REQUESTED PER BE
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 245.00

Date of Receipt  
12 / 11 / 2017  
**Transaction ID : SA11A.530500**

Amount of Each Receipt this Period  
80.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	330.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 56 OF 946  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. BLACKSHEAR, JOSEPH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 519 BAY POINT DR.  
 City GALLATIN    State TN    Zip Code 37066-4486  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE    Occupation (for Individual) RETIRED  
 Receipt For:  Primary     General     Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 10 / 02 / 2017  
**Transaction ID : SA11A.522728**  
 Amount of Each Receipt this Period 50.00  
 Memo Item CONTRIBUTION

**B. BLACKSHEAR, JOSEPH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 519 BAY POINT DR.  
 City GALLATIN    State TN    Zip Code 37066-4486  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE    Occupation (for Individual) RETIRED  
 Receipt For:  Primary     General     Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 11 / 02 / 2017  
**Transaction ID : SA11A.526664**  
 Amount of Each Receipt this Period 50.00  
 Memo Item CONTRIBUTION

**C. BLACKSHEAR, JOSEPH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 519 BAY POINT DR.  
 City GALLATIN    State TN    Zip Code 37066-4486  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE    Occupation (for Individual) RETIRED  
 Receipt For:  Primary     General     Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 12 / 02 / 2017  
**Transaction ID : SA11A.529908**  
 Amount of Each Receipt this Period 50.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....▶ 150.00  
**TOTAL** This Period (last page this line number only).....▶



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 OF 946
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. BLAIR, CRAIG, F., MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9524 CRETE CIR

City TUSCALOOSA	State AL	Zip Code 35406-1092
--------------------	-------------	------------------------

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

Name of Employer (for Individual) RESOURCE MANAGEMENT SERIVE, LLC	Occupation (for Individual) PRESIDENT AND CEO
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3763.11

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	20	/	2017

**Transaction ID : SA11A.527832**

Amount of Each Receipt this Period  
2500.00

Memo Item  
CONTRIBUTION

**B. BLANCHARD, JOHN, D., MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 241402

City MONTGOMERY	State AL	Zip Code 36124-1402
--------------------	-------------	------------------------

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

Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS	Occupation (for Individual) INFORMATION REQUESTED PER BE
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
25000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	20	/	2017

**Transaction ID : SA11A.527836**

Amount of Each Receipt this Period  
25000.00

Memo Item  
CONTRIBUTION

**C. BLOME, GARY, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 849 WERA PLACE

City MACON	State GA	Zip Code 31210-1543
---------------	-------------	------------------------

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

Name of Employer (for Individual) MERCER UNIVERSITY	Occupation (for Individual) PROFESSOR
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	17	/	2017

**Transaction ID : SA11A.524630**

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	27525.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 OF 946
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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)  
**Team Ryan**

**A. BLOME, GARY, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 849 WERA PLACE

City MACON	State GA	Zip Code 31210-1543
---------------	-------------	------------------------

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

Name of Employer (for Individual) MERCER UNIVERSITY	Occupation (for Individual) PROFESSOR
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M / D D / Y Y Y Y Y
11 / 17 / 2017

**Transaction ID : SA11A.527954**

Amount of Each Receipt this Period  
25.00

Memo Item CONTRIBUTION

**B. BLOME, GARY, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 849 WERA PLACE

City MACON	State GA	Zip Code 31210-1543
---------------	-------------	------------------------

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

Name of Employer (for Individual) MERCER UNIVERSITY	Occupation (for Individual) PROFESSOR
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M / D D / Y Y Y Y Y
12 / 17 / 2017

**Transaction ID : SA11A.531111**

Amount of Each Receipt this Period  
25.00

Memo Item CONTRIBUTION

**C. BLUE, ANTHONY, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1030 AMALFI DRIVE

City PACIFIC PALISADES	State CA	Zip Code 90272-4028
---------------------------	-------------	------------------------

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

Name of Employer (for Individual) BLUE LIFESTYLE	Occupation (for Individual) JOURNALIST
---	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M / D D / Y Y Y Y Y
10 / 12 / 2017

**Transaction ID : SA11A.523900**

Amount of Each Receipt this Period  
25.00

Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	75.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 59 OF 946  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. BLUE, ANTHONY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1030 AMALFI DRIVE  
 City PACIFIC PALISADES State CA Zip Code 90272-4028  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BLUE LIFESTYLE Occupation (for Individual) JOURNALIST  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 11 / 12 / 2017  
**Transaction ID : SA11A.527340**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**B. BLUE, ANTHONY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1030 AMALFI DRIVE  
 City PACIFIC PALISADES State CA Zip Code 90272-4028  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BLUE LIFESTYLE Occupation (for Individual) JOURNALIST  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 12 / 12 / 2017  
**Transaction ID : SA11A.530785**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**C. BODE, JOHN, W., MR,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1701 PENNSYLVANIA AVE NW  
 City WASHINGTON State DC Zip Code 20006-5805  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CORN REFINERS ASSOCIATION Occupation (for Individual) PRESIDENT  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 10000.00

Date of Receipt 10 / 16 / 2017  
**Transaction ID : SA11A.523984**  
 Amount of Each Receipt this Period 2500.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2550.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 60 OF 946  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. BOLLINGER, DONALD, T., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO BOX 250  
 City LOCKPORT State LA Zip Code 70374-0250  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BOLLINGER SHIPYARDS, INC Occupation (for Individual) CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 25000.00

Date of Receipt 11 / 29 / 2017  
**Transaction ID : SA11A.528589**  
 Amount of Each Receipt this Period 25000.00  
 Memo Item CONTRIBUTION

**B. BOLT, LELAND, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5155 CANTERBURY DRIVE  
 City SAN DIEGO State CA Zip Code 92116-2005  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1295.00

Date of Receipt 10 / 26 / 2017  
**Transaction ID : SA11A.525587**  
 Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION

**C. BOLT, LELAND, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5155 CANTERBURY DRIVE  
 City SAN DIEGO State CA Zip Code 92116-2005  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1295.00

Date of Receipt 11 / 26 / 2017  
**Transaction ID : SA11A.528369**  
 Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....▶ 25200.00  
**TOTAL** This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 OF 946
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. BOLT, LELAND, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5155 CANTERBURY DRIVE

City SAN DIEGO	State CA	Zip Code 92116-2005
-------------------	-------------	------------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1295.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2017

**Transaction ID : SA11A.529080**

Amount of Each Receipt this Period  
50.00

Memo Item CONTRIBUTION

**B. BOLT, LELAND, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5155 CANTERBURY DRIVE

City SAN DIEGO	State CA	Zip Code 92116-2005
-------------------	-------------	------------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1295.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	21	/	2017

**Transaction ID : SA11A.531514**

Amount of Each Receipt this Period  
25.00

Memo Item CONTRIBUTION

**C. BOLT, LELAND, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5155 CANTERBURY DRIVE

City SAN DIEGO	State CA	Zip Code 92116-2005
-------------------	-------------	------------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
1295.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	26	/	2017

**Transaction ID : SA11A.531525**

Amount of Each Receipt this Period  
100.00

Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	175.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 62 OF 946  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. BONE, TIMOTHY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2002 ANTELOPE DR.  
 City ALPINE State TX Zip Code 79830-2104  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 29 / 2017  
**Transaction ID : SA11A.526080**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**B. BONE, TIMOTHY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2002 ANTELOPE DR.  
 City ALPINE State TX Zip Code 79830-2104  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 29 / 2017  
**Transaction ID : SA11A.528934**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**C. BONE, TIMOTHY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2002 ANTELOPE DR.  
 City ALPINE State TX Zip Code 79830-2104  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 29 / 2017  
**Transaction ID : SA11A.531915**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 75.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 OF 946
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. BORCHARDT, PHYLLIS, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 17138 N ESTRELLA VISTA DR.

City SURPRISE	State AZ	Zip Code 85374-6213
------------------	-------------	------------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
215.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	29	/	2017

**Transaction ID : SA11A.529293**

Amount of Each Receipt this Period  
10.00

Memo Item  
CONTRIBUTION

**B. BORCHARDT, PHYLLIS, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 17138 N ESTRELLA VISTA DR.

City SURPRISE	State AZ	Zip Code 85374-6213
------------------	-------------	------------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
215.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	29	/	2017

**Transaction ID : SA11A.529294**

Amount of Each Receipt this Period  
10.00

Memo Item  
CONTRIBUTION

**C. BORRA, PIER, C., ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 854

City HARBOR SPRINGS	State MI	Zip Code 49740-0854
------------------------	-------------	------------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2017

**Transaction ID : SA11A.525630**

Amount of Each Receipt this Period  
1000.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1020.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 64 OF 946  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. BOSANKO, THOMAS, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 13224 PIEDMONT VISTA DRIVE  
 City HAYMARKET State VA Zip Code 20169-2645  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) ICAROS, INC. Occupation (for Individual) CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 10 / 21 / 2017  
**Transaction ID : SA11A.525189**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
**CONTRIBUTION**

**B. BOSANKO, THOMAS, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 13224 PIEDMONT VISTA DRIVE  
 City HAYMARKET State VA Zip Code 20169-2645  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) ICAROS, INC. Occupation (for Individual) CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 11 / 21 / 2017  
**Transaction ID : SA11A.528128**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
**CONTRIBUTION**

**C. BOSANKO, THOMAS, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 13224 PIEDMONT VISTA DRIVE  
 City HAYMARKET State VA Zip Code 20169-2645  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) ICAROS, INC. Occupation (for Individual) CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 12 / 21 / 2017  
**Transaction ID : SA11A.531359**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
**CONTRIBUTION**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 300.00  
**TOTAL** This Period (last page this line number only)..... ▶



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 65 OF 946
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. BOSKIN, MICHAEL, J., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 150 CORTE MADERA RD  
 City PORTOLA VALLEY State CA Zip Code 94028-7815  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) STANFORD UNIVERSITY Occupation (for Individual) PROFESSOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 10 / 2017  
**Transaction ID : SA11A.526952**  
 Amount of Each Receipt this Period  
 5000.00  
 Memo Item  
**CONTRIBUTION**

**B. BOUTAIN, DANA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 400 PALOMARES AVE  
 City VENTURA State CA Zip Code 93003-1738  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CBIZ MHM LLC Occupation (for Individual) CPA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 28 / 2017  
**Transaction ID : SA11A.526153**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item  
**CONTRIBUTION**

**C. BOUTAIN, DANA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 400 PALOMARES AVE  
 City VENTURA State CA Zip Code 93003-1738  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CBIZ MHM LLC Occupation (for Individual) CPA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 28 / 2017  
**Transaction ID : SA11A.528798**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item  
**CONTRIBUTION**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	5100.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 66 OF 946
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. BOUTAIN, DANA, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 400 PALOMARES AVE

City VENTURA	State CA	Zip Code 93003-1738
-----------------	-------------	------------------------

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

Name of Employer (for Individual) CBIZ MHM LLC	Occupation (for Individual) CPA
---	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12		28		2017

**Transaction ID : SA11A.531782**

Amount of Each Receipt this Period  
50.00

Memo Item  
CONTRIBUTION

**B. BOWER, JOHN, M., MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1020 N LINCOLN AVE

City LOVELAND	State CO	Zip Code 80537-4845
------------------	-------------	------------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		12		2017

**Transaction ID : SA11A.523905**

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

**C. BOWER, JOHN, M., MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1020 N LINCOLN AVE

City LOVELAND	State CO	Zip Code 80537-4845
------------------	-------------	------------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11		12		2017

**Transaction ID : SA11A.527350**

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	100.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 OF 946
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. BOWER, JOHN, M., MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1020 N LINCOLN AVE

City LOVELAND	State CO	Zip Code 80537-4845
------------------	-------------	------------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12		12		2017

**Transaction ID : SA11A.530793**

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

**B. BOWER, JOHN, M., MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1020 N LINCOLN AVE

City LOVELAND	State CO	Zip Code 80537-4845
------------------	-------------	------------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12		21		2017

**Transaction ID : SA11A.531340**

Amount of Each Receipt this Period  
50.00

Memo Item  
CONTRIBUTION

**C. BRACAMONTES, YVONNE, E., DR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1201 E NOLANA AVE

City MCALLEN	State TX	Zip Code 78504-6108
-----------------	-------------	------------------------

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

Name of Employer (for Individual) SELF EMPLOYED	Occupation (for Individual) PHYSICIAN
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		23		2017

**Transaction ID : SA11A.524842**

Amount of Each Receipt this Period  
500.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	575.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 68 OF 946
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. BRADBURY, ANNE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8116 KERRY LN  
 City CHEVY CHASE State MD Zip Code 20815-4812  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) THE DUBERSTEIN GROUP Occupation (for Individual) CONSULTANT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 10 / 12 / 2017  
**Transaction ID : SA11A.523430**  
 Amount of Each Receipt this Period 2500.00  
 Memo Item  
 CONTRIBUTION

**B. BRADEN, PAMELA, J., MS.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 80 M ST SE STE 600  
 City WASHINGTON State DC Zip Code 20003-3544  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GRYPHON TECHNOLOGIES Occupation (for Individual) EXECUTIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 10 / 31 / 2017  
**Transaction ID : SA11A.526499**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item  
 CONTRIBUTION

**C. BRADLEY, BETTYE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 321 EAST 54TH STREET 4G  
 City NEW YORK State NY Zip Code 10022-4933  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 10 / 31 / 2017  
**Transaction ID : SA11A.526216**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	7525.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 OF 946
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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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)  
**Team Ryan**

**A. BRADLEY, BETTYE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 321 EAST 54TH STREET  
 4G  
 City NEW YORK State NY Zip Code 10022-4933  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
 11 / 12 / 2017  
**Transaction ID : SA11A.527333**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item  
 CONTRIBUTION

**B. BRADLEY, BETTYE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 321 EAST 54TH STREET  
 4G  
 City NEW YORK State NY Zip Code 10022-4933  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
 11 / 30 / 2017  
**Transaction ID : SA11A.529113**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item  
 CONTRIBUTION

**C. BRADLEY, BETTYE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 321 EAST 54TH STREET  
 4G  
 City NEW YORK State NY Zip Code 10022-4933  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
 12 / 31 / 2017  
**Transaction ID : SA11A.532381**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	75.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 70 OF 946
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. BRADLEY, DAMARIS, R., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6542 N HILLSIDE DRIVE  
 City PARADISE VALLEY State AZ Zip Code 85253-4016  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 386.00

Date of Receipt 11 / 06 / 2017  
**Transaction ID : SA11A.526696**  
 Amount of Each Receipt this Period 80.00  
 Memo Item CONTRIBUTION

**B. BRADLEY, DAMARIS, R., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6542 N HILLSIDE DRIVE  
 City PARADISE VALLEY State AZ Zip Code 85253-4016  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 386.00

Date of Receipt 12 / 11 / 2017  
**Transaction ID : SA11A.530478**  
 Amount of Each Receipt this Period 120.00  
 Memo Item CONTRIBUTION

**C. BRADY, ANN, P., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10026 HAMPSHIRE DR.  
 City HUNTSVILLE State AL Zip Code 35803-1668  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt 11 / 17 / 2017  
**Transaction ID : SA11A.528114**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 225.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 71 OF 946
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. BRADY, ANN, P., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10026 HAMPSHIRE DR.  
 City HUNTSVILLE State AL Zip Code 35803-1668  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2017  
**Transaction ID : SA11A.532301**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item  
 CONTRIBUTION

**B. BRAEKEVELT, DONALD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 16295 KINGSTON O  
 City FRASER State MI Zip Code 48026-3267  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 06 / 2017  
**Transaction ID : SA11A.53269**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item  
 CONTRIBUTION

**C. BRAEKEVELT, DONALD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 16295 KINGSTON O  
 City FRASER State MI Zip Code 48026-3267  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 15 / 2017  
**Transaction ID : SA11A.524181**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	75.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 72 OF 946
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. BRAEKEVELT, DONALD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 16295 KINGSTON  
 O  
 City FRASER State MI Zip Code 48026-3267  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 280.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 15 / 2017  
**Transaction ID : SA11A.524183**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item  
 CONTRIBUTION

**B. BRAEKEVELT, DONALD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 16295 KINGSTON  
 O  
 City FRASER State MI Zip Code 48026-3267  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 280.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 28 / 2017  
**Transaction ID : SA11A.526174**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item  
 CONTRIBUTION

**C. BRAEKEVELT, DONALD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 16295 KINGSTON  
 O  
 City FRASER State MI Zip Code 48026-3267  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  
 Primary  General  
 Other (specify)  
 Aggregate Year-to-Date ▼  
 280.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 28 / 2017  
**Transaction ID : SA11A.526175**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	100.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

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

FOR LINE NUMBER: PAGE 73 OF 946  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. BRAEKEVELT, DONALD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 16295 KINGSTON  
 O  
 City FRASER State MI Zip Code 48026-3267  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 18 / 2017  
**Transaction ID : SA11A.528086**  
 Amount of Each Receipt this Period  
 10.00  
 Memo Item  
 CONTRIBUTION

**B. BRAEKEVELT, DONALD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 16295 KINGSTON  
 O  
 City FRASER State MI Zip Code 48026-3267  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 18 / 2017  
**Transaction ID : SA11A.528087**  
 Amount of Each Receipt this Period  
 10.00  
 Memo Item  
 CONTRIBUTION

**C. BRAEKEVELT, DONALD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 16295 KINGSTON  
 O  
 City FRASER State MI Zip Code 48026-3267  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 28 / 2017  
**Transaction ID : SA11A.528791**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 45.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 74 OF 946  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. BRAEKEVELT, DONALD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 16295 KINGSTON  
 O  
 City FRASER State MI Zip Code 48026-3267  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 18 / 2017  
**Transaction ID : SA11A.531094**  
 Amount of Each Receipt this Period  
 10.00  
 Memo Item  
 CONTRIBUTION

**B. BRANDALEONE, BRUCE, H., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6040 OLD FIELD DRIVE  
 City CHAPEL HILL State NC Zip Code 27514-8234  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 18 / 2017  
**Transaction ID : SA11A.530995**  
 Amount of Each Receipt this Period  
 200.00  
 Memo Item  
 CONTRIBUTION

**C. BRANDENBURG, JIMMY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 14424 AMERICAN KESTREL  
 City AUSTIN State TX Zip Code 78738-6520  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 17 / 2017  
**Transaction ID : SA11A.524638**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 310.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 75 OF 946  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. BRANDENBURG, JIMMY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 14424 AMERICAN KESTREL  
 City AUSTIN State TX Zip Code 78738-6520  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 11 / 17 / 2017  
**Transaction ID : SA11A.527952**  
 Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION

**B. BRANDENBURG, JIMMY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 14424 AMERICAN KESTREL  
 City AUSTIN State TX Zip Code 78738-6520  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 12 / 17 / 2017  
**Transaction ID : SA11A.531108**  
 Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION

**C. BRIGHTON, CYNTHIA, Z., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 161 LONG NECK POINT RD  
 City DARIEN State CT Zip Code 06820-5815  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SWISHER INTERNATIONAL Occupation (for Individual) EXECUTIVE  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 20000.00

Date of Receipt 12 / 20 / 2017  
**Transaction ID : SA11A.531208**  
 Amount of Each Receipt this Period 20000.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 20200.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 76 OF 946  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. BRINKMAN, ANTHONY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1427 SOUTH RENAUD RD  
 City GROSSE POINTE WOOD State MI Zip Code 48236-1764  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 11 / 2017  
**Transaction ID : SA11A.523442**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**B. BRINKMAN, ANTHONY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1427 SOUTH RENAUD RD  
 City GROSSE POINTE WOOD State MI Zip Code 48236-1764  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 11 / 11 / 2017  
**Transaction ID : SA11A.527355**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**C. BRINKMAN, ANTHONY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1427 SOUTH RENAUD RD  
 City GROSSE POINTE WOOD State MI Zip Code 48236-1764  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 12 / 11 / 2017  
**Transaction ID : SA11A.530668**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 75.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 77 OF 946
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. BRISCUSO, RAYMOND, J., MR., JR.**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7709 BARNUM RD

City BETHESDA	State MD	Zip Code 20817-2016
------------------	-------------	------------------------

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

Name of Employer (for Individual) THE MED TECH CONFERENCE	Occupation (for Individual) CONFERENCE ORGANIZER
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	11	/	2017

**Transaction ID : SA11A.530394**

Amount of Each Receipt this Period  
500.00

Memo Item CONTRIBUTION

**B. BRISKOVICH, MARK, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 32346 820TH AVE

City OLIVIA	State MN	Zip Code 56277-2591
----------------	-------------	------------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
480.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	25	/	2017

**Transaction ID : SA11A.525362**

Amount of Each Receipt this Period  
40.00

Memo Item CONTRIBUTION

**C. BRISKOVICH, MARK, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 32346 820TH AVE

City OLIVIA	State MN	Zip Code 56277-2591
----------------	-------------	------------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
480.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	25	/	2017

**Transaction ID : SA11A.528417**

Amount of Each Receipt this Period  
40.00

Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	580.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 78 OF 946  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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)  
**Team Ryan**

**A. BRISKOVICH, MARK, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 32346 820TH AVE  
 City OLIVIA State MN Zip Code 56277-2591  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 480.00

Date of Receipt 12 / 25 / 2017  
**Transaction ID : SA11A.531565**  
 Amount of Each Receipt this Period 40.00  
 Memo Item CONTRIBUTION

**B. BROCKMAN, RICHARD, J., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 420 N 20TH ST STE 3400  
 City BIRMINGHAM State AL Zip Code 35203-5210  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 12 / 11 / 2017  
**Transaction ID : SA11A.530403**  
 Amount of Each Receipt this Period 2500.00  
 Memo Item CONTRIBUTION

**C. BROCK, WILLIAM, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1590 FIRST ST  
 City SARASOTA State FL Zip Code 34236-8502  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 660.00

Date of Receipt 10 / 22 / 2017  
**Transaction ID : SA11A.525180**  
 Amount of Each Receipt this Period 55.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....▶ 2595.00  
**TOTAL** This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 79 OF 946
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. BROCK, WILLIAM, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 1590 FIRST ST  
City SARASOTA State FL Zip Code 34236-8502  
FEC ID number of contributing federal political committee. **C**  
Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 660.00

Date of Receipt 11 / 22 / 2017  
**Transaction ID : SA11A.528180**  
Amount of Each Receipt this Period 55.00  
 Memo Item CONTRIBUTION

**B. BROCK, WILLIAM, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 1590 FIRST ST  
City SARASOTA State FL Zip Code 34236-8502  
FEC ID number of contributing federal political committee. **C**  
Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 660.00

Date of Receipt 12 / 22 / 2017  
**Transaction ID : SA11A.531485**  
Amount of Each Receipt this Period 55.00  
 Memo Item CONTRIBUTION

**C. BROOKSHIRE, JAMES, W., MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 7 RAINS WAY  
City HOUSTON State TX Zip Code 77007-7097  
FEC ID number of contributing federal political committee. **C**  
Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BEST EFFORTS  
Receipt For:  Primary  General  Other (specify)  
Aggregate Year-to-Date ▼ 100000.00

Date of Receipt 10 / 31 / 2017  
**Transaction ID : SA11A.526493**  
Amount of Each Receipt this Period 100000.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....▶ 100110.00  
**TOTAL** This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 80 OF 946
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. BROWN, DIANTHA, G., MS.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 763 TICONDEROGA AVE

City SEVERNA PARK	State MD	Zip Code 21146-3905
----------------------	-------------	------------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
235.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	06	/	2017

**Transaction ID : SA11A.526708**

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

**B. BROWN, FRANK, , MR., JR.**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 190

City CULLMAN	State AL	Zip Code 35056-0190
-----------------	-------------	------------------------

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

Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS	Occupation (for Individual) INFORMATION REQUESTED PER BE
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	11	/	2017

**Transaction ID : SA11A.530399**

Amount of Each Receipt this Period  
2500.00

Memo Item  
CONTRIBUTION

**C. BROWN, RONALD, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4441 SUMAC LANE

City LITTLETON	State CO	Zip Code 80123-2742
-------------------	-------------	------------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	22	/	2017

**Transaction ID : SA11A.525170**

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2625.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 81 OF 946
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. BROWN, RONALD, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4441 SUMAC LANE

City LITTLETON	State CO	Zip Code 80123-2742
-------------------	-------------	------------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	22	/	2017

**Transaction ID : SA11A.528172**

Amount of Each Receipt this Period  
25.00

Memo Item CONTRIBUTION

**B. BROWN, RONALD, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4441 SUMAC LANE

City LITTLETON	State CO	Zip Code 80123-2742
-------------------	-------------	------------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	22	/	2017

**Transaction ID : SA11A.531495**

Amount of Each Receipt this Period  
25.00

Memo Item CONTRIBUTION

**C. BROYLES, THOMAS, C., ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 704 CRYSTAL LANE

City VIRGINIA BEACH	State VA	Zip Code 23451-3738
------------------------	-------------	------------------------

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

Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS	Occupation (for Individual) INFORMATION REQUESTED PER BEST EFFORTS
---	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	11	/	2017

**Transaction ID : SA11A.530546**

Amount of Each Receipt this Period  
1000.00

Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1050.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 82 OF 946
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. BRUNER, STEPHEN, C., MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 411 LATHROP AVENUE  
UNIT 5E

City RIVER FOREST State IL Zip Code 60305-1894

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

Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1500.00

Date of Receipt  
12 / 11 / 2017  
**Transaction ID : SA11A.530526**

Amount of Each Receipt this Period  
500.00

Memo Item CONTRIBUTION

**B. BRUNNER, ROBERT, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4001 E WASHINGTON ST

City URBANA State IL Zip Code 61802-9502

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

Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
10 / 06 / 2017  
**Transaction ID : SA11A.523234**

Amount of Each Receipt this Period  
25.00

Memo Item CONTRIBUTION

**C. BRUNNER, ROBERT, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4001 E WASHINGTON ST

City URBANA State IL Zip Code 61802-9502

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

Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
10 / 05 / 2017  
**Transaction ID : SA11A.523279**

Amount of Each Receipt this Period  
50.00

Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 575.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 83 OF 946
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. BRUNNER, ROBERT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4001 E WASHINGTON ST  
 City URBANA State IL Zip Code 61802-9502  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 07 / 2017  
**Transaction ID : SA11A.523353**  
 Amount of Each Receipt this Period 50.00  
 Memo Item CONTRIBUTION

**B. BRUNNER, ROBERT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4001 E WASHINGTON ST  
 City URBANA State IL Zip Code 61802-9502  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 31 / 2017  
**Transaction ID : SA11A.526228**  
 Amount of Each Receipt this Period 50.00  
 Memo Item CONTRIBUTION

**C. BURDICK, THOMAS, J., REV.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 31579 VINTNERS POINTE COURT  
 City WINCHESTER State CA Zip Code 92596-8318  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) CATOLIC PREIST  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 12 / 11 / 2017  
**Transaction ID : SA11A.530443**  
 Amount of Each Receipt this Period 250.00  
 Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	350.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 84 OF 946
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. BURKETT, CHARLES, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 15502 AMBER HOLLOW LN  
 City CYPRESS State TX Zip Code 77429-4952  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 10 / 29 / 2017  
**Transaction ID : SA11A.526062**  
 Amount of Each Receipt this Period 50.00  
 Memo Item CONTRIBUTION

**B. BURKETT, CHARLES, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 15502 AMBER HOLLOW LN  
 City CYPRESS State TX Zip Code 77429-4952  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 11 / 29 / 2017  
**Transaction ID : SA11A.528941**  
 Amount of Each Receipt this Period 50.00  
 Memo Item CONTRIBUTION

**C. BURKETT, CHARLES, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 15502 AMBER HOLLOW LN  
 City CYPRESS State TX Zip Code 77429-4952  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 12 / 29 / 2017  
**Transaction ID : SA11A.531919**  
 Amount of Each Receipt this Period 50.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 150.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 85 OF 946
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. BURKE, JOHN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 17310 HILL LAKES COURT  
 City CYPRESS State TX Zip Code 77429-6709  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 19 / 2017  
**Transaction ID : SA11A.524909**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item  
 CONTRIBUTION

**B. BURKE, JOHN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 17310 HILL LAKES COURT  
 City CYPRESS State TX Zip Code 77429-6709  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 19 / 2017  
**Transaction ID : SA11A.528054**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item  
 CONTRIBUTION

**C. BURKE, JOHN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 17310 HILL LAKES COURT  
 City CYPRESS State TX Zip Code 77429-6709  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2017  
**Transaction ID : SA11A.531308**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	75.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 86 OF 946
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. BURKETT, PAUL, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 18124 WEDGE PARKWAY  
509

City RENO State NV Zip Code 89511-8134

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

Name of Employer (for Individual) SNOASPEN INSURANCE GROUP, INC. Occupation (for Individual) BROKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 324.00

Date of Receipt 10 / 27 / 2017  
**Transaction ID : SA11A.525768**

Amount of Each Receipt this Period 27.00

Memo Item CONTRIBUTION

**B. BURKETT, PAUL, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 18124 WEDGE PARKWAY  
509

City RENO State NV Zip Code 89511-8134

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

Name of Employer (for Individual) SNOASPEN INSURANCE GROUP, INC. Occupation (for Individual) BROKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 324.00

Date of Receipt 11 / 27 / 2017  
**Transaction ID : SA11A.528345**

Amount of Each Receipt this Period 27.00

Memo Item CONTRIBUTION

**C. BURKETT, PAUL, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 18124 WEDGE PARKWAY  
509

City RENO State NV Zip Code 89511-8134

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

Name of Employer (for Individual) SNOASPEN INSURANCE GROUP, INC. Occupation (for Individual) BROKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 324.00

Date of Receipt 12 / 27 / 2017  
**Transaction ID : SA11A.531675**

Amount of Each Receipt this Period 27.00

Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....▶ 81.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 87 OF 946
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. BURMEISTER, PAUL, F., MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 1332 NE 180 RD

City CLAFLIN	State KS	Zip Code 67525-9219
-----------------	-------------	------------------------

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

Name of Employer (for Individual) SELF EMPLOYED	Occupation (for Individual) FARMER
--	---------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
310.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		05		2017

**Transaction ID : SA11A.523138**

Amount of Each Receipt this Period  
75.00

Memo Item  
CONTRIBUTION

**B. BURMEISTER, PAUL, F., MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 1332 NE 180 RD

City CLAFLIN	State KS	Zip Code 67525-9219
-----------------	-------------	------------------------

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

Name of Employer (for Individual) SELF EMPLOYED	Occupation (for Individual) FARMER
--	---------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
310.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2017

**Transaction ID : SA11A.526477**

Amount of Each Receipt this Period  
110.00

Memo Item  
CONTRIBUTION

**C. BURT, CHARLES, T., MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 8S041 CREEK DRIVE

City NAPERVILLE	State IL	Zip Code 60540-9326
--------------------	-------------	------------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12		07		2017

**Transaction ID : SA11A.530106**

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	285.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 88 OF 946
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. BURT, ROBIE, W., MRS.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address PO BOX 336

City VANCE	State AL	Zip Code 35490-0004
---------------	-------------	------------------------

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

Name of Employer (for Individual) KYKENKEE	Occupation (for Individual) CLERICAL
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2700.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	20	/	2017

**Transaction ID : SA11A.527866**

Amount of Each Receipt this Period  
2700.00

Memo Item  
CONTRIBUTION

**B. BURWELL, CURT, E., MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 63 E 93RD ST

City NEW YORK	State NY	Zip Code 10128-1331
------------------	-------------	------------------------

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

Name of Employer (for Individual) BURWELL INVESTMENTS	Occupation (for Individual) INVESTOR
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	11	/	2017

**Transaction ID : SA11A.530388**

Amount of Each Receipt this Period  
5000.00

Memo Item  
CONTRIBUTION

**C. BUSH, ROY, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 214 S 58TH AVE

City YAKIMA	State WA	Zip Code 98908-3429
----------------	-------------	------------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	01	/	2017

**Transaction ID : SA11A.522737**

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	7800.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 89 OF 946
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. CACERES, ENRIQUE, , DR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 205 YELLOWHAMMER AVE

City MCALLEN	State TX	Zip Code 78504-1622
-----------------	-------------	------------------------

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

Name of Employer (for Individual) SELF EMPLOYED	Occupation (for Individual) PHYSICIAN
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		23		2017

**Transaction ID : SA11A.524841**

Amount of Each Receipt this Period  
250.00

Memo Item  
CONTRIBUTION

**B. CALDEIRA, STEVE, J., ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9021 BRICKYARD ROAD

City POTOMAC	State MD	Zip Code 20854-1624
-----------------	-------------	------------------------

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

Name of Employer (for Individual) CONSUMER SPECIALTY PRODUCTS ASSN	Occupation (for Individual) PRESIDENT & CEO
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
12500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12		12		2017

**Transaction ID : SA11A.530777**

Amount of Each Receipt this Period  
10000.00

Memo Item  
CONTRIBUTION

**C. CALLEN, MICHAEL, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3 690 OAK WOOD DRIVE

City PARK CITY	State UT	Zip Code 84060-
-------------------	-------------	--------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
1200.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		27		2017

**Transaction ID : SA11A.525777**

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	10350.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 90 OF 946
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. CALLEN, MICHAEL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3 690 OAK WOOD DRIVE  
 City PARK CITY State UT Zip Code 84060-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 27 / 2017  
**Transaction ID : SA11A.528352**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item CONTRIBUTION

**B. CALLEN, MICHAEL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3 690 OAK WOOD DRIVE  
 City PARK CITY State UT Zip Code 84060-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 27 / 2017  
**Transaction ID : SA11A.531679**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item CONTRIBUTION

**C. CAMERON, JOHN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 117 HARVESTER DR.  
 City LAKE FREDERICK State VA Zip Code 22630-2094  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 560.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 24 / 2017  
**Transaction ID : SA11A.525320**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	250.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 91 OF 946  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. CAMERON, JOHN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 117 HARVESTER DR.  
 City LAKE FREDERICK State VA Zip Code 22630-2094  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 560.00

Date of Receipt 11 / 24 / 2017  
**Transaction ID : SA11A.528226**  
 Amount of Each Receipt this Period 50.00  
 Memo Item CONTRIBUTION

**B. CAMERON, JOHN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 117 HARVESTER DR.  
 City LAKE FREDERICK State VA Zip Code 22630-2094  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 560.00

Date of Receipt 12 / 24 / 2017  
**Transaction ID : SA11A.531589**  
 Amount of Each Receipt this Period 50.00  
 Memo Item CONTRIBUTION

**C. CAMPBELL, J., M., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1100 PEMBRIDGE DRIVE APT 303  
 City LAKE FOREST State IL Zip Code 60045-4216  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 12 / 11 / 2017  
**Transaction ID : SA11A.530534**  
 Amount of Each Receipt this Period 200.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....▶ 300.00  
**TOTAL** This Period (last page this line number only).....▶

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

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

FOR LINE NUMBER: PAGE 92 OF 946  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. CAMPBELL, WAYNE, E., DR., M.D.**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1751 23RD ST  
 City NICEVILLE State FL Zip Code 32578-2909  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 10 / 16 / 2017  
**Transaction ID : SA11A.524163**  
 Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION

**B. CAMPBELL, WAYNE, E., DR., M.D.**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1751 23RD ST  
 City NICEVILLE State FL Zip Code 32578-2909  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 11 / 16 / 2017  
**Transaction ID : SA11A.527888**  
 Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION

**C. CAMPBELL, WAYNE, E., DR., M.D.**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1751 23RD ST  
 City NICEVILLE State FL Zip Code 32578-2909  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 12 / 16 / 2017  
**Transaction ID : SA11A.531149**  
 Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 300.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 93 OF 946
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. CANALES, RICARDO, , DR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1217 S CYNTHIA ST  
 City MCALLEN State TX Zip Code 78501-1153  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt **10 / 23 / 2017**  
**Transaction ID : SA11A.525046**  
 Amount of Each Receipt this Period 1200.00  
 Memo Item CONTRIBUTION

**B. CANFIELD, ANNE, , MS.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 823 ORONOCO ST  
 City ALEXANDRIA State VA Zip Code 22314-2219  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MICHAEL BEST Occupation (for Individual) CONSULTANT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **11 / 10 / 2017**  
**Transaction ID : SA11A.526965**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item CONTRIBUTION

**C. CARBONE, JOSEPH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 42 SPRING POND DR.  
 City OSSINING State NY Zip Code 10562-2033  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 205.00

Date of Receipt **11 / 29 / 2017**  
**Transaction ID : SA11A.528890**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2225.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 94 OF 946
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. CARD, BRADFORD, , MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 100 M ST SE  
STE 500

City WASHINGTON State DC Zip Code 20003-3568

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

Name of Employer (for Individual) CARD & ASSOCIATES Occupation (for Individual) LOBBYIST

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
17500.00

Date of Receipt  
10 / 25 / 2017  
**Transaction ID : SA11A.525285**

Amount of Each Receipt this Period  
2500.00

Memo Item  
CONTRIBUTION

**B. CARD, BRADFORD, , MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 100 M ST SE  
STE 500

City WASHINGTON State DC Zip Code 20003-3568

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

Name of Employer (for Individual) CARD & ASSOCIATES Occupation (for Individual) LOBBYIST

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
17500.00

Date of Receipt  
12 / 18 / 2017  
**Transaction ID : SA11A.531086**

Amount of Each Receipt this Period  
10000.00

Memo Item  
CONTRIBUTION

**C. CARR, BRIAN, R., MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 680 5TH AVE  
APT 11C

City NEW YORK State NY Zip Code 10019-5429

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

Name of Employer (for Individual) HIGH BROOK INVESTORS Occupation (for Individual) PRIVATE EQUITY

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
20000.00

Date of Receipt  
12 / 11 / 2017  
**Transaction ID : SA11A.530392**

Amount of Each Receipt this Period  
20000.00

Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 32500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 95 OF 946
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. CARROLL, RICHARD, W., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 393 EAGLE DRIVE  
 City JUPITER State FL Zip Code 33477-4065  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 30000.00

Date of Receipt 11 / 30 / 2017  
**Transaction ID : SA11A.529213**  
 Amount of Each Receipt this Period 10000.00  
 Memo Item CONTRIBUTION

**B. CARROLL, SUZANNE, M., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 393 EAGLE DRIVE  
 City JUPITER State FL Zip Code 33477-4065  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 20000.00

Date of Receipt 11 / 30 / 2017  
**Transaction ID : SA11A.529214**  
 Amount of Each Receipt this Period 10000.00  
 Memo Item CONTRIBUTION

**C. CARSON, STANLEY, , DR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4191 S COLORADO BLVD  
 City ENGLEWOOD State CO Zip Code 80113-5039  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 285.00

Date of Receipt 10 / 18 / 2017  
**Transaction ID : SA11A.524702**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....▶ 20025.00  
**TOTAL** This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 96 OF 946
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. CARSON, STANLEY, , DR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4191 S COLORADO BLVD  
 City ENGLEWOOD State CO Zip Code 80113-5039  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 285.00

Date of Receipt 11 / 03 / 2017  
**Transaction ID : SA11A.526859**  
 Amount of Each Receipt this Period 40.00  
 Memo Item CONTRIBUTION

**B. CARSTENSEN, GREGORY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1795 HAMLET ST  
 City SAN MATEO State CA Zip Code 94403-1141  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) PACIFIC GAS & ELECTRIC Occupation (for Individual) IT ARCHITECT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 16 / 2017  
**Transaction ID : SA11A.524156**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**C. CARTER, KIMBLE, J., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 716 MOUNTVILLE-HOGANSVILLE RD  
 City LAGRANGE State GA Zip Code 30241-5227  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BEST EFFORTS  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 10000.00

Date of Receipt 11 / 20 / 2017  
**Transaction ID : SA11A.527843**  
 Amount of Each Receipt this Period 10000.00  
 Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	10065.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 97 OF 946
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<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. CARTER, LINDA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 822 JQ ADAMS ST  
 City OREGON CITY State OR Zip Code 97045-1972  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 970.00

Date of Receipt 10 / 01 / 2017  
**Transaction ID : SA11A.522757**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**B. CARTER, LINDA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 822 JQ ADAMS ST  
 City OREGON CITY State OR Zip Code 97045-1972  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 970.00

Date of Receipt 10 / 09 / 2017  
**Transaction ID : SA11A.523304**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**C. CARTER, LINDA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 822 JQ ADAMS ST  
 City OREGON CITY State OR Zip Code 97045-1972  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 970.00

Date of Receipt 10 / 17 / 2017  
**Transaction ID : SA11A.524612**  
 Amount of Each Receipt this Period 10.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....▶ 60.00  
**TOTAL** This Period (last page this line number only).....▶

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

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

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(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. CARTER, LINDA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 822 JQ ADAMS ST  
 City OREGON CITY    State OR    Zip Code 97045-1972  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE    Occupation (for Individual) RETIRED  
 Receipt For:  Primary     General     Other (specify) ▼  
 Aggregate Year-to-Date ▼ 970.00

Date of Receipt 10 / 27 / 2017  
**Transaction ID : SA11A.525769**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**B. CARTER, LINDA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 822 JQ ADAMS ST  
 City OREGON CITY    State OR    Zip Code 97045-1972  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE    Occupation (for Individual) RETIRED  
 Receipt For:  Primary     General     Other (specify) ▼  
 Aggregate Year-to-Date ▼ 970.00

Date of Receipt 10 / 29 / 2017  
**Transaction ID : SA11A.526068**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**C. CARTER, LINDA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 822 JQ ADAMS ST  
 City OREGON CITY    State OR    Zip Code 97045-1972  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE    Occupation (for Individual) RETIRED  
 Receipt For:  Primary     General     Other (specify) ▼  
 Aggregate Year-to-Date ▼ 970.00

Date of Receipt 11 / 01 / 2017  
**Transaction ID : SA11A.526562**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 75.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 99 OF 946
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<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. CARTER, LINDA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 822 JQ ADAMS ST  
 City OREGON CITY State OR Zip Code 97045-1972  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 970.00

Date of Receipt 11 / 09 / 2017  
**Transaction ID : SA11A.527113**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**B. CARTER, LINDA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 822 JQ ADAMS ST  
 City OREGON CITY State OR Zip Code 97045-1972  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 970.00

Date of Receipt 11 / 17 / 2017  
**Transaction ID : SA11A.527947**  
 Amount of Each Receipt this Period 10.00  
 Memo Item CONTRIBUTION

**C. CARTER, LINDA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 822 JQ ADAMS ST  
 City OREGON CITY State OR Zip Code 97045-1972  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 970.00

Date of Receipt 11 / 27 / 2017  
**Transaction ID : SA11A.528349**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....▶ 60.00  
**TOTAL** This Period (last page this line number only).....▶

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

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

FOR LINE NUMBER: PAGE 100 OF 946  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. CARTER, LINDA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 822 JQ ADAMS ST  
 City OREGON CITY    State OR    Zip Code 97045-1972  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE    Occupation (for Individual) RETIRED  
 Receipt For:  Primary     General     Other (specify) ▼  
 Aggregate Year-to-Date ▼ 970.00

Date of Receipt 11 / 29 / 2017  
**Transaction ID : SA11A.528944**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**B. CARTER, LINDA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 822 JQ ADAMS ST  
 City OREGON CITY    State OR    Zip Code 97045-1972  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE    Occupation (for Individual) RETIRED  
 Receipt For:  Primary     General     Other (specify) ▼  
 Aggregate Year-to-Date ▼ 970.00

Date of Receipt 12 / 01 / 2017  
**Transaction ID : SA11A.529379**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**C. CARTER, LINDA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 822 JQ ADAMS ST  
 City OREGON CITY    State OR    Zip Code 97045-1972  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE    Occupation (for Individual) RETIRED  
 Receipt For:  Primary     General     Other (specify) ▼  
 Aggregate Year-to-Date ▼ 970.00

Date of Receipt 12 / 09 / 2017  
**Transaction ID : SA11A.530733**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 75.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

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(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. CASEY, MICHAEL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1111 W EL CAMINO REAL STE 109 MB 3  
 STE 109  
 City SUNNYVALE State CA Zip Code 94087-1057  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) INTEL Occupation (for Individual) ENGINEER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 28 / 2017  
**Transaction ID : SA11A.526138**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**B. CASEY, MICHAEL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1111 W EL CAMINO REAL STE 109 MB 3  
 STE 109  
 City SUNNYVALE State CA Zip Code 94087-1057  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) INTEL Occupation (for Individual) ENGINEER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 28 / 2017  
**Transaction ID : SA11A.528772**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**C. CASEY, MICHAEL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1111 W EL CAMINO REAL STE 109 MB 3  
 STE 109  
 City SUNNYVALE State CA Zip Code 94087-1057  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) INTEL Occupation (for Individual) ENGINEER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 28 / 2017  
**Transaction ID : SA11A.531751**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 300.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

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(check only one)  
 11a     11b     11c     12  
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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. CASTRO, ROBERT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5132 WESTPATH WAY  
 City BETHESDA State MD Zip Code 20816-2318  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) AUTHOR / INSURANCE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1050.00

Date of Receipt 10 / 26 / 2017  
**Transaction ID : SA11A.525606**  
 Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION

**B. CASTRO, ROBERT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5132 WESTPATH WAY  
 City BETHESDA State MD Zip Code 20816-2318  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) AUTHOR / INSURANCE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1050.00

Date of Receipt 11 / 26 / 2017  
**Transaction ID : SA11A.528389**  
 Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION

**C. CASTRO, ROBERT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5132 WESTPATH WAY  
 City BETHESDA State MD Zip Code 20816-2318  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) AUTHOR / INSURANCE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1050.00

Date of Receipt 12 / 02 / 2017  
**Transaction ID : SA11A.529889**  
 Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 300.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

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(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. CASTRO, ROBERT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5132 WESTPATH WAY  
 City BETHESDA State MD Zip Code 20816-2318  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) AUTHOR / INSURANCE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1050.00

Date of Receipt 12 / 02 / 2017  
**Transaction ID : SA11A.529891**  
 Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION

**B. CASTRO, ROBERT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5132 WESTPATH WAY  
 City BETHESDA State MD Zip Code 20816-2318  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) AUTHOR / INSURANCE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1050.00

Date of Receipt 12 / 26 / 2017  
**Transaction ID : SA11A.531546**  
 Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION

**C. CASTRO, VINCENT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7939 CHATEAU POINT LN  
 City HOUSTON State TX Zip Code 77041-1244  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SHELL Occupation (for Individual) COMMERCIAL DEVELOPMENT MGR  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 22 / 2017  
**Transaction ID : SA11A.525164**  
 Amount of Each Receipt this Period 50.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 250.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

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(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. CATTAU, GAYLE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 328 SEAHAWK DR  
 City LAKE SAINT LOUIS    State MO    Zip Code 63367-1849  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE    Occupation (for Individual) RETIRED  
 Receipt For:  Primary     General     Other (specify) ▼  
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 10 / 01 / 2017  
**Transaction ID : SA11A.522767**  
 Amount of Each Receipt this Period 50.00  
 Memo Item CONTRIBUTION

**B. CATTAU, GAYLE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 328 SEAHAWK DR  
 City LAKE SAINT LOUIS    State MO    Zip Code 63367-1849  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE    Occupation (for Individual) RETIRED  
 Receipt For:  Primary     General     Other (specify) ▼  
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 11 / 01 / 2017  
**Transaction ID : SA11A.526555**  
 Amount of Each Receipt this Period 50.00  
 Memo Item CONTRIBUTION

**C. CAVANAH, GEORGE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. BOX 802845  
 City VAKENCIA    State CA    Zip Code 91380-2845  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE    Occupation (for Individual) RETIRED  
 Receipt For:  Primary     General     Other (specify)  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 16 / 2017  
**Transaction ID : SA11A.524158**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....▶ 125.00  
**TOTAL** This Period (last page this line number only).....▶



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

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

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(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. CAVANAH, GEORGE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. BOX 802845  
 City VAKENCIA State CA Zip Code 91380-2845  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **11 / 16 / 2017**  
**Transaction ID : SA11A.527883**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**B. CAVANAH, GEORGE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. BOX 802845  
 City VAKENCIA State CA Zip Code 91380-2845  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **12 / 16 / 2017**  
**Transaction ID : SA11A.531140**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**C. CAVANAGH, MICHAEL, J., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 65 DRAKE SMITH LN  
 City RYE State NY Zip Code 10580-4323  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BEST EFFORTS  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 33900.00

Date of Receipt **12 / 31 / 2017**  
**Transaction ID : SA11A.532119**  
 Amount of Each Receipt this Period 33900.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 33950.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 106 OF 946
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. CAVINESS, WATSON, G., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 639 EXECUTIVE PL STE 400  
 City FAYETTEVILLE State NC Zip Code 28305-5489  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF Occupation (for Individual) LAND DEVELOPER/BUILDER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 11 / 29 / 2017  
**Transaction ID : SA11A.528598**  
 Amount of Each Receipt this Period 1500.00  
 Memo Item  
 CONTRIBUTION

**B. CAWOOD, FRANK, W., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 103 CLOVER GRN  
 City PEACHTREE CITY State GA Zip Code 30269-1672  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) INVESTOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 100000.00

Date of Receipt 11 / 06 / 2017  
**Transaction ID : SA11A.526653**  
 Amount of Each Receipt this Period 100000.00  
 Memo Item  
 CONTRIBUTION

**C. CECCHI, GIUSEPPE, , MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1209 ALDEBARAN DR  
 City MCLEAN State VA Zip Code 22101-2304  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) IDI GROUP COMPANIES Occupation (for Individual) PRESIDENT  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 10 / 27 / 2017  
**Transaction ID : SA11A.525565**  
 Amount of Each Receipt this Period 2500.00  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....▶ 104000.00  
**TOTAL** This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 107 OF 946
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. CHADBOURNE MAZE, NANCY, , MRS.,**

Mailing Address 1710 2ND ST

City PERU	State IL	Zip Code 61354-3302
--------------	-------------	------------------------

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

Name of Employer (for Individual) HOMEMAKER	Occupation (for Individual) HOMEMAKER
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		04		2017

**Transaction ID : SA11A.523132**

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**B. CHADWICK, KIRSTEN, , ,**

Mailing Address 601 PRESIDENT FORD LANE

City ALEXANDRIA	State VA	Zip Code 22302-3033
--------------------	-------------	------------------------

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

Name of Employer (for Individual) FIERCE GOVERNMENT RELATIONS	Occupation (for Individual) CONSULTANT
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
12500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2017

**Transaction ID : SA11A.532218**

Amount of Each Receipt this Period  
2500.00

Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**C. CHAMIS, CHRISTOS, , ,**

Mailing Address 24534 FRAMINGTON DRIVE

City WEST LAKE	State OH	Zip Code 44145-
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
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Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12		07		2017

**Transaction ID : SA11A.530065**

Amount of Each Receipt this Period  
200.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2800.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 108 OF 946
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. CHAPMAN, JOHN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO BOX 5  
 City WASHINGTON ISLAND State WI Zip Code 54246-0005  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 26 / 2017  
**Transaction ID : SA11A.525595**  
 Amount of Each Receipt this Period 50.00  
 Memo Item CONTRIBUTION

**B. CHAUDHARY, AZHAR, , MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5810 CRAWFORD HILL LN  
 City SUGAR LAND State TX Zip Code 77479-3632  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) ATTORNEY  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 10 / 23 / 2017  
**Transaction ID : SA11A.524853**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item CONTRIBUTION

**C. CHEATHAM, CHARLES, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1222 NW 19TH ST.  
 City OKLAHOMA CITY State OK Zip Code 73106-4002  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BANKONIT, LLC Occupation (for Individual) ATTORNEY  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt 10 / 12 / 2017  
**Transaction ID : SA11A.523893**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 5075.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 109 OF 946
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. CHEATHAM, CHARLES, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1222 NW 19TH ST.  
 City OKLAHOMA CITY State OK Zip Code 73106-4002  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BANKONIT, LLC Occupation (for Individual) ATTORNEY  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt 11 / 12 / 2017  
**Transaction ID : SA11A.527337**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**B. CHEATHAM, CHARLES, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1222 NW 19TH ST.  
 City OKLAHOMA CITY State OK Zip Code 73106-4002  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BANKONIT, LLC Occupation (for Individual) ATTORNEY  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt 11 / 29 / 2017  
**Transaction ID : SA11A.528853**  
 Amount of Each Receipt this Period 50.00  
 Memo Item CONTRIBUTION

**C. CHEATHAM, CHARLES, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1222 NW 19TH ST.  
 City OKLAHOMA CITY State OK Zip Code 73106-4002  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BANKONIT, LLC Occupation (for Individual) ATTORNEY  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt 12 / 12 / 2017  
**Transaction ID : SA11A.530779**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	100.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 110 OF 946
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. CHRISTOPHER, ROBERT, A., MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 27891 N 100TH WAY

City SCOTTSDALE	State AZ	Zip Code 85262-8929
--------------------	-------------	------------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
940.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	30	/	2017

**Transaction ID : SA11A.532465**

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

**B. CHUGAY, ALEX, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 11043 RIVERPORT DR. W

City JACKSONVILLE	State FL	Zip Code 32223-7120
----------------------	-------------	------------------------

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

Name of Employer (for Individual) FAA	Occupation (for Individual) ANESTHESIA
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	18	/	2017

**Transaction ID : SA11A.524721**

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

**C. CHUGAY, ALEX, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 11043 RIVERPORT DR. W

City JACKSONVILLE	State FL	Zip Code 32223-7120
----------------------	-------------	------------------------

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

Name of Employer (for Individual) FAA	Occupation (for Individual) ANESTHESIA
--	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	18	/	2017

**Transaction ID : SA11A.528106**

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	150.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 111 OF 946
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. CHUGAY, ALEX, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11043 RIVERPORT DR. W  
 City JACKSONVILLE State FL Zip Code 32223-7120  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FAA Occupation (for Individual) ANESTHESIA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **12 / 18 / 2017**  
**Transaction ID : SA11A.531100**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**B. CICCONE, NICHOLAS, T., MR., JR.**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11 AVON ST APT 1  
 City SOMERVILLE State MA Zip Code 02143-1601  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **10 / 30 / 2017**  
**Transaction ID : SA11A.525666**  
 Amount of Each Receipt this Period 50.00  
 Memo Item CONTRIBUTION

**C. CIMINO, MICHAEL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 18 LINWOOD AVE  
 City HAMBURG State NY Zip Code 14075-4733  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) D'YOUVILLE COLLEGE Occupation (for Individual) PHARMACIST  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **10 / 18 / 2017**  
**Transaction ID : SA11A.524705**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	100.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 112 OF 946
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. CIMINO, MICHAEL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 18 LINWOOD AVE  
 City HAMBURG State NY Zip Code 14075-4733  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) D'YOUVILLE COLLEGE Occupation (for Individual) PHARMACIST  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00

Date of Receipt **11 / 18 / 2017**  
**Transaction ID : SA11A.528100**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**B. CIMINO, MICHAEL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 18 LINWOOD AVE  
 City HAMBURG State NY Zip Code 14075-4733  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) D'YOUVILLE COLLEGE Occupation (for Individual) PHARMACIST  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00

Date of Receipt **12 / 18 / 2017**  
**Transaction ID : SA11A.531093**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**C. CLARE, GORDON, K., MR,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3825 ZEOLITE CIRCLE  
 City WELLINGTON State NV Zip Code 89444-9308  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 230.00

Date of Receipt **10 / 27 / 2017**  
**Transaction ID : SA11A.525514**  
 Amount of Each Receipt this Period 40.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....▶ 90.00  
**TOTAL** This Period (last page this line number only).....▶



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 113 OF 946
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. CLARE, GORDON, K., MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3825 ZEOLITE CIRCLE

City WELLINGTON	State NV	Zip Code 89444-9308
--------------------	-------------	------------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
230.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	12	/	2017

**Transaction ID : SA11A.530614**

Amount of Each Receipt this Period  
40.00

Memo Item  
CONTRIBUTION

**B. CLARK, CHAD, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1902 SPRUCE HOLLOW ROAD

City ALUM BANK	State PA	Zip Code 15521-9216
-------------------	-------------	------------------------

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

Name of Employer (for Individual) NA	Occupation (for Individual) DISABLED
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	28	/	2017

**Transaction ID : SA11A.526142**

Amount of Each Receipt this Period  
50.00

Memo Item  
CONTRIBUTION

**C. CLARK, CHAD, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1902 SPRUCE HOLLOW ROAD

City ALUM BANK	State PA	Zip Code 15521-9216
-------------------	-------------	------------------------

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

Name of Employer (for Individual) NA	Occupation (for Individual) DISABLED
---	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	28	/	2017

**Transaction ID : SA11A.528783**

Amount of Each Receipt this Period  
50.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	140.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 114 OF 946
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. CLARK, CHAD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1902 SPRUCE HOLLOW ROAD  
 City ALUM BANK State PA Zip Code 15521-9216  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NA Occupation (for Individual) DISABLED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt **12 / 28 / 2017**  
**Transaction ID : SA11A.531778**  
 Amount of Each Receipt this Period 50.00  
 Memo Item CONTRIBUTION

**B. CLARKE, EDWIN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2163 GREENVIEW DRIVE  
 City ANN ARBOR State MI Zip Code 48103-6111  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt **10 / 31 / 2017**  
**Transaction ID : SA11A.526406**  
 Amount of Each Receipt this Period 50.00  
 Memo Item CONTRIBUTION

**C. CLARKE, EDWIN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2163 GREENVIEW DRIVE  
 City ANN ARBOR State MI Zip Code 48103-6111  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt **11 / 30 / 2017**  
**Transaction ID : SA11A.529146**  
 Amount of Each Receipt this Period 50.00  
 Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	150.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 115 OF 946
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. CLARKE, EDWIN, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2163 GREENVIEW DRIVE

City ANN ARBOR	State MI	Zip Code 48103-6111
-------------------	-------------	------------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2017

**Transaction ID : SA11A.532287**

Amount of Each Receipt this Period  
50.00

Memo Item  
CONTRIBUTION

**B. CLARK, JACK, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 201 COLONY ROAD

City JUPITER INLET COLO	State FL	Zip Code 33469-3528
----------------------------	-------------	------------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
210.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	17	/	2017

**Transaction ID : SA11A.527936**

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

**C. CLARK, JACK, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 201 COLONY ROAD

City JUPITER INLET COLO	State FL	Zip Code 33469-3528
----------------------------	-------------	------------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
210.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2017

**Transaction ID : SA11A.529443**

Amount of Each Receipt this Period  
110.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	260.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 116 OF 946
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. CLARK, THOMAS, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1300 AVENUE D  
410

City PLATTSMOUTH State NE Zip Code 68048-1055

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

Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
410.00

Date of Receipt  
10 / 27 / 2017  
**Transaction ID : SA11A.525756**

Amount of Each Receipt this Period  
35.00

Memo Item CONTRIBUTION

**B. CLARK, THOMAS, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1300 AVENUE D  
410

City PLATTSMOUTH State NE Zip Code 68048-1055

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

Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
410.00

Date of Receipt  
11 / 27 / 2017  
**Transaction ID : SA11A.528334**

Amount of Each Receipt this Period  
35.00

Memo Item CONTRIBUTION

**C. CLEAR, JOHN MICHAEL, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 28 SOUTHMOOR DR.

City CLAYTON State MO Zip Code 63105-3017

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

Name of Employer (for Individual) BRYAN CAVE LLP Occupation (for Individual) ATTORNEY

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
560.00

Date of Receipt  
12 / 15 / 2017  
**Transaction ID : SA11A.531050**

Amount of Each Receipt this Period  
560.00

Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 630.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 117 OF 946
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. CLEMENTS, ROBERT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3301 S GOLDFIELD RD  
 5080  
 City APACHE JUNCTION State AZ Zip Code 85119-4505  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 28 / 2017  
**Transaction ID : SA11A.526147**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item  
 CONTRIBUTION

**B. CLEMENTS, ROBERT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3301 S GOLDFIELD RD  
 5080  
 City APACHE JUNCTION State AZ Zip Code 85119-4505  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 28 / 2017  
**Transaction ID : SA11A.528790**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item  
 CONTRIBUTION

**C. CLEMENTS, ROBERT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3301 S GOLDFIELD RD  
 5080  
 City APACHE JUNCTION State AZ Zip Code 85119-4505  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 28 / 2017  
**Transaction ID : SA11A.531774**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	75.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 118 OF 946
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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)  
**Team Ryan**

**A. CLIFFORD, GEORGANNA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 818 W RIVERSIDE AVE  
STE 660

City SPOKANE State WA Zip Code 99201-0917

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

Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) PROPERTY MANAGEMENT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 10 / 09 / 2017  
**Transaction ID : SA11A.523309**

Amount of Each Receipt this Period 100.00

Memo Item CONTRIBUTION

**B. CLIFFORD, GEORGANNA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 818 W RIVERSIDE AVE  
STE 660

City SPOKANE State WA Zip Code 99201-0917

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

Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) PROPERTY MANAGEMENT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 11 / 09 / 2017  
**Transaction ID : SA11A.527117**

Amount of Each Receipt this Period 100.00

Memo Item CONTRIBUTION

**C. CLIFTON, MARY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 45230 FLINTLOCK CT

City HOLLYWOOD State MD Zip Code 20636-2860

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

Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED

Receipt For:  Primary  General  Other (specify)

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 13 / 2017  
**Transaction ID : SA11A.523944**

Amount of Each Receipt this Period 25.00

Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	225.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 119 OF 946
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. CLIFTON, MARY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 45230 FLINTLOCK CT  
 City HOLLYWOOD State MD Zip Code 20636-2860  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 28 / 2017  
**Transaction ID : SA11A.526104**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item  
 CONTRIBUTION

**B. CLIFTON, MARY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 45230 FLINTLOCK CT  
 City HOLLYWOOD State MD Zip Code 20636-2860  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 28 / 2017  
**Transaction ID : SA11A.528763**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item  
 CONTRIBUTION

**C. CLIFTON, MARY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 45230 FLINTLOCK CT  
 City HOLLYWOOD State MD Zip Code 20636-2860  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 22 / 2017  
**Transaction ID : SA11A.531463**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	75.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 120 OF 946
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. CLIFTON, MARY, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 45230 FLINTLOCK CT

City HOLLYWOOD	State MD	Zip Code 20636-2860
-------------------	-------------	------------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	29	/	2017

**Transaction ID : SA11A.531851**

Amount of Each Receipt this Period  
25.00

Memo Item CONTRIBUTION

**B. CLONINGER, KRISS, , MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 612 FRONT AVE

City COLUMBUS	State GA	Zip Code 31901-2924
------------------	-------------	------------------------

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

Name of Employer (for Individual) AFDAC INC	Occupation (for Individual) EXECUTIVE
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	29	/	2017

**Transaction ID : SA11A.528596**

Amount of Each Receipt this Period  
5000.00

Memo Item CONTRIBUTION

**C. COBB, DELWIN, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2323 PARANA DR.

City HOUSTON	State TX	Zip Code 77080-5226
-----------------	-------------	------------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	26	/	2017

**Transaction ID : SA11A.531519**

Amount of Each Receipt this Period  
100.00

Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	5125.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

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

FOR LINE NUMBER: PAGE 121 OF 946  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. COBB, DELWIN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2323 PARANA DR.  
 City HOUSTON State TX Zip Code 77080-5226  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 28 / 2017  
**Transaction ID : SA11A.531730**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**B. COBB, ELLIOTT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10578 EAST CINDER CONE TRAIL  
 City SCOTTSDALE State AZ Zip Code 85262-4501  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) ECA MARKETING INC Occupation (for Individual) CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 28 / 2017  
**Transaction ID : SA11A.526112**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**C. COBB, ELLIOTT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10578 EAST CINDER CONE TRAIL  
 City SCOTTSDALE State AZ Zip Code 85262-4501  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) ECA MARKETING INC Occupation (for Individual) CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 28 / 2017  
**Transaction ID : SA11A.528781**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....▶ 300.00  
**TOTAL** This Period (last page this line number only).....▶

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

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

FOR LINE NUMBER: PAGE 122 OF 946  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. COBB, ELLIOTT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10578 EAST CINDER CONE TRAIL  
 City SCOTTSDALE State AZ Zip Code 85262-4501  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) ECA MARKETING INC Occupation (for Individual) CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 12 / 28 / 2017  
**Transaction ID : SA11A.531753**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
**CONTRIBUTION**

**B. COBURN, RONALD, O., MR., JR.**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1552 JESSE LN  
 City GOLDEN State CO Zip Code 80403-8068  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 850.00

Date of Receipt 12 / 11 / 2017  
**Transaction ID : SA11A.530432**  
 Amount of Each Receipt this Period 200.00  
 Memo Item  
**CONTRIBUTION**

**C. COCHRAN, LIZETTE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3031 EAST LAKE RD  
 City PALM HARBOR State FL Zip Code 34685-2417  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) LIZETTE COCHRAN INSURANCE AGENCY Occupation (for Individual) AGENT  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 324.00

Date of Receipt 10 / 27 / 2017  
**Transaction ID : SA11A.525753**  
 Amount of Each Receipt this Period 27.00  
 Memo Item  
**CONTRIBUTION**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 327.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 123 OF 946
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. COCHRAN, LIZETTE, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3031 EAST LAKE RD

City PALM HARBOR	State FL	Zip Code 34685-2417
---------------------	-------------	------------------------

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

Name of Employer (for Individual) LIZETTE COCHRAN INSURANCE AGENCY	Occupation (for Individual) AGENT
---	--------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
324.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	27	/	2017

**Transaction ID : SA11A.528328**

Amount of Each Receipt this Period  
27.00

Memo Item CONTRIBUTION

**B. COCHRAN, LIZETTE, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3031 EAST LAKE RD

City PALM HARBOR	State FL	Zip Code 34685-2417
---------------------	-------------	------------------------

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

Name of Employer (for Individual) LIZETTE COCHRAN INSURANCE AGENCY	Occupation (for Individual) AGENT
---	--------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
324.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	27	/	2017

**Transaction ID : SA11A.531645**

Amount of Each Receipt this Period  
27.00

Memo Item CONTRIBUTION

**C. COCHRANE, WILLIAM, R., MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 921 MARINE APT 106

City GALVESTON	State TX	Zip Code 77550-3245
-------------------	-------------	------------------------

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

Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS	Occupation (for Individual) INFORMATION REQUESTED PER BES
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
1500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	20	/	2017

**Transaction ID : SA11A.527834**

Amount of Each Receipt this Period  
1500.00

Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1554.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 124 OF 946
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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)  
**Team Ryan**

**A. COCKRELL, JUDY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4105 HILLTOP ACRES LANE  
 City BRENHAM State TX Zip Code 77833-9255  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 26 / 2017  
**Transaction ID : SA11A.525592**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item  
 CONTRIBUTION

**B. COCKRELL, JUDY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4105 HILLTOP ACRES LANE  
 City BRENHAM State TX Zip Code 77833-9255  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 26 / 2017  
**Transaction ID : SA11A.528372**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item  
 CONTRIBUTION

**C. COCKRELL, JUDY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4105 HILLTOP ACRES LANE  
 City BRENHAM State TX Zip Code 77833-9255  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 26 / 2017  
**Transaction ID : SA11A.531529**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	75.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 125 OF 946
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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)  
**Team Ryan**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. COFFEE, HAROLD, C., MR., JR.**

Mailing Address 25 AMBER DR

City SAN FRANCISCO	State CA	Zip Code 94131-1623
-----------------------	-------------	------------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1200.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		26		2017

**Transaction ID : SA11A.525429**

Amount of Each Receipt this Period  
500.00

Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**B. COHEN, LAWRENCE, DOC, MR.,**

Mailing Address 9900 KLEPPEL RD

City TOMBALL	State TX	Zip Code 77375-3202
-----------------	-------------	------------------------

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

Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS	Occupation (for Individual) INFORMATION REQUESTED PER BE
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		23		2017

**Transaction ID : SA11A.525054**

Amount of Each Receipt this Period  
5000.00

Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**C. COLE, JAMES, , ,**

Mailing Address 7404 VISTA DEL ARROYO AVE NE

City ALBUQUERQUE	State NM	Zip Code 87109-2941
---------------------	-------------	------------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		26		2017

**Transaction ID : SA11A.525462**

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	5600.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 126 OF 946
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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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)  
**Team Ryan**

**A. COLE, MARY, ANNE, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 131 TENBURY ROAD  
 City LUTHERVILLE State MD Zip Code 21093-6340  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 215.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 27 / 2017  
**Transaction ID : SA11A.525784**  
 Amount of Each Receipt this Period  
 15.00  
 Memo Item  
 CONTRIBUTION

**B. COLE, MARY, ANNE, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 131 TENBURY ROAD  
 City LUTHERVILLE State MD Zip Code 21093-6340  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 215.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2017  
**Transaction ID : SA11A.532414**  
 Amount of Each Receipt this Period  
 15.00  
 Memo Item  
 CONTRIBUTION

**C. COLEMAN, W JACKSON, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. BOX 309  
 104 TERRENE ROAD  
 City ROSEDALE State MS Zip Code 38769-0309  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) THE ROSEDALE CO Occupation (for Individual) CEO  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 03 / 2017  
**Transaction ID : SA11A.523121**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	55.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 127 OF 946
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. COLEMAN, W JACKSON, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. BOX 309  
 104 TERRENE ROAD  
 City ROSEDALE State MS Zip Code 38769-0309  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) THE ROSEDALE CO Occupation (for Individual) CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **11 / 03 / 2017**  
**Transaction ID : SA11A.526727**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION

**B. COLEMAN, W JACKSON, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. BOX 309  
 104 TERRENE ROAD  
 City ROSEDALE State MS Zip Code 38769-0309  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) THE ROSEDALE CO Occupation (for Individual) CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **12 / 03 / 2017**  
**Transaction ID : SA11A.529780**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION

**C. COLLARD, RICHARD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 425 CARDINAL DRIVE  
 City MANKATO State MN Zip Code 56001-6747  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1572.00

Date of Receipt **10 / 01 / 2017**  
**Transaction ID : SA11A.522744**  
 Amount of Each Receipt this Period 131.00  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....▶ 181.00  
**TOTAL** This Period (last page this line number only).....▶

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

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

FOR LINE NUMBER: PAGE 128 OF 946  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. COLLARD, RICHARD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 425 CARDINAL DRIVE  
 City MANKATO State MN Zip Code 56001-6747  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1572.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 01 / 2017  
**Transaction ID : SA11A.526552**  
 Amount of Each Receipt this Period  
 131.00  
 Memo Item  
 CONTRIBUTION

**B. COLLARD, RICHARD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 425 CARDINAL DRIVE  
 City MANKATO State MN Zip Code 56001-6747  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1572.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 01 / 2017  
**Transaction ID : SA11A.529373**  
 Amount of Each Receipt this Period  
 131.00  
 Memo Item  
 CONTRIBUTION

**C. COLLINS, RICHARD, D., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO BOX 380394  
 City BIRMINGHAM State AL Zip Code 35238-0394  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) DC OIL COMPANY Occupation (for Individual) PRESIDENT  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 20 / 2017  
**Transaction ID : SA11A.527972**  
 Amount of Each Receipt this Period  
 2500.00  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2762.00  
**TOTAL** This Period (last page this line number only)..... ▶



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 129 OF 946
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. COLONESCOBAR, TAMI, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 112 ROLLING RIDGE DR.  
 City DEL RIO State TX Zip Code 78840-2102  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 09 / 2017  
**Transaction ID : SA11A.523310**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item  
 CONTRIBUTION

**B. COLONESCOBAR, TAMI, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 112 ROLLING RIDGE DR.  
 City DEL RIO State TX Zip Code 78840-2102  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 09 / 2017  
**Transaction ID : SA11A.527112**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item  
 CONTRIBUTION

**C. COLONESCOBAR, TAMI, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 112 ROLLING RIDGE DR.  
 City DEL RIO State TX Zip Code 78840-2102  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 09 / 2017  
**Transaction ID : SA11A.530732**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	150.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 130 OF 946
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. COLTON, ELMO, S., MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 971 E 5600 S  
APT 302

City MURRAY State UT Zip Code 84121-4653

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

Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
209.00

Date of Receipt  
12 / 08 / 2017  
**Transaction ID : SA11A.530165**

Amount of Each Receipt this Period  
59.00

Memo Item CONTRIBUTION

**B. CONDA, CESAR, V., MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 901 7TH ST NW  
STE 200

City WASHINGTON State DC Zip Code 20001-3883

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

Name of Employer (for Individual) NAVIGATORS GLOBAL Occupation (for Individual) FOUNDING PRINCIPAL

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
10000.00

Date of Receipt  
12 / 31 / 2017  
**Transaction ID : SA11A.532110**

Amount of Each Receipt this Period  
2500.00

Memo Item CONTRIBUTION

**C. COONEY, SA, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 842 DOBBIN DRIVE

City KALAMAZOO State MI Zip Code 49006-5508

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

Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
10 / 21 / 2017  
**Transaction ID : SA11A.525208**

Amount of Each Receipt this Period  
25.00

Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2584.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 131 OF 946
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. COONEY, SA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 842 DOBBIN DRIVE  
 City KALAMAZOO State MI Zip Code 49006-5508  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 21 / 2017  
**Transaction ID : SA11A.528143**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**B. COONEY, SA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 842 DOBBIN DRIVE  
 City KALAMAZOO State MI Zip Code 49006-5508  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 21 / 2017  
**Transaction ID : SA11A.531378**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**C. COONEY, SHIRLEY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5710 N CAMPBELL AVE  
 City TUCSON State AZ Zip Code 85718-4218  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 21 / 2017  
**Transaction ID : SA11A.525186**  
 Amount of Each Receipt this Period 50.00  
 Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	100.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 132 OF 946  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. COONEY, SHIRLEY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5710 N CAMPBELL AVE  
 City TUCSON State AZ Zip Code 85718-4218  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 21 / 2017  
**Transaction ID : SA11A.528124**  
 Amount of Each Receipt this Period 50.00  
 Memo Item CONTRIBUTION

**B. COONEY, SHIRLEY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5710 N CAMPBELL AVE  
 City TUCSON State AZ Zip Code 85718-4218  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 21 / 2017  
**Transaction ID : SA11A.531352**  
 Amount of Each Receipt this Period 50.00  
 Memo Item CONTRIBUTION

**C. COOPER, WILLIAM, R., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4320 ARMSTRONG PKWY  
 City DALLAS State TX Zip Code 75205-3615  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) PARAGON HOLDINGS Occupation (for Individual) REAL ESTATE  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 12700.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 11 / 2017  
**Transaction ID : SA11A.523221**  
 Amount of Each Receipt this Period 2700.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2800.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 133 OF 946
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. CORDOVANO, SHIRLEY, E., MRS.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 103 COUNTRY PARK ROAD  
 City GREENSBORO State NC Zip Code 27455-1703  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 26 / 2017  
**Transaction ID : SA11A.525451**  
 Amount of Each Receipt this Period 200.00  
 Memo Item CONTRIBUTION

**B. CORELLI, PHILLIP, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5006 80TH AVENUE CT. E  
 City FIFE State WA Zip Code 98424-3758  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 16 / 2017  
**Transaction ID : SA11A.524151**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**C. CORELLI, PHILLIP, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5006 80TH AVENUE CT. E  
 City FIFE State WA Zip Code 98424-3758  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 30 / 2017  
**Transaction ID : SA11A.525955**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	250.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 134 OF 946
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. CORELLI, PHILLIP, , ,</b>			Date of Receipt MM / DD / YYYY 10 / 29 / 2017 <b>Transaction ID : SA11A.526050</b>
Mailing Address 5006 80TH AVENUE CT. E			Amount of Each Receipt this Period 10.00
City FIFE	State WA	Zip Code 98424-3758	<input type="checkbox"/> Memo Item CONTRIBUTION
FEC ID number of contributing federal political committee. C			
Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. CORELLI, PHILLIP, , ,</b>			Date of Receipt MM / DD / YYYY 11 / 29 / 2017 <b>Transaction ID : SA11A.528929</b>
Mailing Address 5006 80TH AVENUE CT. E			Amount of Each Receipt this Period 10.00
City FIFE	State WA	Zip Code 98424-3758	<input type="checkbox"/> Memo Item CONTRIBUTION
FEC ID number of contributing federal political committee. C			
Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. CORELLI, PHILLIP, , ,</b>			Date of Receipt MM / DD / YYYY 11 / 30 / 2017 <b>Transaction ID : SA11A.529203</b>
Mailing Address 5006 80TH AVENUE CT. E			Amount of Each Receipt this Period 25.00
City FIFE	State WA	Zip Code 98424-3758	<input type="checkbox"/> Memo Item CONTRIBUTION
FEC ID number of contributing federal political committee. C			
Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 210.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	45.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 135 OF 946  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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)  
**Team Ryan**

**A. CORNETT, ELAINE, , MS.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 400 S MAIN AVENUE  
 UNIT 204  
 City PINE MOUNTAIN State GA Zip Code 31822-2365  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 205.00

Date of Receipt **10 / 26 / 2017**  
**Transaction ID : SA11A.525479**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**B. CORNETT, ELAINE, , MS.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 400 S MAIN AVENUE  
 UNIT 204  
 City PINE MOUNTAIN State GA Zip Code 31822-2365  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 205.00

Date of Receipt **12 / 12 / 2017**  
**Transaction ID : SA11A.530588**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**C. CORNELL, GEORGE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 710 WAUBAUNUQUA TRAIL  
 City DE PERE State WI Zip Code 54115-3559  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) PACIFIC CHEESE Occupation (for Individual) VP INDUSTRY RELATIONS  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt **10 / 28 / 2017**  
**Transaction ID : SA11A.526152**  
 Amount of Each Receipt this Period 50.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶  
**TOTAL** This Period (last page this line number only)..... ▶

100.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 136 OF 946
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. CORNELL, GEORGE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 710 WAUBAUNUQUA TRAIL  
 City DE PERE State WI Zip Code 54115-3559  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) PACIFIC CHEESE Occupation (for Individual) VP INDUSTRY RELATIONS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 11 / 28 / 2017  
**Transaction ID : SA11A.528795**  
 Amount of Each Receipt this Period 50.00  
 Memo Item CONTRIBUTION

**B. CORNELL, GEORGE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 710 WAUBAUNUQUA TRAIL  
 City DE PERE State WI Zip Code 54115-3559  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) PACIFIC CHEESE Occupation (for Individual) VP INDUSTRY RELATIONS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 12 / 28 / 2017  
**Transaction ID : SA11A.531783**  
 Amount of Each Receipt this Period 50.00  
 Memo Item CONTRIBUTION

**C. COUNTRYMAN, LEIGH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 648 IVY FALLS AVENUE  
 City SAINT PAUL State MN Zip Code 55118-1944  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 11 / 2017  
**Transaction ID : SA11A.530427**  
 Amount of Each Receipt this Period 500.00  
 Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	600.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 137 OF 946
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. COX, CHRISTOPHER, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2205 WINDSOR RD  
 City ALEXANDRIA State VA Zip Code 22307-1019  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NAVIGATORS GLOBAL Occupation (for Individual) CONSULTANT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 10000.00

Date of Receipt 12 / 31 / 2017  
**Transaction ID : SA11A.532217**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item CONTRIBUTION

**B. COYNER, EARLENE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3227 SOUTH MILITARY HWY  
 City CHESAPEAKE State VA Zip Code 23323-4409  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) PORTSMOUTH TRAILER SUPPLY Occupation (for Individual) OWNER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt 10 / 31 / 2017  
**Transaction ID : SA11A.526405**  
 Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION

**C. COYNER, EARLENE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3227 SOUTH MILITARY HWY  
 City CHESAPEAKE State VA Zip Code 23323-4409  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) PORTSMOUTH TRAILER SUPPLY Occupation (for Individual) OWNER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt 11 / 30 / 2017  
**Transaction ID : SA11A.529139**  
 Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	5200.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 138 OF 946
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. CRAFT, JOSEPH, W., MR., III**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1717 S BOULDER AVE  
STE 400

City TULSA State OK Zip Code 74119-4833

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

Name of Employer (for Individual) ALLIANCE COAL LLC Occupation (for Individual) PRESIDENT & CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 50000.00

Date of Receipt **12 / 20 / 2017**

**Transaction ID : SA11A.531205**

Amount of Each Receipt this Period 50000.00

Memo Item CONTRIBUTION

**B. CRAIG, JUDY, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 170 RAINBOW DRIVE 7084  
# 7084

City LIVINGSTON State TX Zip Code 77399-1070

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

Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 460.00

Date of Receipt **10 / 25 / 2017**

**Transaction ID : SA11A.525356**

Amount of Each Receipt this Period 10.00

Memo Item CONTRIBUTION

**C. CRAIG, JUDY, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 170 RAINBOW DRIVE 7084  
# 7084

City LIVINGSTON State TX Zip Code 77399-1070

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

Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED

Receipt For:  Primary  General  Other (specify)

Aggregate Year-to-Date ▼ 460.00

Date of Receipt **10 / 31 / 2017**

**Transaction ID : SA11A.526429**

Amount of Each Receipt this Period 25.00

Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 50035.00

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

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

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

FOR LINE NUMBER: PAGE 139 OF 946  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. CRAIG, JUDY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 170 RAINBOW DRIVE 7084 # 7084  
 City LIVINGSTON State TX Zip Code 77399-1070  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 460.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 25 / 2017  
**Transaction ID : SA11A.528410**  
 Amount of Each Receipt this Period 10.00  
 Memo Item CONTRIBUTION

**B. CRAIG, JUDY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 170 RAINBOW DRIVE 7084 # 7084  
 City LIVINGSTON State TX Zip Code 77399-1070  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 460.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 30 / 2017  
**Transaction ID : SA11A.529195**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**C. CRAIG, JUDY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 170 RAINBOW DRIVE 7084 # 7084  
 City LIVINGSTON State TX Zip Code 77399-1070  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 460.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 29 / 2017  
**Transaction ID : SA11A.529267**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....▶ 60.00  
**TOTAL** This Period (last page this line number only).....▶

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

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

FOR LINE NUMBER: PAGE 140 OF 946  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. CRAIG, JUDY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 170 RAINBOW DRIVE 7084 # 7084  
 City LIVINGSTON State TX Zip Code 77399-1070  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 460.00

Date of Receipt 12 / 25 / 2017  
**Transaction ID : SA11A.531557**  
 Amount of Each Receipt this Period 10.00  
 Memo Item CONTRIBUTION

**B. CRAIG, JUDY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 170 RAINBOW DRIVE 7084 # 7084  
 City LIVINGSTON State TX Zip Code 77399-1070  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 460.00

Date of Receipt 12 / 31 / 2017  
**Transaction ID : SA11A.532392**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**C. CRANE, CHRISTOPHER, M., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2450 PERSIMMON DR  
 City SAINT CHARLES State IL Zip Code 60174-5608  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) EXELON Occupation (for Individual) EXECUTIVE  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 36400.00

Date of Receipt 10 / 26 / 2017  
**Transaction ID : SA11A.525240**  
 Amount of Each Receipt this Period 2500.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2535.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 141 OF 946
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. CRAWFORD, FREDERICK, J., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1201 FRONT AVE UNIT 503  
 City COLUMBUS State GA Zip Code 31901-5233  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BE  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 11 / 29 / 2017  
**Transaction ID : SA11A.528601**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item CONTRIBUTION

**B. CREAMER, R., STEVE, MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO BOX 581188  
 City SALT LAKE CITY State UT Zip Code 84158-1188  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) S. POWER Occupation (for Individual) OWNER  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 50000.00

Date of Receipt 12 / 11 / 2017  
**Transaction ID : SA11A.530391**  
 Amount of Each Receipt this Period 50000.00  
 Memo Item CONTRIBUTION

**C. CREWS, NITA, , MS.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 221 MOORE STREET  
 City PRESCOTT State AR Zip Code 71857-2645  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 28 / 2017  
**Transaction ID : SA11A.526134**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 55025.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 142 OF 946  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. CREWS, NITA, , MS.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 221 MOORE STREET  
 City PRESCOTT State AR Zip Code 71857-2645  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 28 / 2017  
**Transaction ID : SA11A.528766**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item  
 CONTRIBUTION

**B. CREWS, NITA, , MS.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 221 MOORE STREET  
 City PRESCOTT State AR Zip Code 71857-2645  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 28 / 2017  
**Transaction ID : SA11A.531760**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item  
 CONTRIBUTION

**C. CROKOS, VASILIOS, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 153 83RD STREET  
 City BROOKLYN State NY Zip Code 11209-4309  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 11 / 2017  
**Transaction ID : SA11A.530499**  
 Amount of Each Receipt this Period  
 150.00  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 200.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 143 OF 946
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. CUMMINS, JOAN, , MS.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2608 ASHLEY WOODS DR

City WESTCHESTER	State IL	Zip Code 60154-5908
---------------------	-------------	------------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
366.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		13		2017

**Transaction ID : SA11A.523947**

Amount of Each Receipt this Period  
50.00

Memo Item  
CONTRIBUTION

**B. CUNNINGHAM, JEFFREY, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1310 21ST STREET

City MANHATTAN BEACH	State CA	Zip Code 90266-4006
-------------------------	-------------	------------------------

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

Name of Employer (for Individual) STEPHEN W CUNNINGHAM AND ASSOC INC	Occupation (for Individual) PRESIDENT MANAGING BROKER
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2017

**Transaction ID : SA11A.532220**

Amount of Each Receipt this Period  
500.00

Memo Item  
CONTRIBUTION

**C. CURRIE, NICKIE, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2308 N COLUMBUS ST

City ARLINGTON	State VA	Zip Code 22207-2525
-------------------	-------------	------------------------

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

Name of Employer (for Individual) AMGEN INC	Occupation (for Individual) DIRECTOR OF GOVERNMENT AFFAIR
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
10000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11		08		2017

**Transaction ID : SA11A.526917**

Amount of Each Receipt this Period  
2500.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3050.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 144 OF 946
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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)  
**Team Ryan**

**A. CURRIE, RODGER, , MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2308 N COLUMBUS ST

City ARLINGTON	State VA	Zip Code 22207-2525
-------------------	-------------	------------------------

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

Name of Employer (for Individual) PHRMA	Occupation (for Individual) EXECUTIVE VP
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
20025.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		18		2017

**Transaction ID : SA11A.524666**

Amount of Each Receipt this Period  
2500.00

Memo Item  
CONTRIBUTION

**B. CURTIS, KEVIN, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 937 8TH ST

City MANHATTAN BEACH	State CA	Zip Code 90266-5930
-------------------------	-------------	------------------------

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

Name of Employer (for Individual) CURTIS	Occupation (for Individual) MFG
---	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
650.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		25		2017

**Transaction ID : SA11A.525361**

Amount of Each Receipt this Period  
50.00

Memo Item  
CONTRIBUTION

**C. CURTIS, KEVIN, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 937 8TH ST

City MANHATTAN BEACH	State CA	Zip Code 90266-5930
-------------------------	-------------	------------------------

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

Name of Employer (for Individual) CURTIS	Occupation (for Individual) MFG
---	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
650.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11		25		2017

**Transaction ID : SA11A.528412**

Amount of Each Receipt this Period  
50.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2600.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 145 OF 946
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. CURTIS, KEVIN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 937 8TH ST  
 City MANHATTAN BEACH State CA Zip Code 90266-5930  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CURTIS Occupation (for Individual) MFG  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 25 / 2017  
**Transaction ID : SA11A.531558**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item  
**CONTRIBUTION**

**B. CUTKOMP, MICHAEL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1402 STILL RIVER DRIVE  
 City VENICE State FL Zip Code 34293-0337  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) KING FOOD SERVICE, INC. Occupation (for Individual) OWNER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 29 / 2017  
**Transaction ID : SA11A.529256**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
**CONTRIBUTION**

**C. DALFONSO, ROBERT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 401 RANCH ROAD 620 SOUTH 300  
 City LAKEWAY State TX Zip Code 78734-5302  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) DENTIST  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 06 / 2017  
**Transaction ID : SA11A.523271**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item  
**CONTRIBUTION**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 175.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 146 OF 946  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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)  
**Team Ryan**

**A. DALFONSO, ROBERT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 401 RANCH ROAD 620 SOUTH  
 300  
 City LAKEWAY State TX Zip Code 78734-5302  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) DENTIST  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 06 / 2017  
**Transaction ID : SA11A.526829**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item  
 CONTRIBUTION

**B. DALFONSO, ROBERT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 401 RANCH ROAD 620 SOUTH  
 300  
 City LAKEWAY State TX Zip Code 78734-5302  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) DENTIST  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 06 / 2017  
**Transaction ID : SA11A.530006**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item  
 CONTRIBUTION

**C. DALMAN, JESSIE, F., MS.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4056 SPRING BEAUTY LANE  
 City HOLLAND State MI Zip Code 49423-8815  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 10 / 2017  
**Transaction ID : SA11A.530682**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....▶ 100.00  
**TOTAL** This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 147 OF 946
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. DALZIEL, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1601 E DEBBIE LN  
 APT 2208  
 City MANSFIELD State TX Zip Code 76063-3695  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 19 / 2017  
**Transaction ID : SA11A.524965**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item  
 CONTRIBUTION

**B. DALZIEL, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1601 E DEBBIE LN  
 APT 2208  
 City MANSFIELD State TX Zip Code 76063-3695  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 19 / 2017  
**Transaction ID : SA11A.524966**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item  
 CONTRIBUTION

**C. DANELLA, JAMES, D., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO BOX 155  
 City GWYNEDD State PA Zip Code 19436-0155  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BEST EFFORTS  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 26 / 2017  
**Transaction ID : SA11A.525248**  
 Amount of Each Receipt this Period  
 5000.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	6000.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 148 OF 946
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. DANIEL, DARLENE, J., MS.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 407 SE 42ND CIR  
 City TROUTDALE State OR Zip Code 97060-2590  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 27 / 2017  
**Transaction ID : SA11A.525579**  
 Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION

**B. DANIEL, DARLENE, J., MS.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 407 SE 42ND CIR  
 City TROUTDALE State OR Zip Code 97060-2590  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 31 / 2017  
**Transaction ID : SA11A.525858**  
 Amount of Each Receipt this Period 50.00  
 Memo Item CONTRIBUTION

**C. DANKENBRINK, KRISTINE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1434 KYNETON ROAD  
 City VILLANOVA State PA Zip Code 19085-1916  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) COMCAST Occupation (for Individual) SENIOR VICE PRESIDENT, TAX  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1250.00

Date of Receipt 12 / 07 / 2017  
**Transaction ID : SA11A.530364**  
 Amount of Each Receipt this Period 1250.00  
 Memo Item CONTRIBUTION

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 149 OF 946
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. DANNENBAUM, JAMES, D., MR.**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3100 W ALABAMA ST  
 City HOUSTON State TX Zip Code 77098-2004  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) DANNENBAUM ENGINEERING CORP Occupation (for Individual) ENGINEER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 85000.00

Date of Receipt 10 / 23 / 2017  
**Transaction ID : SA11A.525043**  
 Amount of Each Receipt this Period 25000.00  
 Memo Item CONTRIBUTION

**B. DARBY, SONDR A, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2834 CHILLON WAY  
 City LAGUNA BEACH State CA Zip Code 92651-2013  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 324.00

Date of Receipt 10 / 27 / 2017  
**Transaction ID : SA11A.525750**  
 Amount of Each Receipt this Period 27.00  
 Memo Item CONTRIBUTION

**C. DARBY, SONDR A, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2834 CHILLON WAY  
 City LAGUNA BEACH State CA Zip Code 92651-2013  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 324.00

Date of Receipt 11 / 27 / 2017  
**Transaction ID : SA11A.528327**  
 Amount of Each Receipt this Period 27.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....▶ 25054.00  
**TOTAL** This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 150 OF 946
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. DARBY, SONDR, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2834 CHILLON WAY  
 City LAGUNA BEACH State CA Zip Code 92651-2013  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 324.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 27 / 2017  
**Transaction ID : SA11A.531649**  
 Amount of Each Receipt this Period  
 27.00  
 Memo Item  
 CONTRIBUTION

**B. DAVENPORT, DEWITT, , DR,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 17230 OAKMOUNT CIR  
 City HARLINGEN State TX Zip Code 78552-6305  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 23 / 2017  
**Transaction ID : SA11A.524839**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item  
 CONTRIBUTION

**C. DAVIDSON, JOHN, R., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2823 LOWER RIVER RD SE  
 City DECATUR State AL Zip Code 35603-5613  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 20 / 2017  
**Transaction ID : SA11A.527860**  
 Amount of Each Receipt this Period  
 5000.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	6027.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 151 OF 946
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. DAVIS, CHARLES, S., MR., JR**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2417 CR 27  
 City LAFAYETTE State AL Zip Code 36862-3169  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SUPER D AVIATION Occupation (for Individual) PILOT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 11 / 20 / 2017  
**Transaction ID : SA11A.527865**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item CONTRIBUTION

**B. DAVIS, RANDALL, E., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 211 WOODLAND TER  
 City ALEXANDRIA State VA Zip Code 22302-2914  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) STUNTZ DAVIS & STAFFIER Occupation (for Individual) ATTORNEY  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 11 / 30 / 2017  
**Transaction ID : SA11A.528968**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item CONTRIBUTION

**C. DAVIS, SMITH, W., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1333 NEW HAMPSHIRE AVE NW STE 400  
 City WASHINGTON State DC Zip Code 20036-1532  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) AKIN, GUMP Occupation (for Individual) ATTORNEY  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 22500.00

Date of Receipt 12 / 18 / 2017  
**Transaction ID : SA11A.530913**  
 Amount of Each Receipt this Period 10000.00  
 Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	16000.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 152 OF 946
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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)  
**Team Ryan**

**A. DAVIS, THOMAS, A., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1455 PENNSYLVANIA AVE NW  
 STE 1200  
 City WASHINGTON State DC Zip Code 20004-1034  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) DAVIS & HARMAN LLP Occupation (for Individual) ATTORNEY  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 12 / 31 / 2017  
**Transaction ID : SA11A.532109**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item CONTRIBUTION

**B. DAWSON, ALBERT, L., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 BELLASERA CIRCLE  
 City MYRTLE BEACH State SC Zip Code 29579-5335  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 23 / 2017  
**Transaction ID : SA11A.525153**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**C. DAWSON, ALBERT, L., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 BELLASERA CIRCLE  
 City MYRTLE BEACH State SC Zip Code 29579-5335  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 23 / 2017  
**Transaction ID : SA11A.528238**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1050.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 153 OF 946
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. DAWSON, ALBERT, L., MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 9900 BELLASERA CIRCLE

City MYRTLE BEACH	State SC	Zip Code 29579-5335
----------------------	-------------	------------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	23	/	2017

**Transaction ID : SA11A.531609**

Amount of Each Receipt this Period  
25.00

Memo Item CONTRIBUTION

**B. DAY, CHARLES, E., MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 2030 SHAWNEE DRIVE

City COLORADO SPRINGS	State CO	Zip Code 80915-1922
--------------------------	-------------	------------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	19	/	2017

**Transaction ID : SA11A.524922**

Amount of Each Receipt this Period  
25.00

Memo Item CONTRIBUTION

**C. DAY, CHARLES, E., MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 2030 SHAWNEE DRIVE

City COLORADO SPRINGS	State CO	Zip Code 80915-1922
--------------------------	-------------	------------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	19	/	2017

**Transaction ID : SA11A.528062**

Amount of Each Receipt this Period  
25.00

Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	75.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 154 OF 946
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. DAY, CHARLES, E., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2030 SHAWNEE DRIVE  
 City COLORADO SPRINGS State CO Zip Code 80915-1922  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 12 / 19 / 2017  
**Transaction ID : SA11A.531320**  
 Amount of Each Receipt this Period: 25.00  
 Memo Item CONTRIBUTION

**B. DE GARCIA, CATALINA, J., MRS.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4121 N 10TH ST UNIT 240  
 City MCALLEN State TX Zip Code 78504-3004  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2700.00

Date of Receipt: 10 / 23 / 2017  
**Transaction ID : SA11A.524836**  
 Amount of Each Receipt this Period: 2700.00  
 Memo Item CONTRIBUTION

**C. DE RISE, RAYMOND, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11 FAIRWAYS LANE  
 City METHUEN State MA Zip Code 01844-2125  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SEKISUI DIAGNOSTICS LLC Occupation (for Individual) GENERAL COUNSEL  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 12 / 02 / 2017  
**Transaction ID : SA11A.529821**  
 Amount of Each Receipt this Period: 250.00  
 Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2975.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 155 OF 946  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. DEAN, JACK, H., DR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10331 N WILD CREEK DRIVE  
 City ORO VALLEY State AZ Zip Code 85742-8426  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt 10 / 18 / 2017  
**Transaction ID : SA11A.524695**  
 Amount of Each Receipt this Period 50.00  
 Memo Item CONTRIBUTION

**B. DEAN, JACK, H., DR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10331 N WILD CREEK DRIVE  
 City ORO VALLEY State AZ Zip Code 85742-8426  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt 12 / 28 / 2017  
**Transaction ID : SA11A.531789**  
 Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION

**C. DEBLER, RICHARD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8749 THE ESPLANADE 19  
 City ORLANDO State FL Zip Code 32836-7731  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) DEBLER RICHARD Occupation (for Individual) EXECUTIVE  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 22 / 2017  
**Transaction ID : SA11A.525166**  
 Amount of Each Receipt this Period 50.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 200.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 156 OF 946
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. DEBLER, RICHARD, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8749 THE ESPLANADE  
19

City ORLANDO State FL Zip Code 32836-7731

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

Name of Employer (for Individual) DEBLER RICHARD Occupation (for Individual) EXECUTIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
11 / 22 / 2017  
**Transaction ID : SA11A.528166**

Amount of Each Receipt this Period  
50.00

Memo Item CONTRIBUTION

**B. DEBLER, RICHARD, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8749 THE ESPLANADE  
19

City ORLANDO State FL Zip Code 32836-7731

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

Name of Employer (for Individual) DEBLER RICHARD Occupation (for Individual) EXECUTIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
12 / 22 / 2017  
**Transaction ID : SA11A.531487**

Amount of Each Receipt this Period  
50.00

Memo Item CONTRIBUTION

**C. DECKERHOFF, LARRY, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 33 SUMMER CT

City THE WOODLANDS State TX Zip Code 77381-6229

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

Name of Employer (for Individual) TATA Occupation (for Individual) DIR

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
340.00

Date of Receipt  
10 / 22 / 2017  
**Transaction ID : SA11A.525177**

Amount of Each Receipt this Period  
25.00

Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 125.00

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

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

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

FOR LINE NUMBER: PAGE 157 OF 946  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. DECKERHOFF, LARRY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 33 SUMMER CT  
 City THE WOODLANDS State TX Zip Code 77381-6229  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) TATA Occupation (for Individual) DIR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt 10 / 28 / 2017  
**Transaction ID : SA11A.526165**  
 Amount of Each Receipt this Period 20.00  
 Memo Item  
**CONTRIBUTION**

**B. DECKERHOFF, LARRY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 33 SUMMER CT  
 City THE WOODLANDS State TX Zip Code 77381-6229  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) TATA Occupation (for Individual) DIR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt 10 / 30 / 2017  
**Transaction ID : SA11A.526447**  
 Amount of Each Receipt this Period 10.00  
 Memo Item  
**CONTRIBUTION**

**C. DECKERHOFF, LARRY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 33 SUMMER CT  
 City THE WOODLANDS State TX Zip Code 77381-6229  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) TATA Occupation (for Individual) DIR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt 11 / 22 / 2017  
**Transaction ID : SA11A.528176**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
**CONTRIBUTION**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 55.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 158 OF 946
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. DECKERHOFF, LARRY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 33 SUMMER CT  
 City THE WOODLANDS State TX Zip Code 77381-6229  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) TATA Occupation (for Individual) DIR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt 11 / 28 / 2017  
**Transaction ID : SA11A.528786**  
 Amount of Each Receipt this Period 20.00  
 Memo Item  
**CONTRIBUTION**

**B. DECKERHOFF, LARRY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 33 SUMMER CT  
 City THE WOODLANDS State TX Zip Code 77381-6229  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) TATA Occupation (for Individual) DIR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt 12 / 22 / 2017  
**Transaction ID : SA11A.531482**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
**CONTRIBUTION**

**C. DECKERHOFF, LARRY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 33 SUMMER CT  
 City THE WOODLANDS State TX Zip Code 77381-6229  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) TATA Occupation (for Individual) DIR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt 12 / 21 / 2017  
**Transaction ID : SA11A.531505**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
**CONTRIBUTION**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	70.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 159 OF 946  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. DECKERHOFF, LARRY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 33 SUMMER CT  
 City THE WOODLANDS State TX Zip Code 77381-6229  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) TATA Occupation (for Individual) DIR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt **12 / 28 / 2017**  
**Transaction ID : SA11A.531777**  
 Amount of Each Receipt this Period 20.00  
 Memo Item CONTRIBUTION

**B. DEGRANGE, DONALD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 12433 CONWAY RD  
 City CREVE COEUR State MO Zip Code 63141-8640  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1520.00

Date of Receipt **10 / 27 / 2017**  
**Transaction ID : SA11A.525747**  
 Amount of Each Receipt this Period 110.00  
 Memo Item CONTRIBUTION

**C. DEGRANGE, DONALD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 12433 CONWAY RD  
 City CREVE COEUR State MO Zip Code 63141-8640  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1520.00

Date of Receipt **11 / 27 / 2017**  
**Transaction ID : SA11A.528324**  
 Amount of Each Receipt this Period 110.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 240.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 160 OF 946  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. DEGRANGE, DONALD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 12433 CONWAY RD  
 City CREVE COEUR    State MO    Zip Code 63141-8640  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF EMPLOYED    Occupation (for Individual) PHYSICIAN  
 Receipt For:  Primary     General     Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1520.00

Date of Receipt 12 / 27 / 2017  
**Transaction ID : SA11A.531663**  
 Amount of Each Receipt this Period 110.00  
 Memo Item CONTRIBUTION

**B. DELANEW, KATHLEEN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 936 MEADOW RD  
 City OMAHA    State NE    Zip Code 68154-3433  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE    Occupation (for Individual) RETIRED  
 Receipt For:  Primary     General     Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 10 / 31 / 2017  
**Transaction ID : SA11A.526418**  
 Amount of Each Receipt this Period 50.00  
 Memo Item CONTRIBUTION

**C. DELANEW, KATHLEEN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 936 MEADOW RD  
 City OMAHA    State NE    Zip Code 68154-3433  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE    Occupation (for Individual) RETIRED  
 Receipt For:  Primary     General     Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 11 / 30 / 2017  
**Transaction ID : SA11A.529172**  
 Amount of Each Receipt this Period 50.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 210.00  
**TOTAL** This Period (last page this line number only)..... ▶



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 161 OF 946
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. DELANEW, KATHLEEN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 936 MEADOW RD  
 City OMAHA State NE Zip Code 68154-3433  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 12 / 31 / 2017  
**Transaction ID : SA11A.532290**  
 Amount of Each Receipt this Period 50.00  
 Memo Item CONTRIBUTION

**B. DEMETRIUS, JOHN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 39 WEINMANN'S BLVD  
 City WAYNE State NJ Zip Code 07470-2821  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BUCHBINDER TUNICK & COMPANY LLP Occupation (for Individual) CPA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 21 / 2017  
**Transaction ID : SA11A.525209**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**C. DEMETRIUS, JOHN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 39 WEINMANN'S BLVD  
 City WAYNE State NJ Zip Code 07470-2821  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BUCHBINDER TUNICK & COMPANY LLP Occupation (for Individual) CPA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 11 / 21 / 2017  
**Transaction ID : SA11A.528141**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	100.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 162 OF 946
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. DEMETRIUS, JOHN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 39 WEINMANN BLVD  
 City WAYNE State NJ Zip Code 07470-2821  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BUCHBINDER TUNICK & COMPANY LLP Occupation (for Individual) CPA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 21 / 2017  
**Transaction ID : SA11A.531375**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item  
 CONTRIBUTION

**B. DENTON, AUDREY, , MRS.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2660 S OCEAN BLVD UNIT 1035  
 City PALM BEACH State FL Zip Code 33480-5487  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 12500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 30 / 2017  
**Transaction ID : SA11A.528818**  
 Amount of Each Receipt this Period  
 12500.00  
 Memo Item  
 CONTRIBUTION

**C. DENTON, PATRICIA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1600 TEXAS STREET 920  
 City FORT WORTH State TX Zip Code 76102-3400  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 28 / 2017  
**Transaction ID : SA11A.526141**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	12550.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 163 OF 946
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. DENTON, PATRICIA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1600 TEXAS STREET  
 920  
 City FORT WORTH State TX Zip Code 76102-3400  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 28 / 2017  
**Transaction ID : SA11A.528775**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item  
 CONTRIBUTION

**B. DENTON, PATRICIA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1600 TEXAS STREET  
 920  
 City FORT WORTH State TX Zip Code 76102-3400  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 28 / 2017  
**Transaction ID : SA11A.531772**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item  
 CONTRIBUTION

**C. DENTON, PETER, , MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2660 S OCEAN BLVD UNIT 1035  
 City PALM BEACH State FL Zip Code 33480-5487  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 37500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 30 / 2017  
**Transaction ID : SA11A.528817**  
 Amount of Each Receipt this Period  
 12500.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	12550.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 164 OF 946
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. DESCH, BARTEL, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1731 9TH AVE

City SAN FRANCISCO	State CA	Zip Code 94122-4701
-----------------------	-------------	------------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	14	/	2017

**Transaction ID : SA11A.524211**

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

**B. DESCH, BARTEL, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1731 9TH AVE

City SAN FRANCISCO	State CA	Zip Code 94122-4701
-----------------------	-------------	------------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	14	/	2017

**Transaction ID : SA11A.527614**

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

**C. DESCH, BARTEL, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1731 9TH AVE

City SAN FRANCISCO	State CA	Zip Code 94122-4701
-----------------------	-------------	------------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	14	/	2017

**Transaction ID : SA11A.530931**

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	75.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 165 OF 946
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. DEVITO, SUKI, HWANG, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5433 LEARY AVENUE NW  
 UNIT 308  
 City SEATTLE State WA Zip Code 98107-4089  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BE  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 245.00

Date of Receipt: 10 / 26 / 2017  
**Transaction ID : SA11A.525461**  
 Amount of Each Receipt this Period: 70.00  
 Memo Item CONTRIBUTION

**B. DEVITO, SUKI, HWANG, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5433 LEARY AVENUE NW  
 UNIT 308  
 City SEATTLE State WA Zip Code 98107-4089  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BE  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 245.00

Date of Receipt: 12 / 08 / 2017  
**Transaction ID : SA11A.530164**  
 Amount of Each Receipt this Period: 70.00  
 Memo Item CONTRIBUTION

**C. DEVOS, MARIA, P., MRS.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 126 OTTAWA AVE NW STE 500  
 City GRAND RAPIDS State MI Zip Code 49503-2882  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) HOMEMAKER  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 50000.00

Date of Receipt: 10 / 31 / 2017  
**Transaction ID : SA11A.525794**  
 Amount of Each Receipt this Period: 50000.00  
 Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	50140.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 166 OF 946  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. DEVRIES, JAMES, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 15 AVENUE DE LA MER  
 APT 2702  
 City PALM COAST State FL Zip Code 32137-2291  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 01 / 2017  
**Transaction ID : SA11A.522768**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item CONTRIBUTION

**B. DEVRIES, JAMES, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 15 AVENUE DE LA MER  
 APT 2702  
 City PALM COAST State FL Zip Code 32137-2291  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 01 / 2017  
**Transaction ID : SA11A.526567**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item CONTRIBUTION

**C. DEVRIES, JAMES, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 15 AVENUE DE LA MER  
 APT 2702  
 City PALM COAST State FL Zip Code 32137-2291  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 01 / 2017  
**Transaction ID : SA11A.529383**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....▶ 300.00  
**TOTAL** This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 167 OF 946
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. DEW, CARLOS, , MR., JR.**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 575 OSGOOD ST  
 1402  
 City NORTH ANDOVER State MA Zip Code 01845-1975  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 10 / 2017  
**Transaction ID : SA11A.526954**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**B. DEW, CARLOS, , MR., JR.**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 575 OSGOOD ST  
 1402  
 City NORTH ANDOVER State MA Zip Code 01845-1975  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2017  
**Transaction ID : SA11A.532114**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**C. DEXTER, EARLENE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4070 TURNER LANE775  
 # 775  
 City WINNEMUCCA State NV Zip Code 89445-6051  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 01 / 2017  
**Transaction ID : SA11A.522739**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	225.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 168 OF 946
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. DEXTER, EARLENE, , ,**

Mailing Address 4070 TURNER LANE775  
# 775

City WINNEMUCCA State NV Zip Code 89445-6051

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

Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
11 / 01 / 2017  
**Transaction ID : SA11A.526546**

Amount of Each Receipt this Period  
25.00

Memo Item CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**B. DEXTER, EARLENE, , ,**

Mailing Address 4070 TURNER LANE775  
# 775

City WINNEMUCCA State NV Zip Code 89445-6051

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

Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
12 / 01 / 2017  
**Transaction ID : SA11A.529367**

Amount of Each Receipt this Period  
25.00

Memo Item CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**C. DIEDERICH, NORMAN, F., DR., PH.D.**

Mailing Address 9004 TIMBER EDGE DR

City NORTH RIDGEVILLE State OH Zip Code 44039-6321

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

Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
10 / 24 / 2017  
**Transaction ID : SA11A.525308**

Amount of Each Receipt this Period  
250.00

Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 300.00

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 169 OF 946
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. DIRKS, JOHN, A., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 24775 NIGHTHAWK ROAD  
 City HUDSON State IL Zip Code 61748-7510  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 16 / 2017  
**Transaction ID : SA11A.527786**  
 Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION

**B. DIRKS, JOHN, A., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 24775 NIGHTHAWK ROAD  
 City HUDSON State IL Zip Code 61748-7510  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 07 / 2017  
**Transaction ID : SA11A.530110**  
 Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION

**C. DISCIGIL, KATHRYN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 448 WYCKFORD WAY  
 City PERKASIE State PA Zip Code 18944-1200  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) PENNSYLVANIA HEART AND VASCULAR GROUP Occupation (for Individual) NURSE CLINICIAN  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 20 / 2017  
**Transaction ID : SA11A.524958**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	225.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 170 OF 946
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. DISCIGIL, KATHRYN, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 448 WYCKFORD WAY

City PERKASIE	State PA	Zip Code 18944-1200
------------------	-------------	------------------------

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

Name of Employer (for Individual) PENNSYLVANIA HEART AND VASCULAR GROUP	Occupation (for Individual) NURSE CLINICIAN
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	20	/	2017

**Transaction ID : SA11A.528044**

Amount of Each Receipt this Period  
25.00

Memo Item CONTRIBUTION

**B. DISCIGIL, KATHRYN, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 448 WYCKFORD WAY

City PERKASIE	State PA	Zip Code 18944-1200
------------------	-------------	------------------------

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

Name of Employer (for Individual) PENNSYLVANIA HEART AND VASCULAR GROUP	Occupation (for Individual) NURSE CLINICIAN
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	20	/	2017

**Transaction ID : SA11A.531330**

Amount of Each Receipt this Period  
25.00

Memo Item CONTRIBUTION

**C. DOAN, MONICA, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 12407 NW 26TH AVENUE

City VANCOUVER	State WA	Zip Code 98685-2031
-------------------	-------------	------------------------

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

Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS	Occupation (for Individual) INFORMATION REQUESTED PER BES
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	08	/	2017

**Transaction ID : SA11A.530159**

Amount of Each Receipt this Period  
50.00

Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	100.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 171 OF 946  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. DOTY, WILLIAM, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9248 SE 70TH TERRACE  
 City Ocala State FL Zip Code 34472-3450  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 10 / 29 / 2017  
**Transaction ID : SA11A.526064**  
 Amount of Each Receipt this Period 50.00  
 Memo Item CONTRIBUTION

**B. DOTY, WILLIAM, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9248 SE 70TH TERRACE  
 City Ocala State FL Zip Code 34472-3450  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 11 / 29 / 2017  
**Transaction ID : SA11A.528943**  
 Amount of Each Receipt this Period 50.00  
 Memo Item CONTRIBUTION

**C. DOTY, WILLIAM, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9248 SE 70TH TERRACE  
 City Ocala State FL Zip Code 34472-3450  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 12 / 29 / 2017  
**Transaction ID : SA11A.531928**  
 Amount of Each Receipt this Period 50.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 150.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 172 OF 946
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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)  
**Team Ryan**

**A. DOWLING, JAMES, E., ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 149 VIA COPLA  
City ALAMO State CA Zip Code 94507-2137  
FEC ID number of contributing federal political committee. **C**  
Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 19 / 2017  
**Transaction ID : SA11A.524968**  
Amount of Each Receipt this Period 300.00  
 Memo Item CONTRIBUTION

**B. DOWNING, HOWARD, , MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 785 SOUTH VAN ROAD  
City HOLLY State MI Zip Code 48442-8717  
FEC ID number of contributing federal political committee. **C**  
Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 6000.00

Date of Receipt 10 / 18 / 2017  
**Transaction ID : SA11A.524712**  
Amount of Each Receipt this Period 500.00  
 Memo Item CONTRIBUTION

**C. DOWNING, HOWARD, , MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 785 SOUTH VAN ROAD  
City HOLLY State MI Zip Code 48442-8717  
FEC ID number of contributing federal political committee. **C**  
Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 6000.00

Date of Receipt 11 / 18 / 2017  
**Transaction ID : SA11A.528096**  
Amount of Each Receipt this Period 500.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1300.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 173 OF 946
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. DOWNING, HOWARD, , MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 785 SOUTH VAN ROAD

City HOLLY	State MI	Zip Code 48442-8717
---------------	-------------	------------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
6000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	18	/	2017

**Transaction ID : SA11A.531092**

Amount of Each Receipt this Period  
500.00

Memo Item  
CONTRIBUTION

**B. DRENDEL, JAMES, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 902 HARVEST CIR

City CRYSTAL LAKE	State IL	Zip Code 60014-1606
----------------------	-------------	------------------------

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

Name of Employer (for Individual) DRENDEL'S CORNER INC	Occupation (for Individual) MANAGER
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2017

**Transaction ID : SA11A.525984**

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

**C. DRENDEL, JAMES, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 902 HARVEST CIR

City CRYSTAL LAKE	State IL	Zip Code 60014-1606
----------------------	-------------	------------------------

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

Name of Employer (for Individual) DRENDEL'S CORNER INC	Occupation (for Individual) MANAGER
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2017

**Transaction ID : SA11A.529163**

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	550.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 174 OF 946
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. DRENDEL, JAMES, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 902 HARVEST CIR  
 City CRYSTAL LAKE State IL Zip Code 60014-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) DRENDEL'S CORNER INC Occupation (for Individual) MANAGER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 12 / 30 / 2017  
**Transaction ID : SA11A.532545**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**B. DRIESSEN, PAUL, K., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8760 COPELAND POND COURT  
 City FAIRFAX State VA Zip Code 22031-2739  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GLOBALCOMM PARTNERS Occupation (for Individual) ENERGY POLICY ANALYST  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 10 / 30 / 2017  
**Transaction ID : SA11A.526009**  
 Amount of Each Receipt this Period 50.00  
 Memo Item CONTRIBUTION

**C. DRIESSEN, PAUL, K., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8760 COPELAND POND COURT  
 City FAIRFAX State VA Zip Code 22031-2739  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GLOBALCOMM PARTNERS Occupation (for Individual) ENERGY POLICY ANALYST  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 11 / 30 / 2017  
**Transaction ID : SA11A.529197**  
 Amount of Each Receipt this Period 50.00  
 Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	125.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 175 OF 946
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	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. DRIESSEN, PAUL, K.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 8760 COPELAND POND COURT

City FAIRFAX	State VA	Zip Code 22031-2739
-----------------	-------------	------------------------

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

Name of Employer (for Individual) GLOBALCOMM PARTNERS	Occupation (for Individual) ENERGY POLICY ANALYST
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12		30		2017

**Transaction ID : SA11A.532499**

Amount of Each Receipt this Period  
50.00

Memo Item  
CONTRIBUTION

**B. DRUMMOND, HEMAN, L., MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 3500 FAIR OAKS DR

City JASPER	State AL	Zip Code 35504-9406
----------------	-------------	------------------------

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

Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS	Occupation (for Individual) INFORMATION REQUESTED PER BE
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5400.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11		20		2017

**Transaction ID : SA11A.527857**

Amount of Each Receipt this Period  
5400.00

Memo Item  
CONTRIBUTION

**C. DRUMMOND, JOHN, H., MR., JR**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address PO BOX 1549

City JASPER	State AL	Zip Code 35502-1549
----------------	-------------	------------------------

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

Name of Employer (for Individual) DMG CONSTRUCTION	Occupation (for Individual) EXECUTIVE
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11		20		2017

**Transaction ID : SA11A.527858**

Amount of Each Receipt this Period  
2500.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	7950.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 176 OF 946
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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)  
**Team Ryan**

**A. DRUMMOND, JOHN, H., MR., SR**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 1549

City JASPER	State AL	Zip Code 35502-1549
----------------	-------------	------------------------

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

Name of Employer (for Individual) DRUMMOND CO	Occupation (for Individual) EXECUTIVE
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	20	/	2017

**Transaction ID : SA11A.527861**

Amount of Each Receipt this Period  
2500.00

Memo Item  
CONTRIBUTION

**B. DRUMMOND, PATRICK, L., MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 26 PINE CREST RD

City BIRMINGHAM	State AL	Zip Code 35223-1250
--------------------	-------------	------------------------

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

Name of Employer (for Individual) SELF EMPLOYED	Occupation (for Individual) CONSULTANT
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	20	/	2017

**Transaction ID : SA11A.527863**

Amount of Each Receipt this Period  
5000.00

Memo Item  
CONTRIBUTION

**C. DRUMMOND, SCOTT, , DR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1718 WILLIAMSBURG LN

City TUSCALOOSA	State AL	Zip Code 35406-3631
--------------------	-------------	------------------------

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

Name of Employer (for Individual) SELF EMPLOYED	Occupation (for Individual) PHYSICIAN
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
2700.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	20	/	2017

**Transaction ID : SA11A.527868**

Amount of Each Receipt this Period  
2700.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	10200.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 177 OF 946
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. DRUMMOND, TONI, S., MRS.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 1549

City JASPER State AL Zip Code 35502-1549

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

Name of Employer (for Individual) NONE Occupation (for Individual) HOMEMAKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt  
11 / 20 / 2017  
**Transaction ID : SA11A.527862**

Amount of Each Receipt this Period  
2500.00

Memo Item CONTRIBUTION

**B. DUBOIS, GRANT, E., MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 215 QUINCY LN

City ROSWELL State GA Zip Code 30076-3975

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

Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
10 / 29 / 2017  
**Transaction ID : SA11A.526056**

Amount of Each Receipt this Period  
25.00

Memo Item CONTRIBUTION

**C. DUFF, WILLARD, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 143 GREY MOSS CT

City INGRAM State TX Zip Code 78025-3437

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

Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED

Receipt For:  Primary  General  Other (specify)

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
10 / 17 / 2017  
**Transaction ID : SA11A.524634**

Amount of Each Receipt this Period  
25.00

Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....▶ 2550.00

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

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

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

FOR LINE NUMBER: PAGE 178 OF 946  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. DUFF, WILLARD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 143 GREY MOSS CT  
 City INGRAM State TX Zip Code 78025-3437  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 11 / 17 / 2017  
**Transaction ID : SA11A.527957**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**B. DUFF, WILLARD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 143 GREY MOSS CT  
 City INGRAM State TX Zip Code 78025-3437  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 12 / 17 / 2017  
**Transaction ID : SA11A.531115**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**C. DUMOUCHELLE, LAWRENCE, F., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 77 MUIR RD  
 City GROSSE POINTE FARM State MI Zip Code 48236-3616  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FOUR ZERO ONE ASSOCIATES Occupation (for Individual) OWNER  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 25 / 2017  
**Transaction ID : SA11A.525116**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1050.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 179 OF 946
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. DUNCKEL, VERNON, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address **2678 HALSEY TERRACE**

City <b>THE VILLAGES</b>	State <b>FL</b>	Zip Code <b>32162-4423</b>
-----------------------------	--------------------	-------------------------------

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

Name of Employer (for Individual) <b>NONE</b>	Occupation (for Individual) <b>RETIRED</b>
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**250.00**

Date of Receipt  
**12 / 20 / 2017**

**Transaction ID : SA11A.531400**

Amount of Each Receipt this Period  
**250.00**

Memo Item  
CONTRIBUTION

**B. DUPREE, THOMAS, P., MR., JR.**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address **3500 CASTLEGATE WYND**

City <b>LEXINGTON</b>	State <b>KY</b>	Zip Code <b>40502-7701</b>
--------------------------	--------------------	-------------------------------

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

Name of Employer (for Individual) <b>INFORMATION REQUESTED PER BEST EFFORTS</b>	Occupation (for Individual) <b>INFORMATION REQUESTED PER BE</b>
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**2500.00**

Date of Receipt  
**10 / 19 / 2017**

**Transaction ID : SA11A.524513**

Amount of Each Receipt this Period  
**2500.00**

Memo Item  
CONTRIBUTION

**C. DURAN, ALBERTO, D., DR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address **1603 PALAZZO**

City <b>MISSION</b>	State <b>TX</b>	Zip Code <b>78572-7576</b>
------------------------	--------------------	-------------------------------

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

Name of Employer (for Individual) <b>SELF EMPLOYED</b>	Occupation (for Individual) <b>PHYSICIAN</b>
---	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
**2700.00**

Date of Receipt  
**10 / 23 / 2017**

**Transaction ID : SA11A.524838**

Amount of Each Receipt this Period  
**2700.00**

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>5450.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 180 OF 946  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. DURAN, ANTONIETA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2012 E 7TH ST  
 City AUSTIN State TX Zip Code 78702-3422  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) S. & T. DURAN. INC Occupation (for Individual) BROKER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 290.00

Date of Receipt 10 / 24 / 2017  
**Transaction ID : SA11A.525319**  
 Amount of Each Receipt this Period 20.00  
 Memo Item CONTRIBUTION

**B. DURAN, ANTONIETA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2012 E 7TH ST  
 City AUSTIN State TX Zip Code 78702-3422  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) S. & T. DURAN. INC Occupation (for Individual) BROKER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 290.00

Date of Receipt 11 / 24 / 2017  
**Transaction ID : SA11A.528223**  
 Amount of Each Receipt this Period 20.00  
 Memo Item CONTRIBUTION

**C. DURAN, ANTONIETA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2012 E 7TH ST  
 City AUSTIN State TX Zip Code 78702-3422  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) S. & T. DURAN. INC Occupation (for Individual) BROKER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 290.00

Date of Receipt 12 / 24 / 2017  
**Transaction ID : SA11A.531579**  
 Amount of Each Receipt this Period 20.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....▶ 60.00  
**TOTAL** This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 181 OF 946
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. DUZENACK, GERALDINE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2451 236TH AVE NE  
 City SAMMAMISH State WA Zip Code 98074-3537  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 29 / 2017  
**Transaction ID : SA11A.526085**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item  
 CONTRIBUTION

**B. DUZENACK, GERALDINE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2451 236TH AVE NE  
 City SAMMAMISH State WA Zip Code 98074-3537  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 29 / 2017  
**Transaction ID : SA11A.528949**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item  
 CONTRIBUTION

**C. DUZENACK, GERALDINE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2451 236TH AVE NE  
 City SAMMAMISH State WA Zip Code 98074-3537  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 29 / 2017  
**Transaction ID : SA11A.531921**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	75.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 182 OF 946  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. EAGER, CHARLES, W., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 16 BRYAR LN  
 City SOUTH YARMOUTH State MA Zip Code 02664-4404  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 235.00

Date of Receipt 11 / 13 / 2017  
**Transaction ID : SA11A.527137**  
 Amount of Each Receipt this Period 35.00  
 Memo Item CONTRIBUTION

**B. EARLE, PATRICIA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1212 TOWNBROOK CROSSING  
 City CHARLOTTESVILLE State VA Zip Code 22901-0677  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 28 / 2017  
**Transaction ID : SA11A.526136**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**C. EARLE, PATRICIA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1212 TOWNBROOK CROSSING  
 City CHARLOTTESVILLE State VA Zip Code 22901-0677  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 11 / 28 / 2017  
**Transaction ID : SA11A.528771**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 85.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 183 OF 946
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. EARLE, PATRICIA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1212 TOWNBROOK CROSSING  
 City CHARLOTTEVILLE State VA Zip Code 22901-0677  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 12 / 28 / 2017  
**Transaction ID : SA11A.531756**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**B. EASTBOURNE, DUDLEY, C., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1200 GULF BLVD APT 803  
 City CLEARWATER BEACH State FL Zip Code 33767-2797  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 06 / 2017  
**Transaction ID : SA11A.526693**  
 Amount of Each Receipt this Period 50.00  
 Memo Item CONTRIBUTION

**C. EATON, RONALD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2953PARK DR.  
 City ADRIAN State MI Zip Code 49221-4142  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 10 / 30 / 2017  
**Transaction ID : SA11A.525883**  
 Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....▶ 175.00  
**TOTAL** This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 184 OF 946
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. EATON, RONALD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2953PARK DR.  
 City ADRIAN State MI Zip Code 49221-4142  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 30 / 2017  
**Transaction ID : SA11A.529208**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**B. EATON, RONALD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2953PARK DR.  
 City ADRIAN State MI Zip Code 49221-4142  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 30 / 2017  
**Transaction ID : SA11A.532476**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**C. EBERSOLE, FRANCES, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 340 LAURIE AVE  
 City HUMMELSTOWN State PA Zip Code 17036-9720  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 10 / 2017  
**Transaction ID : SA11A.523288**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	225.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

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

FOR LINE NUMBER: PAGE 185 OF 946  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. EBERSOLE, FRANCES, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 340 LAURIE AVE  
 City HUMMELSTOWN State PA Zip Code 17036-9720  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt 10 / 21 / 2017  
**Transaction ID : SA11A.525216**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**B. EBERSOLE, FRANCES, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 340 LAURIE AVE  
 City HUMMELSTOWN State PA Zip Code 17036-9720  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt 11 / 10 / 2017  
**Transaction ID : SA11A.527382**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**C. EBERSOLE, FRANCES, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 340 LAURIE AVE  
 City HUMMELSTOWN State PA Zip Code 17036-9720  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt 11 / 21 / 2017  
**Transaction ID : SA11A.528147**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 75.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 186 OF 946  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. EBERSOLE, FRANCES, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 340 LAURIE AVE  
 City HUMMELSTOWN State PA Zip Code 17036-9720  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt 12 / 10 / 2017  
**Transaction ID : SA11A.530692**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**B. EBERSOLE, FRANCES, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 340 LAURIE AVE  
 City HUMMELSTOWN State PA Zip Code 17036-9720  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt 12 / 21 / 2017  
**Transaction ID : SA11A.531376**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**C. ECKFORD, JAMES, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 133HERONS LANDING  
 City RIDGELAND State MS Zip Code 39157-8689  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 10 / 26 / 2017  
**Transaction ID : SA11A.525598**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 75.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 187 OF 946
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. ECKFORD, JAMES, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 133HERONS LANDING

City RIDGELAND	State MS	Zip Code 39157-8689
-------------------	-------------	------------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	26	/	2017

**Transaction ID : SA11A.528376**

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

**B. ECKFORD, JAMES, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 133HERONS LANDING

City RIDGELAND	State MS	Zip Code 39157-8689
-------------------	-------------	------------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	26	/	2017

**Transaction ID : SA11A.531530**

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

**C. EDWARDS, MARCIA, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2814 CARLISLE DR.

City NEW WINDSOR	State MD	Zip Code 21776-9709
---------------------	-------------	------------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	19	/	2017

**Transaction ID : SA11A.524911**

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	75.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 188 OF 946  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. EDWARDS, MARCIA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2814 CARLISLE DR.  
 City NEW WINDSOR State MD Zip Code 21776-9709  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 11 / 19 / 2017  
**Transaction ID : SA11A.528056**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**B. EDWARDS, MARCIA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2814 CARLISLE DR.  
 City NEW WINDSOR State MD Zip Code 21776-9709  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 12 / 19 / 2017  
**Transaction ID : SA11A.531301**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**C. EDWARDS, RAY, W., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4137 COACHMANS CT  
 City HIGH POINT State NC Zip Code 27262-5019  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 02 / 2017  
**Transaction ID : SA11A.526516**  
 Amount of Each Receipt this Period 500.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 550.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 189 OF 946
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. EICHENBERGER, RUDOLPH, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1908 LACARI

City MAGNOLIA	State AR	Zip Code 71753-2114
------------------	-------------	------------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		30		2017

**Transaction ID : SA11A.525634**

Amount of Each Receipt this Period  
75.00

Memo Item CONTRIBUTION

**B. EICHENBERGER, RUDOLPH, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1908 LACARI

City MAGNOLIA	State AR	Zip Code 71753-2114
------------------	-------------	------------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12		11		2017

**Transaction ID : SA11A.530532**

Amount of Each Receipt this Period  
75.00

Memo Item CONTRIBUTION

**C. EICHENBAUM, SUMIE, Y., ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5060 GOVERNORS WALK DR.

City CCANTON	State GA	Zip Code 30115-2403
-----------------	-------------	------------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		24		2017

**Transaction ID : SA11A.525377**

Amount of Each Receipt this Period  
50.00

Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	200.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 190 OF 946
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. EICHENBAUM, SUMIE, Y., ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 5060 GOVERNORS WALK DR.  
City CCANTON State GA Zip Code 30115-2403  
FEC ID number of contributing federal political committee. **C**  
Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 11 / 24 / 2017  
**Transaction ID : SA11A.528229**  
Amount of Each Receipt this Period 50.00  
 Memo Item CONTRIBUTION

**B. EICHENBAUM, SUMIE, Y., ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 5060 GOVERNORS WALK DR.  
City CCANTON State GA Zip Code 30115-2403  
FEC ID number of contributing federal political committee. **C**  
Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 12 / 24 / 2017  
**Transaction ID : SA11A.531594**  
Amount of Each Receipt this Period 50.00  
 Memo Item CONTRIBUTION

**C. EITNER, A., K., ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 428 ALVERSON BOULEVARD  
City EVERETT State WA Zip Code 98201-1008  
FEC ID number of contributing federal political committee. **C**  
Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
Receipt For:  Primary  General  Other (specify)  
Aggregate Year-to-Date ▼ 300.00

Date of Receipt 12 / 29 / 2017  
**Transaction ID : SA11A.531295**  
Amount of Each Receipt this Period 300.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....▶ 400.00  
**TOTAL** This Period (last page this line number only).....▶

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

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

FOR LINE NUMBER: PAGE 191 OF 946  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. ELDEMIR, KIRA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2452 WASHINGTON ST  
 City SAN FRANCISCO State CA Zip Code 94115-1831  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 10 / 22 / 2017  
**Transaction ID : SA11A.525165**  
 Amount of Each Receipt this Period 50.00  
 Memo Item CONTRIBUTION

**B. ELDEMIR, KIRA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2452 WASHINGTON ST  
 City SAN FRANCISCO State CA Zip Code 94115-1831  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 11 / 22 / 2017  
**Transaction ID : SA11A.528165**  
 Amount of Each Receipt this Period 50.00  
 Memo Item CONTRIBUTION

**C. ELDEMIR, KIRA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2452 WASHINGTON ST  
 City SAN FRANCISCO State CA Zip Code 94115-1831  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 12 / 22 / 2017  
**Transaction ID : SA11A.531488**  
 Amount of Each Receipt this Period 50.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....▶ 150.00  
**TOTAL** This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 192 OF 946
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. ELIASSEN, JAMES, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1205 20TH ST SO  
 City VIRGINIA State MN Zip Code 55792-3724  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) DENTIST  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 30 / 2017  
**Transaction ID : SA11A.525994**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item  
 CONTRIBUTION

**B. ELIASSEN, JAMES, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1205 20TH ST SO  
 City VIRGINIA State MN Zip Code 55792-3724  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) DENTIST  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 30 / 2017  
**Transaction ID : SA11A.529170**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item  
 CONTRIBUTION

**C. ELIASSEN, JAMES, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1205 20TH ST SO  
 City VIRGINIA State MN Zip Code 55792-3724  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) DENTIST  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 30 / 2017  
**Transaction ID : SA11A.532497**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	150.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

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

FOR LINE NUMBER: PAGE 193 OF 946  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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)  
**Team Ryan**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. ELLIS, ROBERT, , ,**

Mailing Address 33520 SILVER OAK DR

City AVON	State OH	Zip Code 44011-3747
--------------	-------------	------------------------

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

Name of Employer (for Individual) ROBERT ELLIS	Occupation (for Individual) PRESIDENT
---	--

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		27		2017

**Transaction ID : SA11A.525732**

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**B. ELLIS, ROBERT, , ,**

Mailing Address 33520 SILVER OAK DR

City AVON	State OH	Zip Code 44011-3747
--------------	-------------	------------------------

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

Name of Employer (for Individual) ROBERT ELLIS	Occupation (for Individual) PRESIDENT
---	--

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		27		2017

**Transaction ID : SA11A.525734**

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**C. ELROD, MARTHA, J., MS.,**

Mailing Address 8407 E COSTILLA AVE

City CENTENNIAL	State CO	Zip Code 80112-6811
--------------------	-------------	------------------------

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

Name of Employer (for Individual) CITY LIGHT & POWER	Occupation (for Individual) CONTRACT ADMINISTRATOR
---	---

Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11		17		2017

**Transaction ID : SA11A.527909**

Amount of Each Receipt this Period  
50.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	250.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 194 OF 946
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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)  
**Team Ryan**

**A. ELROD, MARTHA, J., MS.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8407 E COSTILLA AVE  
 City CENTENNIAL State CO Zip Code 80112-6811  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CITY LIGHT & POWER Occupation (for Individual) CONTRACT ADMINISTRATOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 10 / 2017  
**Transaction ID : SA11A.530688**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION

**B. ELROD, MARTHA, J., MS.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8407 E COSTILLA AVE  
 City CENTENNIAL State CO Zip Code 80112-6811  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CITY LIGHT & POWER Occupation (for Individual) CONTRACT ADMINISTRATOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 10 / 2017  
**Transaction ID : SA11A.530689**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION

**C. ELZEY, PATRICIA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 110 BASSWOOD CIRCLE  
 City FORT WRIGHT State KY Zip Code 41011-3711  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) DELTA AIRLINES Occupation (for Individual) FLIGHT ATTENDANT  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 14 / 2017  
**Transaction ID : SA11A.524216**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	75.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 195 OF 946  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. ELZEY, PATRICIA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 110 BASSWOOD CIRCLE  
 City FORT WRIGHT State KY Zip Code 41011-3711  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) DELTA AIRLINES Occupation (for Individual) FLIGHT ATTENDANT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 14 / 2017  
**Transaction ID : SA11A.527619**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**B. ELZEY, PATRICIA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 110 BASSWOOD CIRCLE  
 City FORT WRIGHT State KY Zip Code 41011-3711  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) DELTA AIRLINES Occupation (for Individual) FLIGHT ATTENDANT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 14 / 2017  
**Transaction ID : SA11A.530937**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**C. EMMERSON, CATHERINE, , MS.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3618 PROSPECT ST NW  
 City WASHINGTON State DC Zip Code 20007-2633  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CGA STRATEGIES Occupation (for Individual) CEO  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 3500.00

Date of Receipt 11 / 20 / 2017  
**Transaction ID : SA11A.527833**  
 Amount of Each Receipt this Period 2500.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....▶ 2550.00  
**TOTAL** This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 196 OF 946
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. ENGEL, BRIAN, S., ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 23 / 2017
Mailing Address 610 W 5TH ST STE 602		<b>Transaction ID : SA11A.524806</b>
City AUSTIN	State TX	Zip Code 78701-2872
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2700.00
Name of Employer (for Individual) BDF GROUP	Occupation (for Individual) ATTORNEY	<input type="checkbox"/> Memo Item CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2700.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. ERTAN, ATILLA, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 27 / 2017
Mailing Address 2803 MIDLANE STR UNIT E UNIT E		<b>Transaction ID : SA11A.525715</b>
City HOUSTON	State TX	Zip Code 77027-4948
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer (for Individual) UT MCGOVERN MED. SCHOOL	Occupation (for Individual) FACULTY	<input type="checkbox"/> Memo Item CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. ERTAN, ATILLA, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 27 / 2017
Mailing Address 2803 MIDLANE STR UNIT E UNIT E		<b>Transaction ID : SA11A.525716</b>
City HOUSTON	State TX	Zip Code 77027-4948
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer (for Individual) UT MCGOVERN MED. SCHOOL	Occupation (for Individual) FACULTY	<input type="checkbox"/> Memo Item CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 520.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2820.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 197 OF 946
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. ERTAN, ATILLA, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2803 MIDLANE STR UNIT E  
UNIT E

City HOUSTON State TX Zip Code 77027-4948

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

Name of Employer (for Individual) UT MCGOVERN MED. SCHOOL Occupation (for Individual) FACULTY

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
520.00

Date of Receipt  
11 / 27 / 2017  
**Transaction ID : SA11A.528358**

Amount of Each Receipt this Period  
100.00

Memo Item CONTRIBUTION

**B. ERTAN, ATILLA, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2803 MIDLANE STR UNIT E  
UNIT E

City HOUSTON State TX Zip Code 77027-4948

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

Name of Employer (for Individual) UT MCGOVERN MED. SCHOOL Occupation (for Individual) FACULTY

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
520.00

Date of Receipt  
12 / 27 / 2017  
**Transaction ID : SA11A.531654**

Amount of Each Receipt this Period  
100.00

Memo Item CONTRIBUTION

**C. ESFANDI, JAHANGUIR, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 718 WARNER AVE

City LOS ANGELES State CA Zip Code 90024-2500

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

Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  
10 / 26 / 2017  
**Transaction ID : SA11A.525602**

Amount of Each Receipt this Period  
25.00

Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	225.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 198 OF 946
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. ESFANDI, JAHANGUIR, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 718 WARNER AVE  
 City LOS ANGELES State CA Zip Code 90024-2500  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 26 / 2017  
**Transaction ID : SA11A.528380**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item  
 CONTRIBUTION

**B. ESFANDI, JAHANGUIR, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 718 WARNER AVE  
 City LOS ANGELES State CA Zip Code 90024-2500  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 26 / 2017  
**Transaction ID : SA11A.531534**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item  
 CONTRIBUTION

**C. ESPARZA, ANTONIO, , DR,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 900 W SAM HOUSTON BLVD STE 1  
 City PHARR State TX Zip Code 78577-5215  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) PHYSICIAN  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2700.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 23 / 2017  
**Transaction ID : SA11A.524837**  
 Amount of Each Receipt this Period  
 2700.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2750.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 199 OF 946
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. ESTABROOKS, ROBERT, S., MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8061 DAVENTRY DR.  
MC 429

City MELBOURNE	State FL	Zip Code 32940-2132
-------------------	-------------	------------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	01	/	2017

**Transaction ID : SA11A.526532**

Amount of Each Receipt this Period  
25.00

Memo Item CONTRIBUTION

**B. ESTABROOKS, ROBERT, S., MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8061 DAVENTRY DR.  
MC 429

City MELBOURNE	State FL	Zip Code 32940-2132
-------------------	-------------	------------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	01	/	2017

**Transaction ID : SA11A.529363**

Amount of Each Receipt this Period  
25.00

Memo Item CONTRIBUTION

**C. ETHRIDGE, KATE, W., MS.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8282 COUNTY ROAD 84

City HEFLIN	State AL	Zip Code 36264-5708
----------------	-------------	------------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
297.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	12	/	2017

**Transaction ID : SA11A.530598**

Amount of Each Receipt this Period  
53.00

Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	103.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 200 OF 946
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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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)  
**Team Ryan**

**A. EUBANKS, JOHN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1479 DEER HOLLOW DR.  
 City CORONA State CA Zip Code 92882-6069  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WMC Occupation (for Individual) RETAIL  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 18 / 2017  
**Transaction ID : SA11A.524717**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
**CONTRIBUTION**

**B. EUBANKS, JOHN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1479 DEER HOLLOW DR.  
 City CORONA State CA Zip Code 92882-6069  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WMC Occupation (for Individual) RETAIL  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 18 / 2017  
**Transaction ID : SA11A.528107**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
**CONTRIBUTION**

**C. EUBANKS, JOHN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1479 DEER HOLLOW DR.  
 City CORONA State CA Zip Code 92882-6069  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WMC Occupation (for Individual) RETAIL  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 18 / 2017  
**Transaction ID : SA11A.531096**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
**CONTRIBUTION**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	300.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 201 OF 946
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. EVANS, WILLIAM, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1145 MOORES LN

City CUTCHOGUE	State NY	Zip Code 11935-1721
-------------------	-------------	------------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
275.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	07	/	2017

**Transaction ID : SA11A.523345**

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

**B. EVANS, WILLIAM, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1145 MOORES LN

City CUTCHOGUE	State NY	Zip Code 11935-1721
-------------------	-------------	------------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
275.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	07	/	2017

**Transaction ID : SA11A.526925**

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

**C. EVANS, WILLIAM, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1145 MOORES LN

City CUTCHOGUE	State NY	Zip Code 11935-1721
-------------------	-------------	------------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
275.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	07	/	2017

**Transaction ID : SA11A.530375**

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	75.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 202 OF 946
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. FABRICANT, DANIEL, , MR.,**

Mailing Address **625 POTOMAC RIVER RD**

City <b>MC LEAN</b>	State <b>VA</b>	Zip Code <b>22102-1402</b>
------------------------	--------------------	-------------------------------

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

Name of Employer (for Individual) <b>NATURAL PRODUCTS ASSOCIATION</b>	Occupation (for Individual) <b>CEO</b>
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**10000.00**

Date of Receipt  
**12 / 07 / 2017**

**Transaction ID : SA11A.530061**

Amount of Each Receipt this Period  
**2500.00**

Memo Item  
**CONTRIBUTION**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**B. FAIRBANK, JONATHAN, , ,**

Mailing Address **223 N GUADALUPE ST  
APT 476**

City <b>SANTA FE</b>	State <b>NM</b>	Zip Code <b>87501-1868</b>
-------------------------	--------------------	-------------------------------

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

Name of Employer (for Individual) <b>NONE</b>	Occupation (for Individual) <b>RETIRED</b>
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**500.00**

Date of Receipt  
**10 / 26 / 2017**

**Transaction ID : SA11A.525463**

Amount of Each Receipt this Period  
**300.00**

Memo Item  
**CONTRIBUTION**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**C. FAIRBANKS, LOREN, , ,**

Mailing Address **1110 S 181ST PLAZA**

City <b>OMAHA</b>	State <b>NE</b>	Zip Code <b>68130-3727</b>
----------------------	--------------------	-------------------------------

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

Name of Employer (for Individual) <b>NONE</b>	Occupation (for Individual) <b>RETIRED</b>
--	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
**305.00**

Date of Receipt  
**12 / 20 / 2017**

**Transaction ID : SA11A.531398**

Amount of Each Receipt this Period  
**100.00**

Memo Item  
**CONTRIBUTION**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>2900.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 203 OF 946
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. FELLER, THOMAS, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 27 MERRYMEETING DRIVE

City MERRIMACK	State NH	Zip Code 03054-2934
-------------------	-------------	------------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	20	/	2017

**Transaction ID : SA11A.531324**

Amount of Each Receipt this Period  
500.00

Memo Item CONTRIBUTION

**B. FENIMORE, CRAIG, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1742 S FLATROCK RIVER RD

City RUSHVILLE	State IN	Zip Code 46173-7354
-------------------	-------------	------------------------

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

Name of Employer (for Individual) SELF EMPLOYED	Occupation (for Individual) OPTOMETRIST
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2017

**Transaction ID : SA11A.525975**

Amount of Each Receipt this Period  
25.00

Memo Item CONTRIBUTION

**C. FENIMORE, CRAIG, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1742 S FLATROCK RIVER RD

City RUSHVILLE	State IN	Zip Code 46173-7354
-------------------	-------------	------------------------

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

Name of Employer (for Individual) SELF EMPLOYED	Occupation (for Individual) OPTOMETRIST
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2017

**Transaction ID : SA11A.529152**

Amount of Each Receipt this Period  
25.00

Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	550.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 204 OF 946
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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)  
**Team Ryan**

**A. FENIMORE, CRAIG, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1742 S FLATROCK RIVER RD  
 City RUSHVILLE State IN Zip Code 46173-7354  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) OPTOMETRIST  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00

Date of Receipt **12 / 30 / 2017**  
**Transaction ID : SA11A.532540**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**B. FENOGLIO, KEN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 17701 BENT OAK LN  
 City DALLAS State TX Zip Code 75287-6704  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) AT&T Occupation (for Individual) MANAGER  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt **10 / 06 / 2017**  
**Transaction ID : SA11A.523155**  
 Amount of Each Receipt this Period - 100.00  
 Memo Item CONTRIBUTION  
 CHARGED BACK

**C. FERNANDEZ, RAUL, J., MR., JR.**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2401 PENN AVE NW STE 480  
 City WASHINGTON State DC Zip Code 20037-1730  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MONUMENTAL SPORTS & ENTERTAINMENT Occupation (for Individual) VICE CHAIRMAN  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 50000.00

Date of Receipt **10 / 23 / 2017**  
**Transaction ID : SA11A.524800**  
 Amount of Each Receipt this Period 50000.00  
 Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	49925.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 205 OF 946
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. FIELD, DAVID, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 11 GABLES DRIVE

City YARMOUTH	State ME	Zip Code 04096-7154
------------------	-------------	------------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		24		2017

**Transaction ID : SA11A.525011**

Amount of Each Receipt this Period  
50.00

Memo Item CONTRIBUTION

**B. FIELDS, JACK, M., MR., JR.**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8 DEER RIDGE ESTATES BLVD

City KINGWOOD	State TX	Zip Code 77339-3503
------------------	-------------	------------------------

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

Name of Employer (for Individual) TWENTY-FIRST CENTURY GROUP	Occupation (for Individual) CEO
---	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
15000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2017

**Transaction ID : SA11A.526492**

Amount of Each Receipt this Period  
5000.00

Memo Item CONTRIBUTION

**C. FIELDMAN, JB, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 40 TURF LANE

City ROSLYN HEIGHTS	State NY	Zip Code 11577-2738
------------------------	-------------	------------------------

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

Name of Employer (for Individual) SELF EMPLOYED	Occupation (for Individual) PHYSICIAN
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		18		2017

**Transaction ID : SA11A.524684**

Amount of Each Receipt this Period  
50.00

Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	5100.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 206 OF 946  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. FIELDMAN, JB, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 40 TURF LANE  
 City ROSLYN HEIGHTS    State NY    Zip Code 11577-2738  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF EMPLOYED    Occupation (for Individual) PHYSICIAN  
 Receipt For:  Primary     General     Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 18 / 2017  
**Transaction ID : SA11A.524685**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 CONTRIBUTION

**B. FIELDMAN, JB, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 40 TURF LANE  
 City ROSLYN HEIGHTS    State NY    Zip Code 11577-2738  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF EMPLOYED    Occupation (for Individual) PHYSICIAN  
 Receipt For:  Primary     General     Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 18 / 2017  
**Transaction ID : SA11A.528098**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 CONTRIBUTION

**C. FIELDMAN, JB, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 40 TURF LANE  
 City ROSLYN HEIGHTS    State NY    Zip Code 11577-2738  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF EMPLOYED    Occupation (for Individual) PHYSICIAN  
 Receipt For:  Primary     General     Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 18 / 2017  
**Transaction ID : SA11A.531103**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 150.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 207 OF 946
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. FILOTEO, HARRIET, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. BOX 776  
 City LEBEC State CA Zip Code 93243-0776  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WEST KERN COMUNITY COLLEGE Occupation (for Individual) RETIRED TEACHER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1320.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 22 / 2017  
**Transaction ID : SA11A.525183**  
 Amount of Each Receipt this Period  
 110.00  
 Memo Item  
 CONTRIBUTION

**B. FILOTEO, HARRIET, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. BOX 776  
 City LEBEC State CA Zip Code 93243-0776  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WEST KERN COMUNITY COLLEGE Occupation (for Individual) RETIRED TEACHER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1320.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 22 / 2017  
**Transaction ID : SA11A.528178**  
 Amount of Each Receipt this Period  
 110.00  
 Memo Item  
 CONTRIBUTION

**C. FILOTEO, HARRIET, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. BOX 776  
 City LEBEC State CA Zip Code 93243-0776  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WEST KERN COMUNITY COLLEGE Occupation (for Individual) RETIRED TEACHER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1320.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 22 / 2017  
**Transaction ID : SA11A.531496**  
 Amount of Each Receipt this Period  
 110.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	330.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 208 OF 946
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. FINNEY, REDMOND, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 15601 DOVER ROAD  
 City UPPERCO State MD Zip Code 21155-9514  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 17 / 2017  
**Transaction ID : SA11A.524646**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item  
 CONTRIBUTION

**B. FINNEY, REDMOND, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 15601 DOVER ROAD  
 City UPPERCO State MD Zip Code 21155-9514  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 17 / 2017  
**Transaction ID : SA11A.527969**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item  
 CONTRIBUTION

**C. FINNEY, REDMOND, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 15601 DOVER ROAD  
 City UPPERCO State MD Zip Code 21155-9514  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 17 / 2017  
**Transaction ID : SA11A.531130**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	75.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 209 OF 946
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. FIORE, CAROL, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 893 AMHERST LANE

City WESTMINSTER	State MD	Zip Code 21158-4350
---------------------	-------------	------------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2017

**Transaction ID : SA11A.532225**

Amount of Each Receipt this Period  
100.00

Memo Item CONTRIBUTION

**B. FISHER, MARLENE, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 105 E BRIDGES DR.

City LANDRUM	State SC	Zip Code 29356-1805
-----------------	-------------	------------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
210.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	27	/	2017

**Transaction ID : SA11A.525728**

Amount of Each Receipt this Period  
25.00

Memo Item CONTRIBUTION

**C. FISHER, MARLENE, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 105 E BRIDGES DR.

City LANDRUM	State SC	Zip Code 29356-1805
-----------------	-------------	------------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
210.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	29	/	2017

**Transaction ID : SA11A.526030**

Amount of Each Receipt this Period  
15.00

Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	140.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 210 OF 946  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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)  
**Team Ryan**

**A. FISHER, MARLENE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 105 E BRIDGES DR.  
 City LANDRUM State SC Zip Code 29356-1805  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 17 / 2017  
**Transaction ID : SA11A.528112**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**B. FISHER, MARLENE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 105 E BRIDGES DR.  
 City LANDRUM State SC Zip Code 29356-1805  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 28 / 2017  
**Transaction ID : SA11A.528755**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**C. FITZWILLIAM, DAVID, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4100 CATHEDRAL AVE  
 709  
 City WASHINGTON State DC Zip Code 20016-3513  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 25 / 2017  
**Transaction ID : SA11A.525366**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 75.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 211 OF 946
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. FITZWILLIAM, DAVID, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4100 CATHEDRAL AVE  
 709  
 City WASHINGTON State DC Zip Code 20016-3513  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 25 / 2017  
**Transaction ID : SA11A.528419**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item  
 CONTRIBUTION

**B. FITZWILLIAM, DAVID, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4100 CATHEDRAL AVE  
 709  
 City WASHINGTON State DC Zip Code 20016-3513  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 25 / 2017  
**Transaction ID : SA11A.531568**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item  
 CONTRIBUTION

**C. FLEETMAN, STEPHANIE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 357 MT ALVERNO RD  
 City MEDIA State PA Zip Code 19063-5313  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MUSTANG EXPEDITING Occupation (for Individual) CEO  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 30 / 2017  
**Transaction ID : SA11A.525929**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 212 OF 946  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. FLEETMAN, STEPHANIE, , ,**

Mailing Address **357 MT ALVERNO RD**

City **MEDIA**   State **PA**   Zip Code **19063-5313**

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

Name of Employer (for Individual) **MUSTANG EXPEDITING**   Occupation (for Individual) **CEO**

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt  
**11 / 30 / 2017**  
**Transaction ID : SA11A.529128**

Amount of Each Receipt this Period  
**250.00**

Memo Item  
**CONTRIBUTION**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**B. FLETCHER, KEVIN, , MR.,**

Mailing Address **12215 N RIDGEWAY AVE**

City **MEQUON**   State **WI**   Zip Code **53097-3058**

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

Name of Employer (for Individual) **WEC**   Occupation (for Individual) **PRESIDENT WI UTILITIES**

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt  
**12 / 06 / 2017**  
**Transaction ID : SA11A.529959**

Amount of Each Receipt this Period  
**1000.00**

Memo Item  
**CONTRIBUTION**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**C. FLOURNOY, JOHN, F., MR.,**

Mailing Address **7401 FULTON RD**

City **COLUMBUS**   State **GA**   Zip Code **31829-1927**

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

Name of Employer (for Individual) **SELF EMPLOYED**   Occupation (for Individual) **REAL ESTATE**

Receipt For:  
 Primary    General  
 Other (specify)

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt  
**10 / 30 / 2017**  
**Transaction ID : SA11A.525880**

Amount of Each Receipt this Period  
**100.00**

Memo Item  
**CONTRIBUTION**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **1350.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 213 OF 946
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. FLOURNOY, JOHN, F., MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 7401 FULTON RD

City COLUMBUS	State GA	Zip Code 31829-1927
------------------	-------------	------------------------

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

Name of Employer (for Individual) SELF EMPLOYED	Occupation (for Individual) REAL ESTATE
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
11		13		2017

**Transaction ID : SA11A.527309**

Amount of Each Receipt this Period  
250.00

Memo Item  
CONTRIBUTION

**B. FLYNN, PAT, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 6222 SUGER HILL DRIVE

City HOUSTON	State TX	Zip Code 77057-1145
-----------------	-------------	------------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
525.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
10		19		2017

**Transaction ID : SA11A.524907**

Amount of Each Receipt this Period  
75.00

Memo Item  
CONTRIBUTION

**C. FLYNN, PAT, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 6222 SUGER HILL DRIVE

City HOUSTON	State TX	Zip Code 77057-1145
-----------------	-------------	------------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
525.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
11		19		2017

**Transaction ID : SA11A.528052**

Amount of Each Receipt this Period  
75.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	400.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 214 OF 946
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. FLYNN, PAT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6222 SUGER HILL DRIVE  
 City HOUSTON State TX Zip Code 77057-1145  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 525.00

Date of Receipt 12 / 19 / 2017  
**Transaction ID : SA11A.531300**  
 Amount of Each Receipt this Period 75.00  
 Memo Item CONTRIBUTION

**B. FOERSTER, CHARLENE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 235 WILLOWBEND ST  
 City HUNTSVILLE State TX Zip Code 77320-3423  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 10 / 23 / 2017  
**Transaction ID : SA11A.525157**  
 Amount of Each Receipt this Period 50.00  
 Memo Item CONTRIBUTION

**C. FOERSTER, CHARLENE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 235 WILLOWBEND ST  
 City HUNTSVILLE State TX Zip Code 77320-3423  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 10 / 30 / 2017  
**Transaction ID : SA11A.525991**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	150.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 215 OF 946  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. FOERSTER, CHARLENE, , ,**

Mailing Address 235 WILLOWBEND ST

City HUNTSVILLE	State TX	Zip Code 77320-3423
--------------------	-------------	------------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
900.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	23	/	2017

**Transaction ID : SA11A.528246**

Amount of Each Receipt this Period  
50.00

Memo Item CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**B. FOERSTER, CHARLENE, , ,**

Mailing Address 235 WILLOWBEND ST

City HUNTSVILLE	State TX	Zip Code 77320-3423
--------------------	-------------	------------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
900.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2017

**Transaction ID : SA11A.529169**

Amount of Each Receipt this Period  
25.00

Memo Item CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**C. FOERSTER, CHARLENE, , ,**

Mailing Address 235 WILLOWBEND ST

City HUNTSVILLE	State TX	Zip Code 77320-3423
--------------------	-------------	------------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼  
900.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	23	/	2017

**Transaction ID : SA11A.531617**

Amount of Each Receipt this Period  
50.00

Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	125.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 216 OF 946
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. FOERSTER, CHARLENE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 235 WILLOWBEND ST  
 City HUNTSVILLE State TX Zip Code 77320-3423  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 30 / 2017  
**Transaction ID : SA11A.532547**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item  
 CONTRIBUTION

**B. FOLGER, WILLIAM, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 273 WINNERS CIR  
 City RED LION State PA Zip Code 17356-8798  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 30 / 2017  
**Transaction ID : SA11A.529405**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item  
 CONTRIBUTION

**C. FORD, DICK, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 16 DOVERTON DRIVE  
 City GREENWICH State CT Zip Code 06831-3318  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 30 / 2017  
**Transaction ID : SA11A.526014**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	150.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 217 OF 946
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. FORD, DICK, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 16 DOVERTON DRIVE  
 City GREENWICH State CT Zip Code 06831-3318  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 30 / 2017  
**Transaction ID : SA11A.529205**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**B. FORD, DICK, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 16 DOVERTON DRIVE  
 City GREENWICH State CT Zip Code 06831-3318  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 30 / 2017  
**Transaction ID : SA11A.532480**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**C. FOREST, MARC, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4237 FIELDBROOK ROAD  
 City WEST BLOOMFIELD State MI Zip Code 48323-3209  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 19 / 2017  
**Transaction ID : SA11A.524915**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	225.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 218 OF 946
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. FORSTER, JUAN, Y., MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 12245 CIRCULA PANORAMA

City SANTA ANA	State CA	Zip Code 92705-1376
-------------------	-------------	------------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	02	/	2017

**Transaction ID : SA11A.526518**

Amount of Each Receipt this Period  
250.00

Memo Item  
CONTRIBUTION

**B. FOSTER, BEHREND, B., MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1722 N NELSON ST

City ARLINGTON	State VA	Zip Code 22207-3643
-------------------	-------------	------------------------

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

Name of Employer (for Individual) BLUE STONE STRATEGIES	Occupation (for Individual) PARTNER
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	29	/	2017

**Transaction ID : SA11A.528519**

Amount of Each Receipt this Period  
1000.00

Memo Item  
CONTRIBUTION

**C. FOSTER, JOHN, M., MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1348 PEPPER TREE DRIVE

City HEMET	State CA	Zip Code 92545-8149
---------------	-------------	------------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
1400.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	27	/	2017

**Transaction ID : SA11A.525563**

Amount of Each Receipt this Period  
200.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1450.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 219 OF 946
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. FOSTER, JOHN, M., MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1348 PEPPER TREE DRIVE

City HEMET	State CA	Zip Code 92545-8149
---------------	-------------	------------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1400.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	13	/	2017

**Transaction ID : SA11A.530761**

Amount of Each Receipt this Period  
200.00

Memo Item CONTRIBUTION

**B. FOSTER, RICHARD, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1101 PLANTATION ISL DR. 118  
APT 118

City ST AUGUSTINE	State FL	Zip Code 32080-6193
----------------------	-------------	------------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	17	/	2017

**Transaction ID : SA11A.524645**

Amount of Each Receipt this Period  
25.00

Memo Item CONTRIBUTION

**C. FOSTER, RICHARD, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1101 PLANTATION ISL DR. 118  
APT 118

City ST AUGUSTINE	State FL	Zip Code 32080-6193
----------------------	-------------	------------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	17	/	2017

**Transaction ID : SA11A.527964**

Amount of Each Receipt this Period  
25.00

Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	250.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 220 OF 946
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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)  
**Team Ryan**

**A. FOSTER, RICHARD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1101 PLANTATION ISL DR. 118  
 APT 118  
 City ST AUGUSTINE State FL Zip Code 32080-6193  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 17 / 2017  
**Transaction ID : SA11A.531123**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item  
 CONTRIBUTION

**B. FRAHM, DONALD, R., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7 AVENUE DE LA MER  
 APT 1006  
 City PALM COAST State FL Zip Code 32137-1208  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 26 / 2017  
**Transaction ID : SA11A.525483**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item  
 CONTRIBUTION

**C. FRANK, LYNN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10183 NW 74TH AVE  
 City GRIMES State IA Zip Code 50111-8750  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 12 / 2017  
**Transaction ID : SA11A.523904**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1125.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 221 OF 946
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. FRANK, LYNN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10183 NW 74TH AVE  
 City GRIMES State IA Zip Code 50111-8750  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt **11 / 12 / 2017**  
**Transaction ID : SA11A.527348**  
 Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION

**B. FRANK, LYNN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10183 NW 74TH AVE  
 City GRIMES State IA Zip Code 50111-8750  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt **12 / 12 / 2017**  
**Transaction ID : SA11A.530791**  
 Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION  
 TO BE CHARGED BACK

**C. FRAZIER, DIANA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 46A ANCHOR DRIVE  
 City KEY LARGO State FL Zip Code 33037-5283  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt **10 / 23 / 2017**  
**Transaction ID : SA11A.525147**  
 Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	300.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 222 OF 946
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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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)  
**Team Ryan**

**A. FRAZIER, DIANA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 46A ANCHOR DRIVE  
 City KEY LARGO State FL Zip Code 33037-5283  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 23 / 2017  
**Transaction ID : SA11A.528235**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**B. FRAZIER, DIANA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 46A ANCHOR DRIVE  
 City KEY LARGO State FL Zip Code 33037-5283  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 23 / 2017  
**Transaction ID : SA11A.531612**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**C. FRIDRICH, HEINZ, K., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 131 LONG POINT DRIVE  
 City FERNANDINA BEACH State FL Zip Code 32034-6410  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 285.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 27 / 2017  
**Transaction ID : SA11A.525525**  
 Amount of Each Receipt this Period  
 40.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	240.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 223 OF 946
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. FRIDRICH, HEINZ, K., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 131 LONG POINT DRIVE  
 City FERNANDINA BEACH State FL Zip Code 32034-6410  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 285.00

Date of Receipt 12 / 18 / 2017  
**Transaction ID : SA11A.530983**  
 Amount of Each Receipt this Period 45.00  
 Memo Item CONTRIBUTION

**B. FROST, HOLLOWAY, , MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO BOX 667  
 City HOUSTON State TX Zip Code 77001-0667  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 30000.00

Date of Receipt 10 / 31 / 2017  
**Transaction ID : SA11A.526487**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item CONTRIBUTION

**C. FULLMER, STEVEN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO BOX 58  
 City GRAVETTE State AR Zip Code 72736-0058  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) EMPIRE DISTRICT ELECTRIC CO. Occupation (for Individual) CONSTRUCTION DESIGNER  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 14 / 2017  
**Transaction ID : SA11A.524222**  
 Amount of Each Receipt this Period 30.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 5075.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 224 OF 946
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. FURST, JACK, D., MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5001 SPRING VALLEY RD  
STE 1040E

City DALLAS State TX Zip Code 75244-3975

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

Name of Employer (for Individual) OAK STREAM INVESTORS Occupation (for Individual) FOUNDER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 25000.00

Date of Receipt 10 / 26 / 2017

**Transaction ID : SA11A.525241**

Amount of Each Receipt this Period 25000.00

Memo Item CONTRIBUTION

**B. GACKLE, MERLIN, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 10004 WILLOW BEND DRIVE

City WOODWAY State TX Zip Code 76712-8522

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

Name of Employer (for Individual) TELEPERFORMANCE USA Occupation (for Individual) VP GLOBAL BUSINESS DEVELOPME

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 10 / 2017

**Transaction ID : SA11A.523285**

Amount of Each Receipt this Period 25.00

Memo Item CONTRIBUTION

**C. GACKLE, MERLIN, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 10004 WILLOW BEND DRIVE

City WOODWAY State TX Zip Code 76712-8522

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

Name of Employer (for Individual) TELEPERFORMANCE USA Occupation (for Individual) VP GLOBAL BUSINESS DEVELOPME

Receipt For:  Primary  General  Other (specify)

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 11 / 10 / 2017

**Transaction ID : SA11A.527378**

Amount of Each Receipt this Period 25.00

Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....▶ 25050.00

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 225 OF 946
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. GACKLE, MERLIN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10004 WILLOW BEND DRIVE  
 City WOODWAY State TX Zip Code 76712-8522  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) TELEPERFORMANCE USA Occupation (for Individual) VP GLOBAL BUSINESS DEVELOPME  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00

Date of Receipt **12 / 10 / 2017**  
**Transaction ID : SA11A.530691**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**B. GAEHWILER, MARTIN, A., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 250 CASITAS AVE  
 City SAN FRANCISCO State CA Zip Code 94127-1604  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) CONSTRUCTION  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **12 / 11 / 2017**  
**Transaction ID : SA11A.530384**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item CONTRIBUTION

**C. GALLIVAN, PATRICK, T., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4889 PAYNES MILL ROAD  
 City LEXINGTON State KY Zip Code 40510-9695  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 225.00

Date of Receipt **12 / 19 / 2017**  
**Transaction ID : SA11A.531192**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1050.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 226 OF 946
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. GALLOWAY, ARCHIBALD, , MR., II**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 15107 UNION CHAPEL RD

City WOODBINE	State MD	Zip Code 21797-7721
------------------	-------------	------------------------

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

Name of Employer (for Individual) THE FOXTAIL GROUP	Occupation (for Individual) CONSULTANT
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		26		2017

**Transaction ID : SA11A.525239**

Amount of Each Receipt this Period  
500.00

Memo Item  
CONTRIBUTION

**B. GAMBLE, JOSEPH, , MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4949 MONTEVALLO RD  
221

City IRONDALE	State AL	Zip Code 35210-2418
------------------	-------------	------------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5100.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11		06		2017

**Transaction ID : SA11A.526673**

Amount of Each Receipt this Period  
5000.00

Memo Item  
CONTRIBUTION

**C. GARCIA, HIRAM, L., DR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2712 E MILE 5 RD

City MISSION	State TX	Zip Code 78573-9720
-----------------	-------------	------------------------

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

Name of Employer (for Individual) SELF EMPLOYED	Occupation (for Individual) PHYSICIAN
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		23		2017

**Transaction ID : SA11A.524834**

Amount of Each Receipt this Period  
500.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	6000.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 227 OF 946
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. GARCIA, JACQUELINE, , MRS.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2800 SANTA TERESA

City MISSION	State TX	Zip Code 78572-7363
-----------------	-------------	------------------------

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

Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS	Occupation (for Individual) INFORMATION REQUESTED PER BE
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2700.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		23		2017

**Transaction ID : SA11A.524835**

Amount of Each Receipt this Period  
2700.00

Memo Item  
CONTRIBUTION

**B. GARCIA, OSCAR, J., DR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1717 PALAZZO

City MISSION	State TX	Zip Code 78572-7577
-----------------	-------------	------------------------

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

Name of Employer (for Individual) SELF EMPLOYED	Occupation (for Individual) PHYSICIAN
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2700.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		23		2017

**Transaction ID : SA11A.524833**

Amount of Each Receipt this Period  
2700.00

Memo Item  
CONTRIBUTION

**C. GARCIA, RUTH, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 818 E 3RD ST

City STOCKTON	State CA	Zip Code 95206-1640
------------------	-------------	------------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
501.96

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		14		2017

**Transaction ID : SA11A.524194**

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	5425.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 228 OF 946  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. GARCIA, RUTH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 818 E 3RD ST  
 City STOCKTON State CA Zip Code 95206-1640  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 501.96

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 14 / 2017  
**Transaction ID : SA11A.527607**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**B. GARCIA, RUTH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 818 E 3RD ST  
 City STOCKTON State CA Zip Code 95206-1640  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 501.96

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 30 / 2017  
**Transaction ID : SA11A.529075**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**C. GARCIA, RUTH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 818 E 3RD ST  
 City STOCKTON State CA Zip Code 95206-1640  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 501.96

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 30 / 2017  
**Transaction ID : SA11A.529079**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 75.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 229 OF 946
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. GARDNER, GISELA, A., MRS.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2320 PIONEER ROAD  
SUITE P

City EVANSTON State IL Zip Code 60201-2519

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

Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
11 / 13 / 2017  
**Transaction ID : SA11A.527138**

Amount of Each Receipt this Period  
100.00

Memo Item CONTRIBUTION

**B. GARDNER, VANCE, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6 HARVEY COURT

City IRVINE State CA Zip Code 92617-4033

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

Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) MEDICAL RESEARCH

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
800.00

Date of Receipt  
10 / 19 / 2017  
**Transaction ID : SA11A.524923**

Amount of Each Receipt this Period  
50.00

Memo Item CONTRIBUTION

**C. GARDNER, VANCE, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6 HARVEY COURT

City IRVINE State CA Zip Code 92617-4033

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

Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) MEDICAL RESEARCH

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
800.00

Date of Receipt  
11 / 19 / 2017  
**Transaction ID : SA11A.528068**

Amount of Each Receipt this Period  
50.00

Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 200.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 230 OF 946
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. GARDNER, VANCE, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 6 HARVEY COURT

City IRVINE	State CA	Zip Code 92617-4033
----------------	-------------	------------------------

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

Name of Employer (for Individual) SELF EMPLOYED	Occupation (for Individual) MEDICAL RESEARCH
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
800.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	19	/	2017

**Transaction ID : SA11A.531317**

Amount of Each Receipt this Period  
50.00

Memo Item  
CONTRIBUTION

**B. GARWOOD, CAROL SUE, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 9618 ROCKHUST DRIVE

City HOUSTON	State TX	Zip Code 77080-1202
-----------------	-------------	------------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
720.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	16	/	2017

**Transaction ID : SA11A.524157**

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

**C. GARWOOD, CAROL SUE, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 9618 ROCKHUST DRIVE

City HOUSTON	State TX	Zip Code 77080-1202
-----------------	-------------	------------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
720.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	21	/	2017

**Transaction ID : SA11A.525219**

Amount of Each Receipt this Period  
35.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	110.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 231 OF 946  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. GARWOOD, CAROL SUE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9618 ROCKHUST DRIVE  
 City HOUSTON State TX Zip Code 77080-1202  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 720.00

Date of Receipt 11 / 16 / 2017  
**Transaction ID : SA11A.527882**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**B. GARWOOD, CAROL SUE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9618 ROCKHUST DRIVE  
 City HOUSTON State TX Zip Code 77080-1202  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 720.00

Date of Receipt 11 / 21 / 2017  
**Transaction ID : SA11A.528155**  
 Amount of Each Receipt this Period 35.00  
 Memo Item CONTRIBUTION

**C. GARWOOD, CAROL SUE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9618 ROCKHUST DRIVE  
 City HOUSTON State TX Zip Code 77080-1202  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 720.00

Date of Receipt 12 / 16 / 2017  
**Transaction ID : SA11A.531141**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 85.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 232 OF 946
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. GARWOOD, CAROL SUE, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9618 ROCKHUST DRIVE

City HOUSTON	State TX	Zip Code 77080-1202
-----------------	-------------	------------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
720.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	21	/	2017

**Transaction ID : SA11A.531365**

Amount of Each Receipt this Period  
35.00

Memo Item  
CONTRIBUTION

**B. GASBARRS, FRANCES, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 10 ORCHARD LANE

City GOLF	State IL	Zip Code 60029-3107
--------------	-------------	------------------------

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

Name of Employer (for Individual) FORTE INTERNATIONAL TAX	Occupation (for Individual) DIRECTOR
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
700.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	25	/	2017

**Transaction ID : SA11A.525358**

Amount of Each Receipt this Period  
50.00

Memo Item  
CONTRIBUTION

**C. GASBARRS, FRANCES, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 10 ORCHARD LANE

City GOLF	State IL	Zip Code 60029-3107
--------------	-------------	------------------------

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

Name of Employer (for Individual) FORTE INTERNATIONAL TAX	Occupation (for Individual) DIRECTOR
--	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
700.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	25	/	2017

**Transaction ID : SA11A.528415**

Amount of Each Receipt this Period  
50.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	135.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 233 OF 946
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. GASBARRS, FRANCES, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10 ORCHARD LANE  
 City GOLF State IL Zip Code 60029-3107  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FORTE INTERNATIONAL TAX Occupation (for Individual) DIRECTOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt **12 / 25 / 2017**  
**Transaction ID : SA11A.531548**  
 Amount of Each Receipt this Period 50.00  
 Memo Item CONTRIBUTION

**B. GAUF, BERNARD, L., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2542 BABCOCK RD  
 City VIENNA State VA Zip Code 22181-5424  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) INNOVATIVE DEFENSE TECHNOLOGIES Occupation (for Individual) EXECUTIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 20000.00

Date of Receipt **10 / 31 / 2017**  
**Transaction ID : SA11A.526497**  
 Amount of Each Receipt this Period 10000.00  
 Memo Item CONTRIBUTION

**C. GEBREBERHAN, SHEWIT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2335 S. 117TH ST.  
 City BURIEN State WA Zip Code 98168-1285  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NOT EMPLOYED Occupation (for Individual) NOT EMPLOYED  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **11 / 16 / 2017**  
**Transaction ID : SA11A.527895**  
 Amount of Each Receipt this Period 500.00  
 Memo Item CONTRIBUTION  
 TO BE CHARGED BACK

**SUBTOTAL** of Receipts This Page (optional).....▶ 10550.00  
**TOTAL** This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 234 OF 946
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. GEDULD, EMANUEL, E., MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 279 CENTRAL PARK W 12A

City NEW YORK	State NY	Zip Code 10024-3080
------------------	-------------	------------------------

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

Name of Employer (for Individual) COUGAR CAPITAL	Occupation (for Individual) INVESTOR
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2017

**Transaction ID : SA11A.532120**

Amount of Each Receipt this Period  
5000.00

Memo Item  
CONTRIBUTION

**B. GEIER, SUSANNE, E., MS.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6000 REDBIRD HOLLOW LN

City CINCINNATI	State OH	Zip Code 45243-3331
--------------------	-------------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	27	/	2017

**Transaction ID : SA11A.528284**

Amount of Each Receipt this Period  
2000.00

Memo Item  
CONTRIBUTION

**C. GEIGER, THOMAS, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 29933 FOXHILL ROAD

City PERRYSBURG	State OH	Zip Code 43551-3421
--------------------	-------------	------------------------

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

Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS	Occupation (for Individual) INFORMATION REQUESTED PER BEST EFFORTS
---	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	07	/	2017

**Transaction ID : SA11A.530093**

Amount of Each Receipt this Period  
400.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	7400.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 235 OF 946
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. GEORGE, NICHOLAS, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 971 GEORGIA AVENUE  
 City WINTER PARK State FL Zip Code 32789-2606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 12 / 18 / 2017  
**Transaction ID : SA11A.530969**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item CONTRIBUTION

**B. GEORGAS, WILLIAM, , MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 357 SEABREEZE AVE  
 City PALM BEACH State FL Zip Code 33480-6132  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) AMERICAN FRANCHISE CAPITAL Occupation (for Individual) EXECUTIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 12 / 13 / 2017  
**Transaction ID : SA11A.530741**  
 Amount of Each Receipt this Period 2500.00  
 Memo Item CONTRIBUTION

**C. GHISELLI, ANTONIO, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 227 MONTEGO BAY DR.  
 City EL PASO State TX Zip Code 79912-4411  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) PHYSICIAN  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 10 / 30 / 2017  
**Transaction ID : SA11A.525995**  
 Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3600.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 236 OF 946  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. GHISELLI, ANTONIO, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 227 MONTEGO BAY DR.  
 City EL PASO State TX Zip Code 79912-4411  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 11 / 30 / 2017  
**Transaction ID : SA11A.529171**  
 Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION

**B. GHISELLI, ANTONIO, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 227 MONTEGO BAY DR.  
 City EL PASO State TX Zip Code 79912-4411  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 12 / 30 / 2017  
**Transaction ID : SA11A.532478**  
 Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION

**C. GIERER, JOSEPHINE, L., MS.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 67 TERRA NOVA CIR  
 City WESTPORT State CT Zip Code 06880-4750  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 03 / 2017  
**Transaction ID : SA11A.526646**  
 Amount of Each Receipt this Period 500.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 700.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 237 OF 946  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. GIGLIO, CHARLES, J., MR.,**

Mailing Address **PO BOX 4046**

City **BEAUMONT**    State **TX**    Zip Code **77704-4046**

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

Name of Employer (for Individual) **GIGLIO DISTRIBUTING COMPANY**    Occupation (for Individual) **OWNER**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **10000.00**

Date of Receipt  
**10 / 19 / 2017**  
**Transaction ID : SA11A.524520**

Amount of Each Receipt this Period  
**5000.00**

Memo Item  
**CONTRIBUTION**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**B. GILL, JOSEPH, , ,**

Mailing Address **15 HEATHERBROOK LANE**

City **KIRKWOOD**    State **MO**    Zip Code **63122-5123**

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

Name of Employer (for Individual) **NONE**    Occupation (for Individual) **RETIRED**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt  
**10 / 07 / 2017**  
**Transaction ID : SA11A.523347**

Amount of Each Receipt this Period  
**30.00**

Memo Item  
**CONTRIBUTION**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**C. GILL, JOSEPH, , ,**

Mailing Address **15 HEATHERBROOK LANE**

City **KIRKWOOD**    State **MO**    Zip Code **63122-5123**

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

Name of Employer (for Individual) **NONE**    Occupation (for Individual) **RETIRED**

Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt  
**11 / 07 / 2017**  
**Transaction ID : SA11A.526927**

Amount of Each Receipt this Period  
**30.00**

Memo Item  
**CONTRIBUTION**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **5060.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 238 OF 946
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. GILL, JOSEPH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 15 HEATHERBROOK LANE  
 City KIRKWOOD State MO Zip Code 63122-5123  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt **12 / 07 / 2017**  
**Transaction ID : SA11A.530374**  
 Amount of Each Receipt this Period 30.00  
 Memo Item CONTRIBUTION

**B. GILL, SHARRON, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9500 CUNNINGHAM ROAD  
 City CINCINNATI State OH Zip Code 45243-1620  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **10 / 31 / 2017**  
**Transaction ID : SA11A.526407**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**C. GILL, SHARRON, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9500 CUNNINGHAM ROAD  
 City CINCINNATI State OH Zip Code 45243-1620  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **11 / 30 / 2017**  
**Transaction ID : SA11A.529147**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	80.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 239 OF 946
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. GILL, SHARRON, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9500 CUNNINGHAM ROAD  
 City CINCINNATI State OH Zip Code 45243-1620  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2017  
**Transaction ID : SA11A.532385**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item  
 CONTRIBUTION

**B. GILLIAM, MARK, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2139 MCFARLIN LN  
 City MILTON State GA Zip Code 30004-5836  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MARK GILLIAM AGENCY Occupation (for Individual) INSURANCE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 26 / 2017  
**Transaction ID : SA11A.525585**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item  
 CONTRIBUTION

**C. GILLIAM, MARK, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2139 MCFARLIN LN  
 City MILTON State GA Zip Code 30004-5836  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MARK GILLIAM AGENCY Occupation (for Individual) INSURANCE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 29 / 2017  
**Transaction ID : SA11A.528865**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	175.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 240 OF 946
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. GILLIAM, MARK, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2139 MCFARLIN LN  
 City MILTON State GA Zip Code 30004-5836  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MARK GILLIAM AGENCY Occupation (for Individual) INSURANCE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 21 / 2017  
**Transaction ID : SA11A.531344**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**B. GLEASON, JANET, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4716 S 190 STREET  
 City OMAHA State NE Zip Code 68135-3585  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 28 / 2017  
**Transaction ID : SA11A.526160**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item  
 CONTRIBUTION

**C. GLEASON, JANET, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4716 S 190 STREET  
 City OMAHA State NE Zip Code 68135-3585  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 28 / 2017  
**Transaction ID : SA11A.528800**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	200.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 241 OF 946
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. GLEASON, JANET, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4716 S 190 STREET

City OMAHA	State NE	Zip Code 68135-3585
---------------	-------------	------------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	28	/	2017

**Transaction ID : SA11A.531770**

Amount of Each Receipt this Period  
50.00

Memo Item  
CONTRIBUTION

**B. GLOVER, ASHLEY, DRUMMOND, MRS.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 1549

City JASPER	State AL	Zip Code 35502-1549
----------------	-------------	------------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) HOMEMAKER
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	20	/	2017

**Transaction ID : SA11A.527859**

Amount of Each Receipt this Period  
2500.00

Memo Item  
CONTRIBUTION

**C. GOFOURTH, JAN, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address P O BOX 249

City DARBY	State MT	Zip Code 59829-0249
---------------	-------------	------------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
325.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	25	/	2017

**Transaction ID : SA11A.525355**

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2575.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 242 OF 946
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. GOFOURTH, JAN, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address P O BOX 249  
City DARBY State MT Zip Code 59829-0249  
FEC ID number of contributing federal political committee. **C**  
Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 325.00

Date of Receipt 11 / 25 / 2017  
**Transaction ID : SA11A.528409**  
Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**B. GOFOURTH, JAN, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address P O BOX 249  
City DARBY State MT Zip Code 59829-0249  
FEC ID number of contributing federal political committee. **C**  
Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 325.00

Date of Receipt 12 / 25 / 2017  
**Transaction ID : SA11A.531560**  
Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**C. GOLDEN, HAL, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 5 SNOWSTAR LN  
City SANDY State UT Zip Code 84092-4800  
FEC ID number of contributing federal political committee. **C**  
Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
Receipt For:  Primary  General  Other (specify)  
Aggregate Year-to-Date ▼ 240.00

Date of Receipt 10 / 24 / 2017  
**Transaction ID : SA11A.525313**  
Amount of Each Receipt this Period 20.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 70.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 243 OF 946  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. GOLDEN, HAL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5 SNOWSTAR LN  
 City SANDY State UT Zip Code 84092-4800  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 24 / 2017  
**Transaction ID : SA11A.528218**  
 Amount of Each Receipt this Period  
 20.00  
 Memo Item  
 CONTRIBUTION

**B. GOLDEN, HAL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5 SNOWSTAR LN  
 City SANDY State UT Zip Code 84092-4800  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 24 / 2017  
**Transaction ID : SA11A.531599**  
 Amount of Each Receipt this Period  
 20.00  
 Memo Item  
 CONTRIBUTION

**C. GOODMAN, JOHN, C., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6335 W NORTHWEST HWY  
 APT 2111  
 City DALLAS State TX Zip Code 75225-3557  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GOODMAN INSTITUTE Occupation (for Individual) PRESIDENT  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 19 / 2017  
**Transaction ID : SA11A.524679**  
 Amount of Each Receipt this Period  
 5000.00  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 5040.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 244 OF 946
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. GOODMAN, MICHAEL, A., MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 107 ROBINHOOD ROAD

City ASHEVILLE	State NC	Zip Code 28804-1636
-------------------	-------------	------------------------

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

Name of Employer (for Individual) BUNCOMBE CONSTRUCTION	Occupation (for Individual) PRESIDENT
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
800.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	26	/	2017

**Transaction ID : SA11A.525488**

Amount of Each Receipt this Period  
200.00

Memo Item  
CONTRIBUTION

**B. GOODMAN, MICHAEL, A., MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 107 ROBINHOOD ROAD

City ASHEVILLE	State NC	Zip Code 28804-1636
-------------------	-------------	------------------------

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

Name of Employer (for Individual) BUNCOMBE CONSTRUCTION	Occupation (for Individual) PRESIDENT
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
800.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	14	/	2017

**Transaction ID : SA11A.530826**

Amount of Each Receipt this Period  
200.00

Memo Item  
CONTRIBUTION

**C. GOSHEN, JOHN, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 2413 COUNTRYSIDE DRIVE

City SILVER SPRING	State MD	Zip Code 20905-4524
-----------------------	-------------	------------------------

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

Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS	Occupation (for Individual) INFORMATION REQUESTED PER BES
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	28	/	2017

**Transaction ID : SA11A.526159**

Amount of Each Receipt this Period  
50.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	450.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 245 OF 946
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. GOSHEN, JOHN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2413 COUNTRYSIDE DRIVE  
 City SILVER SPRING State MD Zip Code 20905-4524  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BE  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 600.00

Date of Receipt 11 / 28 / 2017  
**Transaction ID : SA11A.528801**  
 Amount of Each Receipt this Period 50.00  
 Memo Item CONTRIBUTION

**B. GOSHEN, JOHN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2413 COUNTRYSIDE DRIVE  
 City SILVER SPRING State MD Zip Code 20905-4524  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BE  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 600.00

Date of Receipt 12 / 28 / 2017  
**Transaction ID : SA11A.531764**  
 Amount of Each Receipt this Period 50.00  
 Memo Item CONTRIBUTION

**C. GOSS, ARTHUR, L., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2405 PATRIOT HTS APT 4415  
 City COLORADO SPRINGS State CO Zip Code 80904-5146  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00

Date of Receipt 11 / 02 / 2017  
**Transaction ID : SA11A.526521**  
 Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	200.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 246 OF 946
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. GOWER, CHARLES, , MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 5509

City COLUMBUS	State GA	Zip Code 31906-0509
------------------	-------------	------------------------

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

Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS	Occupation (for Individual) INFORMATION REQUESTED PER BE
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
11	/	20	/	2017

**Transaction ID : SA11A.527850**

Amount of Each Receipt this Period  
5000.00

Memo Item  
CONTRIBUTION

**B. GRAHAM, ROBERT, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2807 GODFREY AVE NE

City FORT PAYNE	State AL	Zip Code 35967-3746
--------------------	-------------	------------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
10	/	30	/	2017

**Transaction ID : SA11A.525922**

Amount of Each Receipt this Period  
250.00

Memo Item  
CONTRIBUTION

**C. GRAY, LINDA, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 305 WESTLAKE DRIVE

City AUSTIN	State TX	Zip Code 78746-5305
----------------	-------------	------------------------

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

Name of Employer (for Individual) TWO HILLS STUDIO INC	Occupation (for Individual) BUSINESS MANAGER
---	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
10	/	27	/	2017

**Transaction ID : SA11A.525735**

Amount of Each Receipt this Period  
50.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	5300.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 247 OF 946
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. GRAY, LINDA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 305 WESTLAKE DRIVE  
 City AUSTIN State TX Zip Code 78746-5305  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) TWO HILLS STUDIO INC Occupation (for Individual) BUSINESS MANAGER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 10 / 27 / 2017  
**Transaction ID : SA11A.525736**  
 Amount of Each Receipt this Period 50.00  
 Memo Item CONTRIBUTION

**B. GRAY, LINDA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 305 WESTLAKE DRIVE  
 City AUSTIN State TX Zip Code 78746-5305  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) TWO HILLS STUDIO INC Occupation (for Individual) BUSINESS MANAGER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 12 / 29 / 2017  
**Transaction ID : SA11A.531875**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**C. GREAVES, NANCY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3825 PARKLAND DR.  
 City FANKS State VA Zip Code 22033-2642  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 12 / 2017  
**Transaction ID : SA11A.523889**  
 Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 175.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 248 OF 946
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. GREAVES, NANCY, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3825 PARKLAND DR.

City FANKS	State VA	Zip Code 22033-2642
---------------	-------------	------------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M / D D / Y Y Y Y Y
11 / 30 / 2017

**Transaction ID : SA11A.529433**

Amount of Each Receipt this Period  
200.00

Memo Item CONTRIBUTION

**B. GREENWOOD, BOB, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7510 GUM PUCKETT RD

City MURFREESBORO	State TN	Zip Code 37127-8800
----------------------	-------------	------------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
480.00

Date of Receipt  

M M / D D / Y Y Y Y Y
10 / 28 / 2017

**Transaction ID : SA11A.526139**

Amount of Each Receipt this Period  
40.00

Memo Item CONTRIBUTION

**C. GREENWOOD, BOB, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7510 GUM PUCKETT RD

City MURFREESBORO	State TN	Zip Code 37127-8800
----------------------	-------------	------------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
480.00

Date of Receipt  

M M / D D / Y Y Y Y Y
11 / 28 / 2017

**Transaction ID : SA11A.528773**

Amount of Each Receipt this Period  
40.00

Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	280.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 249 OF 946
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. GREENWOOD, BOB, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7510 GUM PUCKETT RD

City MURFREESBORO	State TN	Zip Code 37127-8800
----------------------	-------------	------------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
480.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	28	/	2017

**Transaction ID : SA11A.531765**

Amount of Each Receipt this Period  
40.00

Memo Item CONTRIBUTION

**B. GREENE, CHARLES, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1991 W. BRISTLECONE COURT

City SANTA ROSA	State CA	Zip Code 95403-0908
--------------------	-------------	------------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
275.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	16	/	2017

**Transaction ID : SA11A.524155**

Amount of Each Receipt this Period  
25.00

Memo Item CONTRIBUTION

**C. GREENE, CHARLES, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1991 W. BRISTLECONE COURT

City SANTA ROSA	State CA	Zip Code 95403-0908
--------------------	-------------	------------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
275.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	16	/	2017

**Transaction ID : SA11A.527881**

Amount of Each Receipt this Period  
25.00

Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	90.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 250 OF 946
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. GREENE, CHARLES, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1991 W. BRISTLECONE COURT  
 City SANTA ROSA State CA Zip Code 95403-0908  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt **12 / 16 / 2017**  
**Transaction ID : SA11A.531139**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**B. GREENFIELD, JOAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 876 CENTRAL AVE  
 City WOODMERE State NY Zip Code 11598-2147  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt **10 / 30 / 2017**  
**Transaction ID : SA11A.526010**  
 Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION

**C. GREENFIELD, JOAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 876 CENTRAL AVE  
 City WOODMERE State NY Zip Code 11598-2147  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt **11 / 30 / 2017**  
**Transaction ID : SA11A.529201**  
 Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	225.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 251 OF 946
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. GREENFIELD, JOAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 876 CENTRAL AVE  
 City WOODMERE State NY Zip Code 11598-2147  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt **12 / 30 / 2017**  
**Transaction ID : SA11A.532479**  
 Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION

**B. GREEN, MICHAEL, S., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7856 NOLL VALLEY RD  
 City VERONA State WI Zip Code 53593-8735  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **11 / 10 / 2017**  
**Transaction ID : SA11A.526947**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item CONTRIBUTION

**C. GREEN, RON, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4577 SAILMAKER LANE  
 City DESTIN State FL Zip Code 32541-5729  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) RESTAURANT OWNER  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt **10 / 29 / 2017**  
**Transaction ID : SA11A.526078**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1125.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 252 OF 946
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. GREEN, RON, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4577 SAILMAKER LANE

City DESTIN	State FL	Zip Code 32541-5729
----------------	-------------	------------------------

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

Name of Employer (for Individual) SELF EMPLOYED	Occupation (for Individual) RESTAURANT OWNER
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
275.00

Date of Receipt  
11 / 29 / 2017  
Transaction ID : SA11A.528946

Amount of Each Receipt this Period  
25.00

Memo Item CONTRIBUTION

**B. GREER, PHILLIP, G., MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1125 BRIDLEWOOD LN

City LEXINGTON	State KY	Zip Code 40515-8528
-------------------	-------------	------------------------

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

Name of Employer (for Individual) GREER COMPANIES	Occupation (for Individual) OWNER
--	--------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  
10 / 19 / 2017  
Transaction ID : SA11A.524526

Amount of Each Receipt this Period  
2500.00

Memo Item CONTRIBUTION

**C. GRENADER, DAVID, , MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4708 CAROLINE ST

City HOUSTON	State TX	Zip Code 77004-5025
-----------------	-------------	------------------------

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

Name of Employer (for Individual) SELF EMPLOYED	Occupation (for Individual) REAL ESTATE MANAGER
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
5400.00

Date of Receipt  
10 / 19 / 2017  
Transaction ID : SA11A.524519

Amount of Each Receipt this Period  
2700.00

Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	5225.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 253 OF 946
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. GRIFFITH, G., SANDERS, MR., III**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6952 WETHERSFIELD RD

City COLUMBUS	State GA	Zip Code 31904-3316
------------------	-------------	------------------------

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

Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS	Occupation (for Individual) INFORMATION REQUESTED PER BE
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
11		20		2017

**Transaction ID : SA11A.527846**

Amount of Each Receipt this Period  
2500.00

Memo Item  
CONTRIBUTION

**B. GRIFFITH, TODD, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 917 OAKGROVE DR

City HOUSTON	State TX	Zip Code 77058-3046
-----------------	-------------	------------------------

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

Name of Employer (for Individual) GULFCOASTAUTOMATION, INC.	Occupation (for Individual) ENGINEER
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
10		31		2017

**Transaction ID : SA11A.526342**

Amount of Each Receipt this Period  
250.00

Memo Item  
CONTRIBUTION

**C. GRIJA, LUCIAN, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2945 BECKET AVE

City WESTCHESTER	State IL	Zip Code 60154-5620
---------------------	-------------	------------------------

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

Name of Employer (for Individual) SELF EMPLOYED	Occupation (for Individual) REAL ESTATE BROKER
--	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
530.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
10		01		2017

**Transaction ID : SA11A.522760**

Amount of Each Receipt this Period  
30.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2780.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 254 OF 946
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. GRIJA, LUCIAN, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2945 BECKET AVE

City WESTCHESTER	State IL	Zip Code 60154-5620
---------------------	-------------	------------------------

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

Name of Employer (for Individual) SELF EMPLOYED	Occupation (for Individual) REAL ESTATE BROKER
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
530.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	01	/	2017

**Transaction ID : SA11A.526559**

Amount of Each Receipt this Period  
30.00

Memo Item  
CONTRIBUTION

**B. GRINDON, BUDDY, , MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1902 WHARF RD

City GALVESTON	State TX	Zip Code 77550-1652
-------------------	-------------	------------------------

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

Name of Employer (for Individual) SELF EMPLOYED	Occupation (for Individual) COMMERCIAL FISHERMAN
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	06	/	2017

**Transaction ID : SA11A.526675**

Amount of Each Receipt this Period  
3500.00

Memo Item  
CONTRIBUTION

**C. GROENEWOLD, FRANK, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1348 EDMONDS AVE

City NEW LENOX	State IL	Zip Code 60451-1212
-------------------	-------------	------------------------

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

Name of Employer (for Individual) BP	Occupation (for Individual) CONTRACT SPECIALIST
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	27	/	2017

**Transaction ID : SA11A.525743**

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3555.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 255 OF 946
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. GROENEWOLD, FRANK, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1348 EDMONDS AVE  
 City NEW LENOX State IL Zip Code 60451-1212  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BP Occupation (for Individual) CONTRACT SPECIALIST  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 11 / 27 / 2017  
**Transaction ID : SA11A.528321**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**B. GROENEWOLD, FRANK, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1348 EDMONDS AVE  
 City NEW LENOX State IL Zip Code 60451-1212  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BP Occupation (for Individual) CONTRACT SPECIALIST  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 12 / 27 / 2017  
**Transaction ID : SA11A.531656**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**C. GRUBER, CECILIA, P., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4704 SAVANNAH HIGHWAY  
 City RAVENEL State SC Zip Code 29470-5551  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BES  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 12 / 2017  
**Transaction ID : SA11A.530580**  
 Amount of Each Receipt this Period 150.00  
 Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	200.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 256 OF 946
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. GTAES, GENE, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 2400 N HY 1804

City PIERRE	State SD	Zip Code 57501-
----------------	-------------	--------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		12		2017

**Transaction ID : SA11A.523899**

Amount of Each Receipt this Period  
25.00

Memo Item CONTRIBUTION

**B. GTAES, GENE, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 2400 N HY 1804

City PIERRE	State SD	Zip Code 57501-
----------------	-------------	--------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11		12		2017

**Transaction ID : SA11A.527343**

Amount of Each Receipt this Period  
25.00

Memo Item CONTRIBUTION

**C. GTAES, GENE, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 2400 N HY 1804

City PIERRE	State SD	Zip Code 57501-
----------------	-------------	--------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12		12		2017

**Transaction ID : SA11A.530788**

Amount of Each Receipt this Period  
25.00

Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	75.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

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

FOR LINE NUMBER: PAGE 257 OF 946  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. GUC, WILLIAM, , MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1260 MARY HILL CIR  
 City HARTLAND State WI Zip Code 53029-8006  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WEC Occupation (for Individual) CONTROLLER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 06 / 2017  
**Transaction ID : SA11A.529963**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item  
 CONTRIBUTION

**B. GUERRA, DANIEL, J., DR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 606 S BROADWAY ST  
 City MCALLEN State TX Zip Code 78501-4906  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 23 / 2017  
**Transaction ID : SA11A.524830**  
 Amount of Each Receipt this Period  
 2500.00  
 Memo Item  
 CONTRIBUTION

**C. GULLO, MARIO, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 500 BRADFORD CIRCLE  
 City ELK GROVE VILLAGE State IL Zip Code 60007-3313  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GULLO INETRATIONAL Occupation (for Individual) ACCOUNTANT  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 20 / 2017  
**Transaction ID : SA11A.524949**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 3550.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 258 OF 946  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. GULLO, MARIO, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 500 BRADFORD CIRCLE  
 City ELK GROVE VILLAGE    State IL    Zip Code 60007-3313  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GULLO INETRATIONAL    Occupation (for Individual) ACCOUNTANT  
 Receipt For:  Primary     General     Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 10 / 21 / 2017  
**Transaction ID : SA11A.525213**  
 Amount of Each Receipt this Period 50.00  
 Memo Item CONTRIBUTION

**B. GULLO, MARIO, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 500 BRADFORD CIRCLE  
 City ELK GROVE VILLAGE    State IL    Zip Code 60007-3313  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GULLO INETRATIONAL    Occupation (for Individual) ACCOUNTANT  
 Receipt For:  Primary     General     Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 10 / 29 / 2017  
**Transaction ID : SA11A.526058**  
 Amount of Each Receipt this Period 50.00  
 Memo Item CONTRIBUTION

**C. GULLO, MARIO, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 500 BRADFORD CIRCLE  
 City ELK GROVE VILLAGE    State IL    Zip Code 60007-3313  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GULLO INETRATIONAL    Occupation (for Individual) ACCOUNTANT  
 Receipt For:  Primary     General     Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 11 / 21 / 2017  
**Transaction ID : SA11A.528148**  
 Amount of Each Receipt this Period 50.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....▶ 150.00  
**TOTAL** This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 259 OF 946
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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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)  
**Team Ryan**

**A. GULLO, MARIO, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 500 BRADFORD CIRCLE  
 City ELK GROVE VILLAGE State IL Zip Code 60007-3313  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GULLO INETRATIONAL Occupation (for Individual) ACCOUNTANT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 11 / 29 / 2017  
**Transaction ID : SA11A.528937**  
 Amount of Each Receipt this Period 50.00  
 Memo Item CONTRIBUTION

**B. GULLO, MARIO, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 500 BRADFORD CIRCLE  
 City ELK GROVE VILLAGE State IL Zip Code 60007-3313  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GULLO INETRATIONAL Occupation (for Individual) ACCOUNTANT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 12 / 21 / 2017  
**Transaction ID : SA11A.531360**  
 Amount of Each Receipt this Period 50.00  
 Memo Item CONTRIBUTION

**C. GULLO, MARIO, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 500 BRADFORD CIRCLE  
 City ELK GROVE VILLAGE State IL Zip Code 60007-3313  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GULLO INETRATIONAL Occupation (for Individual) ACCOUNTANT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 12 / 29 / 2017  
**Transaction ID : SA11A.531892**  
 Amount of Each Receipt this Period 50.00  
 Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	150.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 260 OF 946
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. GUTIERREZ, MARCO, A., DR.**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 705 N DEPOT RD

City EDINBURG	State TX	Zip Code 78541-5865
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer (for Individual) SELF EMPLOYED		Occupation (for Individual) PHYSICIAN
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 5400.00

Date of Receipt  
10 / 23 / 2017  
**Transaction ID : SA11A.524829**

Amount of Each Receipt this Period  
5400.00

Memo Item  
CONTRIBUTION

**B. GUTIERREZ, MIGUEL, A., DR.**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 2217 RED RIVER DR

City MISSION	State TX	Zip Code 78572-7447
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer (for Individual) SELF EMPLOYED		Occupation (for Individual) PHYSICIAN
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
10 / 23 / 2017  
**Transaction ID : SA11A.524824**

Amount of Each Receipt this Period  
500.00

Memo Item  
CONTRIBUTION

**C. HA, ANDREW, K., DR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 623 BETTY ROSE AVE

City GIBBSTOWN	State NJ	Zip Code 08027-1431
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer (for Individual) NONE		Occupation (for Individual) RETIRED
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 530.00

Date of Receipt  
10 / 27 / 2017  
**Transaction ID : SA11A.526179**

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	5925.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 261 OF 946
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. HAAS, JEANIE, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address P.O. BOX 125

City BEAR CREEK	State PA	Zip Code 18602-0125
--------------------	-------------	------------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
7025.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		24		2017

**Transaction ID : SA11A.525312**

Amount of Each Receipt this Period  
700.00

Memo Item  
CONTRIBUTION

**B. HAAS, JEANIE, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address P.O. BOX 125

City BEAR CREEK	State PA	Zip Code 18602-0125
--------------------	-------------	------------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
7025.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11		24		2017

**Transaction ID : SA11A.528219**

Amount of Each Receipt this Period  
700.00

Memo Item  
CONTRIBUTION

**C. HACKER, ELMER, C., MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 5376 N. KENRICK PARKE DR.  
307

City ST. LOUIS	State MO	Zip Code 63119-5086
-------------------	-------------	------------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
275.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		30		2017

**Transaction ID : SA11A.526005**

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1425.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 262 OF 946
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. HACKER, ELMER, C., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5376 N. KENRICK PARKE DR.  
 307  
 City ST. LOUIS State MO Zip Code 63119-5086  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 30 / 2017  
**Transaction ID : SA11A.529193**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item  
 CONTRIBUTION

**B. HADDAD, VICTOR, , DR,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4008 BURNS DR S  
 City MCALLEN State TX Zip Code 78503-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 23 / 2017  
**Transaction ID : SA11A.524825**  
 Amount of Each Receipt this Period  
 5400.00  
 Memo Item  
 CONTRIBUTION

**C. HADFIELD , DAVID, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5571 65TH AVE N  
 City PINELLAS PARK State FL Zip Code 33781-5529  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 660.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 08 / 2017  
**Transaction ID : SA11A.523323**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	5450.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 263 OF 946
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**HADFIELD , DAVID , , ,**

Mailing Address **5571 65TH AVE N**

City <b>PINELLAS PARK</b>	State <b>FL</b>	Zip Code <b>33781-5529</b>
------------------------------	--------------------	-------------------------------

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

Name of Employer (for Individual) <b>NONE</b>	Occupation (for Individual) <b>RETIRED</b>
--	---

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**660.00**

Date of Receipt  
**10 / 07 / 2017**

**Transaction ID : SA11A.523352**

Amount of Each Receipt this Period  
**25.00**

Memo Item CONTRIBUTION

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**HADFIELD , DAVID , , ,**

Mailing Address **5571 65TH AVE N**

City <b>PINELLAS PARK</b>	State <b>FL</b>	Zip Code <b>33781-5529</b>
------------------------------	--------------------	-------------------------------

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

Name of Employer (for Individual) <b>NONE</b>	Occupation (for Individual) <b>RETIRED</b>
--	---

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**660.00**

Date of Receipt  
**11 / 07 / 2017**

**Transaction ID : SA11A.526932**

Amount of Each Receipt this Period  
**25.00**

Memo Item CONTRIBUTION

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**HADFIELD , DAVID , , ,**

Mailing Address **5571 65TH AVE N**

City <b>PINELLAS PARK</b>	State <b>FL</b>	Zip Code <b>33781-5529</b>
------------------------------	--------------------	-------------------------------

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

Name of Employer (for Individual) <b>NONE</b>	Occupation (for Individual) <b>RETIRED</b>
--	---

Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼  
**660.00**

Date of Receipt  
**11 / 08 / 2017**

**Transaction ID : SA11A.527009**

Amount of Each Receipt this Period  
**25.00**

Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>75.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 264 OF 946  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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)  
**Team Ryan**

**A. HADFIELD, DAVID, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5571 65TH AVE N  
 City PINELLAS PARK State FL Zip Code 33781-5529  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 660.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 07 / 2017  
**Transaction ID : SA11A.530379**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**B. HADFIELD, DAVID, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5571 65TH AVE N  
 City PINELLAS PARK State FL Zip Code 33781-5529  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 660.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 08 / 2017  
**Transaction ID : SA11A.530410**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**C. HAGER, GEORGE, V., MR., JR**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 101 E STATE ST  
 City KENNETT SQUARE State PA Zip Code 19348-3109  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE Occupation (for Individual) EXECUTIVE  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 3500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 16 / 2017  
**Transaction ID : SA11A.523633**  
 Amount of Each Receipt this Period 2500.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2550.00  
**TOTAL** This Period (last page this line number only)..... ▶



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 265 OF 946
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. HAGERMAN, RON, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7772 LAURELWOODLN  
 City LA PALMA State CA Zip Code 90623-1525  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 27 / 2017  
**Transaction ID : SA11A.525766**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**B. HAGERMAN, RON, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7772 LAURELWOODLN  
 City LA PALMA State CA Zip Code 90623-1525  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 27 / 2017  
**Transaction ID : SA11A.528341**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**C. HAGERMAN, RON, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7772 LAURELWOODLN  
 City LA PALMA State CA Zip Code 90623-1525  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 27 / 2017  
**Transaction ID : SA11A.531646**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	75.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 266 OF 946  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. HAHN, JAMES, J., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 90 MAPLEWOOD DR.  
 City BREWSTER State NY Zip Code 10509-5003  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) ENGINEER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 16 / 2017  
**Transaction ID : SA11A.524167**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
**CONTRIBUTION**

**B. HAHN, JAMES, J., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 90 MAPLEWOOD DR.  
 City BREWSTER State NY Zip Code 10509-5003  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) ENGINEER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 16 / 2017  
**Transaction ID : SA11A.527891**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
**CONTRIBUTION**

**C. HAHN, JAMES, J., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 90 MAPLEWOOD DR.  
 City BREWSTER State NY Zip Code 10509-5003  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) ENGINEER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 16 / 2017  
**Transaction ID : SA11A.531145**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
**CONTRIBUTION**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 300.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 267 OF 946
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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)  
**Team Ryan**

**A. HAKOLA, CAROLYN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1359 MARYLAND CT  
 City SANFORD State NC Zip Code 27332-8314  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 30 / 2017  
**Transaction ID : SA11A.525953**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item  
 CONTRIBUTION

**B. HAKOLA, CAROLYN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1359 MARYLAND CT  
 City SANFORD State NC Zip Code 27332-8314  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 17 / 2017  
**Transaction ID : SA11A.527904**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item  
 CONTRIBUTION

**C. HAKOLA, CAROLYN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1359 MARYLAND CT  
 City SANFORD State NC Zip Code 27332-8314  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 29 / 2017  
**Transaction ID : SA11A.528839**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	150.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 268 OF 946
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. HAKOLA, CAROLYN, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1359 MARYLAND CT

City SANFORD	State NC	Zip Code 27332-8314
-----------------	-------------	------------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	21	/	2017

**Transaction ID : SA11A.531347**

Amount of Each Receipt this Period  
25.00

Memo Item CONTRIBUTION

**B. HALL, GARY, M., CAPT., RET.**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4113 SCOTLAND RD

City ALEXANDRIA	State VA	Zip Code 22309-3040
--------------------	-------------	------------------------

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

Name of Employer (for Individual) THE POTOMAC ADVANTAGE	Occupation (for Individual) CONSULTANT
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	26	/	2017

**Transaction ID : SA11A.525238**

Amount of Each Receipt this Period  
500.00

Memo Item CONTRIBUTION

**C. HALL, VERNON, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4752 WESTBRIDGE DRIVE

City OCEANSIDE	State CA	Zip Code 92056-3031
-------------------	-------------	------------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	25	/	2017

**Transaction ID : SA11A.525365**

Amount of Each Receipt this Period  
50.00

Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	575.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 269 OF 946  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. HALL, VERNON, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4752 WESTBRIDGE DRIVE  
 City OCEANSIDE State CA Zip Code 92056-3031  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 25 / 2017  
**Transaction ID : SA11A.528418**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item  
 CONTRIBUTION

**B. HALL, VERNON, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4752 WESTBRIDGE DRIVE  
 City OCEANSIDE State CA Zip Code 92056-3031  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 25 / 2017  
**Transaction ID : SA11A.531567**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item  
 CONTRIBUTION

**C. HALL, WILLARD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8105 HUBER  
 City BELVIDERE State IL Zip Code 61008-9397  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 06 / 2017  
**Transaction ID : SA11A.523270**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....▶ 125.00  
**TOTAL** This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 270 OF 946
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. HALL, WILLARD, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 8105 HUBER

City BELVIDERE	State IL	Zip Code 61008-9397
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer (for Individual) NONE		Occupation (for Individual) RETIRED
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Date of Receipt  
MM / DD / YYYY  
11 / 06 / 2017  
**Transaction ID : SA11A.526832**

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

**B. HALL, WILLARD, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 8105 HUBER

City BELVIDERE	State IL	Zip Code 61008-9397
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer (for Individual) NONE		Occupation (for Individual) RETIRED
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Date of Receipt  
MM / DD / YYYY  
12 / 06 / 2017  
**Transaction ID : SA11A.530009**

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

**C. HALLOCK, RALPH, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 1477 E LOCH HAVEN DR.

City HAYDEN	State ID	Zip Code 83835-6995
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer (for Individual) NONE		Occupation (for Individual) RETIRED
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 225.00	

Date of Receipt  
MM / DD / YYYY  
10 / 25 / 2017  
**Transaction ID : SA11A.525346**

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	75.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 271 OF 946
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. HALLOCK, RALPH, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 1477 E LOCH HAVEN DR.  
City HAYDEN State ID Zip Code 83835-6995  
FEC ID number of contributing federal political committee. **C**  
Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 225.00

Date of Receipt **11 / 25 / 2017**  
**Transaction ID : SA11A.528401**  
Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**B. HALLOCK, RALPH, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 1477 E LOCH HAVEN DR.  
City HAYDEN State ID Zip Code 83835-6995  
FEC ID number of contributing federal political committee. **C**  
Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 225.00

Date of Receipt **12 / 25 / 2017**  
**Transaction ID : SA11A.531551**  
Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**C. HAMM, EDWARD, H., MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 243 S BEACH ROAD  
City SOUND State FL Zip Code 33455-2512  
FEC ID number of contributing federal political committee. **C**  
Name of Employer (for Individual) ACOMA OIL Occupation (for Individual) CHARIMAN  
Receipt For:  Primary  General  Other (specify)  
Aggregate Year-to-Date ▼ 3000.00

Date of Receipt **11 / 10 / 2017**  
**Transaction ID : SA11A.526972**  
Amount of Each Receipt this Period 1000.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....▶ 1050.00  
**TOTAL** This Period (last page this line number only).....▶

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

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

FOR LINE NUMBER: PAGE 272 OF 946  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. HAMM, EDWARD, H., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 243 S BEACH ROAD  
 City SOUND State FL Zip Code 33455-2512  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) ACOMA OIL Occupation (for Individual) CHARIMAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3000.00

Date of Receipt 12 / 18 / 2017  
**Transaction ID : SA11A.530966**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item CONTRIBUTION

**B. HAMMOND, CARLA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 43 LAKESIDE DRIVE N  
 City PISCATAWAY State NJ Zip Code 08854-4205  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) ON EAGLE'S WINGS C AND C SERVICES Occupation (for Individual) PSYCHIATRIST  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 23 / 2017  
**Transaction ID : SA11A.525148**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**C. HAMMOND, CARLA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 43 LAKESIDE DRIVE N  
 City PISCATAWAY State NJ Zip Code 08854-4205  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) ON EAGLE'S WINGS C AND C SERVICES Occupation (for Individual) PSYCHIATRIST  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 11 / 23 / 2017  
**Transaction ID : SA11A.528243**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....▶ 1050.00  
**TOTAL** This Period (last page this line number only).....▶



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 273 OF 946
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. HAMMOND, CARLA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 43 LAKESIDE DRIVE N  
 City PISCATAWAY State NJ Zip Code 08854-4205  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) ON EAGLE'S WINGS C AND C SERVICES Occupation (for Individual) PSYCHIATRIST  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00

Date of Receipt **12 / 23 / 2017**  
**Transaction ID : SA11A.531616**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**B. HAMPTON, ELLEN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 204 NESTING WAY  
 City WARNER ROBINS State GA Zip Code 31093-4100  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 495.00

Date of Receipt **11 / 27 / 2017**  
**Transaction ID : SA11A.528811**  
 Amount of Each Receipt this Period 50.00  
 Memo Item CONTRIBUTION

**C. HANDLEY, WILLARD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 232 CHATHAM LN  
 City ANNAPOLIS State MD Zip Code 21403-1018  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CONDUENT Occupation (for Individual) SOFTWARE DEVELOPER  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt **10 / 06 / 2017**  
**Transaction ID : SA11A.523267**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....▶ 100.00  
**TOTAL** This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 274 OF 946
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. HANDLEY, WILLARD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 232 CHATHAM LN  
 City ANNAPOLIS State MD Zip Code 21403-1018  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CONDUENT Occupation (for Individual) SOFTWARE DEVELOPER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 06 / 2017  
**Transaction ID : SA11A.526837**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**B. HANDLEY, WILLARD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 232 CHATHAM LN  
 City ANNAPOLIS State MD Zip Code 21403-1018  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CONDUENT Occupation (for Individual) SOFTWARE DEVELOPER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 06 / 2017  
**Transaction ID : SA11A.530005**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**C. HANNING, RONDA, , MRS.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7108 COVINGTON RD  
 City FORT WAYNE State IN Zip Code 46804-1506  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BEST EFFORTS  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 38000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 27 / 2017  
**Transaction ID : SA11A.528013**  
 Amount of Each Receipt this Period 38000.00  
 Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	38050.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 275 OF 946  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. HARDEN, TIMOTHY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6434 MIMOSA LANE  
 City DALLAS State TX Zip Code 75230-5137  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 27 / 2017  
**Transaction ID : SA11A.525764**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item  
 CONTRIBUTION

**B. HARDEN, TIMOTHY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6434 MIMOSA LANE  
 City DALLAS State TX Zip Code 75230-5137  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 27 / 2017  
**Transaction ID : SA11A.528340**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item  
 CONTRIBUTION

**C. HARDEN, TIMOTHY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6434 MIMOSA LANE  
 City DALLAS State TX Zip Code 75230-5137  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 27 / 2017  
**Transaction ID : SA11A.531650**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 150.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 276 OF 946  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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)  
**Team Ryan**

**A. HARDING, KARL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 200 E LOCH LLOYD PKWY  
 City VILLAGE OF LOCH LL    State MO    Zip Code 64012-4132  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE    Occupation (for Individual) RETIRED  
 Receipt For:  Primary     General     Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 10 / 27 / 2017  
**Transaction ID : SA11A.525722**  
 Amount of Each Receipt this Period 20.00  
 Memo Item CONTRIBUTION

**B. HARDING, KARL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 200 E LOCH LLOYD PKWY  
 City VILLAGE OF LOCH LL    State MO    Zip Code 64012-4132  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE    Occupation (for Individual) RETIRED  
 Receipt For:  Primary     General     Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 10 / 27 / 2017  
**Transaction ID : SA11A.525723**  
 Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION

**C. HARLOW, BRYCE, L., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1812 SOLITARE LN  
 City MC LEAN    State VA    Zip Code 22101-4200  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) HARLOW GOVERNMENT RELATIONS    Occupation (for Individual) CONSULTANT  
 Receipt For:  Primary     General     Other (specify)  
 Aggregate Year-to-Date ▼ 10000.00

Date of Receipt 10 / 17 / 2017  
**Transaction ID : SA11A.524138**  
 Amount of Each Receipt this Period 2500.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2620.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 277 OF 946
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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)  
**Team Ryan**

**A. HARPER, MARILYN, K., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3209 VIA LA SELVA  
 City PALOS VERDES ESTAT State CA Zip Code 90274-1051  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 295.00

Date of Receipt 10 / 30 / 2017  
**Transaction ID : SA11A.525638**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 CONTRIBUTION

**B. HARRIGAN, J., PATRICK, MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 50 MOREBRIAR RD  
 City MONROEVILLE State AL Zip Code 36460-2180  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 20 / 2017  
**Transaction ID : SA11A.527841**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 CONTRIBUTION

**C. HARRIS, STUART, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2851 SEMINOLE STREET  
 City COCONUT GROVE State FL Zip Code 33133-3234  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) PHYSICIAN  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1250.00

Date of Receipt 10 / 27 / 2017  
**Transaction ID : SA11A.525504**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....▶ 1300.00  
**TOTAL** This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 278 OF 946
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. HARRIS, STUART, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2851 SEMINOLE STREET

City COCONUT GROVE	State FL	Zip Code 33133-3234
-----------------------	-------------	------------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) PHYSICIAN
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12		14		2017

**Transaction ID : SA11A.530828**

Amount of Each Receipt this Period  
250.00

Memo Item CONTRIBUTION

**B. HAUCK, MEGAN, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 133 DUDDINGTON PL SE

City WASHINGTON	State DC	Zip Code 20003-2625
--------------------	-------------	------------------------

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

Name of Employer (for Individual) NATHANSON HAUCK	Occupation (for Individual) CONSULTANT
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
10000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		24		2017

**Transaction ID : SA11A.525221**

Amount of Each Receipt this Period  
2500.00

Memo Item CONTRIBUTION

**C. HAWKINS, JAMES, , MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2604 N NELSON ST

City ARLINGTON	State VA	Zip Code 22207-5032
-------------------	-------------	------------------------

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

Name of Employer (for Individual) ALPINE GROUP	Occupation (for Individual) EXECUTIVE
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
2000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		11		2017

**Transaction ID : SA11A.523220**

Amount of Each Receipt this Period  
2000.00

Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	4750.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 279 OF 946
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. HAWKINS, O PAUL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 45 CEDAR TREE LANE  
 City PARKERSBURG State WV Zip Code 26104-7256  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt 10 / 13 / 2017  
**Transaction ID : SA11A.523926**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**B. HAWKINS, O PAUL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 45 CEDAR TREE LANE  
 City PARKERSBURG State WV Zip Code 26104-7256  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt 10 / 26 / 2017  
**Transaction ID : SA11A.525590**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**C. HAWKINS, O PAUL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 45 CEDAR TREE LANE  
 City PARKERSBURG State WV Zip Code 26104-7256  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt 10 / 29 / 2017  
**Transaction ID : SA11A.526039**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	75.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 280 OF 946
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. HAWKINS, O PAUL, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 45 CEDAR TREE LANE

City PARKERSBURG	State WV	Zip Code 26104-7256
---------------------	-------------	------------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
425.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	29	/	2017

**Transaction ID : SA11A.528921**

Amount of Each Receipt this Period  
25.00

Memo Item CONTRIBUTION

**B. HAWKINS, O PAUL, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 45 CEDAR TREE LANE

City PARKERSBURG	State WV	Zip Code 26104-7256
---------------------	-------------	------------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
425.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	29	/	2017

**Transaction ID : SA11A.531893**

Amount of Each Receipt this Period  
25.00

Memo Item CONTRIBUTION

**C. HAWTHORNE, JERROLD, D., MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5724 ODESSA STREET

City BEL AIRE	State KS	Zip Code 67220-1840
------------------	-------------	------------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
625.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2017

**Transaction ID : SA11A.525992**

Amount of Each Receipt this Period  
50.00

Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	100.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 281 OF 946
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. HAWTHORNE, JERROLD, D., MR.,</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 30 / 2017
Mailing Address 5724 ODESSA STREET			<b>Transaction ID : SA11A.529168</b>
City BEL AIRE	State KS	Zip Code 67220-1840	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item CONTRIBUTION
Name of Employer (for Individual) NONE		Occupation (for Individual) RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 625.00		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. HAWTHORNE, JERROLD, D., MR.,</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 30 / 2017
Mailing Address 5724 ODESSA STREET			<b>Transaction ID : SA11A.532494</b>
City BEL AIRE	State KS	Zip Code 67220-1840	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item CONTRIBUTION
Name of Employer (for Individual) NONE		Occupation (for Individual) RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 625.00		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. HAYDEN, AGNES, R., ,</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 23 / 2017
Mailing Address 929 PENINSULA DR			<b>Transaction ID : SA11A.524867</b>
City TRAVERSE CITY	State MI	Zip Code 49686-2743	Amount of Each Receipt this Period 200.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item CONTRIBUTION
Name of Employer (for Individual) NONE		Occupation (for Individual) RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 600.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 282 OF 946  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. HAYES, DAVID, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2501 NORTHRIDGE DR.  
 City LONGVIEW State TX Zip Code 75605-2317  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) DAVID M HAYES CPA PLLC Occupation (for Individual) ACCOUNTANT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 06 / 2017  
**Transaction ID : SA11A.523268**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item  
 CONTRIBUTION

**B. HAYES, DAVID, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2501 NORTHRIDGE DR.  
 City LONGVIEW State TX Zip Code 75605-2317  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) DAVID M HAYES CPA PLLC Occupation (for Individual) ACCOUNTANT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 06 / 2017  
**Transaction ID : SA11A.526839**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item  
 CONTRIBUTION

**C. HAYES, DAVID, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2501 NORTHRIDGE DR.  
 City LONGVIEW State TX Zip Code 75605-2317  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) DAVID M HAYES CPA PLLC Occupation (for Individual) ACCOUNTANT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 06 / 2017  
**Transaction ID : SA11A.530012**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 75.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 283 OF 946  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. HAYNES, ALEX, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2621 CANTO ROMPEOLAS  
 City SAN CLEMENTE State CA Zip Code 92673-6419  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) DEWEY'S TV & HOME APPLIANCES, INC. Occupation (for Individual) CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 10 / 27 / 2017  
**Transaction ID : SA11A.525774**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**B. HAYNES, ALEX, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2621 CANTO ROMPEOLAS  
 City SAN CLEMENTE State CA Zip Code 92673-6419  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) DEWEY'S TV & HOME APPLIANCES, INC. Occupation (for Individual) CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 11 / 27 / 2017  
**Transaction ID : SA11A.528347**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**C. HAYNES, ALEX, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2621 CANTO ROMPEOLAS  
 City SAN CLEMENTE State CA Zip Code 92673-6419  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) DEWEY'S TV & HOME APPLIANCES, INC. Occupation (for Individual) CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 12 / 27 / 2017  
**Transaction ID : SA11A.531677**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 75.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 284 OF 946  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. HAZELL, CURTIS, A., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 548 N MISSION DRIVE  
 City SAN GABRIEL State CA Zip Code 91775-2147  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 03 / 2017  
**Transaction ID : SA11A.526636**  
 Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION

**B. HAZELL, CURTIS, A., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 548 N MISSION DRIVE  
 City SAN GABRIEL State CA Zip Code 91775-2147  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 26 / 2017  
**Transaction ID : SA11A.531252**  
 Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION

**C. HEASLEY, GENE, E., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4356 30TH STREET  
 City DORR State MI Zip Code 49323-9515  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 11 / 2017  
**Transaction ID : SA11A.530551**  
 Amount of Each Receipt this Period 250.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 450.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 285 OF 946  
 (check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. HEDRICK, JOHN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 694 TRAILCREST CT  
 City KIRKWOOD State MO Zip Code 63122-2240  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MARTHA'S HANDS, LC. HOME CARE Occupation (for Individual) REGISTERED NURSE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 10 / 21 / 2017  
**Transaction ID : SA11A.525217**  
 Amount of Each Receipt this Period 50.00  
 Memo Item CONTRIBUTION

**B. HEDRICK, JOHN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 694 TRAILCREST CT  
 City KIRKWOOD State MO Zip Code 63122-2240  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MARTHA'S HANDS, LC. HOME CARE Occupation (for Individual) REGISTERED NURSE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 11 / 21 / 2017  
**Transaction ID : SA11A.528153**  
 Amount of Each Receipt this Period 50.00  
 Memo Item CONTRIBUTION

**C. HEDRICK, JOHN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 694 TRAILCREST CT  
 City KIRKWOOD State MO Zip Code 63122-2240  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MARTHA'S HANDS, LC. HOME CARE Occupation (for Individual) REGISTERED NURSE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 12 / 21 / 2017  
**Transaction ID : SA11A.531368**  
 Amount of Each Receipt this Period 50.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....▶ 150.00  
**TOTAL** This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 286 OF 946
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. HELLMANN, RALPH, P., MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3310 OLD DOMINION BLVD

City ALEXANDRIA	State VA	Zip Code 22305-1318
--------------------	-------------	------------------------

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

Name of Employer (for Individual) LUGAR HELLMANN GROUP	Occupation (for Individual) GOVERNMENT RELATIONS
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
15000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	02	/	2017

**Transaction ID : SA11A.529304**

Amount of Each Receipt this Period  
2500.00

Memo Item CONTRIBUTION

**B. HELLMANN, RALPH, P., MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3310 OLD DOMINION BLVD

City ALEXANDRIA	State VA	Zip Code 22305-1318
--------------------	-------------	------------------------

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

Name of Employer (for Individual) LUGAR HELLMANN GROUP	Occupation (for Individual) GOVERNMENT RELATIONS
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
15000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	07	/	2017

**Transaction ID : SA11A.530058**

Amount of Each Receipt this Period  
2500.00

Memo Item CONTRIBUTION

**C. HELMS, ESTELLE, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2046 FAIRWAY HILLS DR.

City HUNTSVILLE	State AL	Zip Code 35802-4329
--------------------	-------------	------------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2017

**Transaction ID : SA11A.525962**

Amount of Each Receipt this Period  
50.00

Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	5050.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 287 OF 946  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. HELMS, ESTELLE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2046 FAIRWAY HILLS DR.  
 City HUNTSVILLE State AL Zip Code 35802-4329  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 11 / 30 / 2017  
**Transaction ID : SA11A.529138**  
 Amount of Each Receipt this Period 50.00  
 Memo Item CONTRIBUTION

**B. HELMS, ESTELLE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2046 FAIRWAY HILLS DR.  
 City HUNTSVILLE State AL Zip Code 35802-4329  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 12 / 30 / 2017  
**Transaction ID : SA11A.532492**  
 Amount of Each Receipt this Period 50.00  
 Memo Item CONTRIBUTION

**C. HENDRICK, JOSEPH, R., MR., III**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6000 MONROE RD STE 100  
 City CHARLOTTE State NC Zip Code 28212-6178  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) HENDRICK AUTOMOTIVE GROUP Occupation (for Individual) EXECUTIVE  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 25000.00

Date of Receipt 10 / 31 / 2017  
**Transaction ID : SA11A.525797**  
 Amount of Each Receipt this Period 25000.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 25100.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 288 OF 946
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. HERELEY, DANIEL, R., MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 610 OLD ORCHARD ROAD

City HARVARD	State IL	Zip Code 60033-1847
-----------------	-------------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	07	/	2017

**Transaction ID : SA11A.530113**

Amount of Each Receipt this Period  
250.00

Memo Item CONTRIBUTION

**B. HERLIHY, BARBARA, S., MRS.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 711 ALLEN AVE

City CHILLICOTHE	State OH	Zip Code 45601-1204
---------------------	-------------	------------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
550.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2017

**Transaction ID : SA11A.528814**

Amount of Each Receipt this Period  
500.00

Memo Item CONTRIBUTION

**C. HERMAN, DALE, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 2274 OREGON AVE

City SOUTH LAKE TAHOE	State CA	Zip Code 96150-7106
--------------------------	-------------	------------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	02	/	2017

**Transaction ID : SA11A.522723**

Amount of Each Receipt this Period  
25.00

Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	775.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

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

FOR LINE NUMBER: PAGE 289 OF 946  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. HERMAN, DALE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2274 OREGON AVE  
 City SOUTH LAKE TAHOE State CA Zip Code 96150-7106  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 02 / 2017  
**Transaction ID : SA11A.526667**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**B. HERMAN, DALE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2274 OREGON AVE  
 City SOUTH LAKE TAHOE State CA Zip Code 96150-7106  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 02 / 2017  
**Transaction ID : SA11A.529907**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**C. HERMANN, SIGWULF, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3000 W HAYES ST  
 City SEATTLE State WA Zip Code 98199-4250  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 07 / 2017  
**Transaction ID : SA11A.523351**  
 Amount of Each Receipt this Period 50.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....▶ 100.00  
**TOTAL** This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 290 OF 946
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. HERMANN, SIGWULF, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3000 W HAYES ST  
 City SEATTLE State WA Zip Code 98199-4250  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 29 / 2017  
**Transaction ID : SA11A.526047**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item  
 CONTRIBUTION

**B. HERMANN, SIGWULF, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3000 W HAYES ST  
 City SEATTLE State WA Zip Code 98199-4250  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 07 / 2017  
**Transaction ID : SA11A.526922**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item  
 CONTRIBUTION

**C. HERMANN, SIGWULF, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3000 W HAYES ST  
 City SEATTLE State WA Zip Code 98199-4250  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 29 / 2017  
**Transaction ID : SA11A.528923**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	150.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 291 OF 946  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. HERMANN, SIGWULF, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3000 W HAYES ST  
 City SEATTLE State WA Zip Code 98199-4250  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 12 / 07 / 2017  
**Transaction ID : SA11A.530372**  
 Amount of Each Receipt this Period 50.00  
 Memo Item CONTRIBUTION

**B. HERMANN, SIGWULF, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3000 W HAYES ST  
 City SEATTLE State WA Zip Code 98199-4250  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 12 / 29 / 2017  
**Transaction ID : SA11A.531887**  
 Amount of Each Receipt this Period 50.00  
 Memo Item CONTRIBUTION

**C. HERR, PAUL, N., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 48 ROBIN RD  
 City HERSHEY State PA Zip Code 17033-1849  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 10 / 26 / 2017  
**Transaction ID : SA11A.525491**  
 Amount of Each Receipt this Period 150.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 250.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 292 OF 946
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. HERSON, MICHAEL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8709 BURNING TREE RD  
 City BETHESDA State MD Zip Code 20817-3054  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) AMERICAN DEFENSE INTERNATIONAL Occupation (for Individual) PRESIDENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 03 / 2017  
**Transaction ID : SA11A.526715**  
 Amount of Each Receipt this Period 500.00  
 Memo Item CONTRIBUTION

**B. HERTZ, STEVEN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O.B.563  
 City SOUTH ORLEANS State MA Zip Code 02662-0563  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 605.00

Date of Receipt 10 / 24 / 2017  
**Transaction ID : SA11A.525309**  
 Amount of Each Receipt this Period 20.00  
 Memo Item CONTRIBUTION

**C. HERTZ, STEVEN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O.B.563  
 City SOUTH ORLEANS State MA Zip Code 02662-0563  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 605.00

Date of Receipt 11 / 24 / 2017  
**Transaction ID : SA11A.528216**  
 Amount of Each Receipt this Period 20.00  
 Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	540.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 293 OF 946  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. HICKMAN, DIANA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6008 HERITAGE VIEW CR # CR  
 City HILLIARD State OH Zip Code 43026-7614  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4800.00

Date of Receipt 10 / 08 / 2017  
**Transaction ID : SA11A.523319**  
 Amount of Each Receipt this Period 400.00  
 Memo Item CONTRIBUTION

**B. HICKMAN, DIANA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6008 HERITAGE VIEW CR # CR  
 City HILLIARD State OH Zip Code 43026-7614  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4800.00

Date of Receipt 11 / 08 / 2017  
**Transaction ID : SA11A.527007**  
 Amount of Each Receipt this Period 400.00  
 Memo Item CONTRIBUTION

**C. HICKMAN, DIANA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6008 HERITAGE VIEW CR # CR  
 City HILLIARD State OH Zip Code 43026-7614  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4800.00

Date of Receipt 12 / 08 / 2017  
**Transaction ID : SA11A.530408**  
 Amount of Each Receipt this Period 400.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1200.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 294 OF 946
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. HICKS, TEENA, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 210 PARK AVENUE SUITE 220  
STE 220

City OKLAHOMA CITY State OK Zip Code 73102-5602

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

Name of Employer (for Individual) Occupation (for Individual)  
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 10 / 20 / 2017  
**Transaction ID : SA11A.524957**

Amount of Each Receipt this Period 20.00

Memo Item CONTRIBUTION

**B. HICKS, TEENA, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 210 PARK AVENUE SUITE 220  
STE 220

City OKLAHOMA CITY State OK Zip Code 73102-5602

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

Name of Employer (for Individual) Occupation (for Individual)  
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 11 / 20 / 2017  
**Transaction ID : SA11A.528047**

Amount of Each Receipt this Period 20.00

Memo Item CONTRIBUTION

**C. HICKS, TEENA, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 210 PARK AVENUE SUITE 220  
STE 220

City OKLAHOMA CITY State OK Zip Code 73102-5602

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

Name of Employer (for Individual) Occupation (for Individual)  
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE

Receipt For:  Primary  General  Other (specify)

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 12 / 20 / 2017  
**Transaction ID : SA11A.531333**

Amount of Each Receipt this Period 20.00

Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....▶ 60.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 295 OF 946
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. HIGH, S, DALE, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO BOX 10008

City LANCASTER	State PA	Zip Code 17605-0008
-------------------	-------------	------------------------

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

Name of Employer (for Individual) THE HIGH COSI	Occupation (for Individual) EXECUTIVE
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
10000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2017

**Transaction ID : SA11A.532116**

Amount of Each Receipt this Period  
10000.00

Memo Item  
CONTRIBUTION

**B. HILDEBRAND, DIANA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 15114 OAK SPUR ST

City SAN ANTONIO	State TX	Zip Code 78232-4619
---------------------	-------------	------------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
325.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 13 / 2017

**Transaction ID : SA11A.523963**

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

**C. HILDEBRAND, DIANA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 15114 OAK SPUR ST

City SAN ANTONIO	State TX	Zip Code 78232-4619
---------------------	-------------	------------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
325.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 13 / 2017

**Transaction ID : SA11A.523964**

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	10050.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 296 OF 946
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. HILDEBRAND, DIANA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 15114 OAK SPUR ST  
 City SAN ANTONIO State TX Zip Code 78232-4619  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 13 / 2017  
**Transaction ID : SA11A.527316**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item  
 CONTRIBUTION

**B. HILDEBRAND, DIANA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 15114 OAK SPUR ST  
 City SAN ANTONIO State TX Zip Code 78232-4619  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 13 / 2017  
**Transaction ID : SA11A.527320**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item  
 CONTRIBUTION

**C. HILDEBRAND, DIANA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 15114 OAK SPUR ST  
 City SAN ANTONIO State TX Zip Code 78232-4619  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 13 / 2017  
**Transaction ID : SA11A.530849**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	75.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 297 OF 946
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. HILDEBRAND, DIANA, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 15114 OAK SPUR ST

City SAN ANTONIO	State TX	Zip Code 78232-4619
---------------------	-------------	------------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
325.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12		13		2017

**Transaction ID : SA11A.530859**

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

**B. HILDEBRAND, JEFFERY, D., MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 1308

City HOUSTON	State TX	Zip Code 77251-1308
-----------------	-------------	------------------------

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

Name of Employer (for Individual) HILCORP ENERGY CO.	Occupation (for Individual) CHAIRMAN AND CEO
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
200000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12		06		2017

**Transaction ID : SA11A.529951**

Amount of Each Receipt this Period  
100000.00

Memo Item  
CONTRIBUTION

**C. HILFERTY, DANIEL, J., MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 220 CEDARBROOK RD

City ARDMORE	State PA	Zip Code 19003-1702
-----------------	-------------	------------------------

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

Name of Employer (for Individual) INDEPENDENCE BLUE CROSS	Occupation (for Individual) PRESIDENT
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
17500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		16		2017

**Transaction ID : SA11A.523628**

Amount of Each Receipt this Period  
10000.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	110025.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 298 OF 946
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. HILFERTY, DANIEL, J., MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 220 CEDARBROOK RD

City ARDMORE	State PA	Zip Code 19003-1702
-----------------	-------------	------------------------

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

Name of Employer (for Individual) INDEPENDENCE BLUE CROSS	Occupation (for Individual) PRESIDENT
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
17500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		16		2017

**Transaction ID : SA11A.523629**

Amount of Each Receipt this Period  
7500.00

Memo Item CONTRIBUTION

**B. HILL, ANNIE, L., ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4203 JORDANS BANK

City UNION CITY	State GA	Zip Code 30291-2309
--------------------	-------------	------------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
210.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		30		2017

**Transaction ID : SA11A.525683**

Amount of Each Receipt this Period  
35.00

Memo Item CONTRIBUTION

**C. HILL, HERMAN, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 137 WILLOW CREEK TRAIL

City DALLAS	State GA	Zip Code 30132-2170
----------------	-------------	------------------------

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

Name of Employer (for Individual) HERMAN HILL ASSOCIATES	Occupation (for Individual) ENGINEER
---	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
220.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		28		2017

**Transaction ID : SA11A.526161**

Amount of Each Receipt this Period  
50.00

Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	7585.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 299 OF 946
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. HILL, HERMAN, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 137 WILLOW CREEK TRAIL

City DALLAS	State GA	Zip Code 30132-2170
----------------	-------------	------------------------

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

Name of Employer (for Individual) HERMAN HILL ASSOCIATES	Occupation (for Individual) ENGINEER
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
220.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	28	/	2017

**Transaction ID : SA11A.528784**

Amount of Each Receipt this Period  
50.00

Memo Item  
CONTRIBUTION

**B. HILL, HERMAN, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 137 WILLOW CREEK TRAIL

City DALLAS	State GA	Zip Code 30132-2170
----------------	-------------	------------------------

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

Name of Employer (for Individual) HERMAN HILL ASSOCIATES	Occupation (for Individual) ENGINEER
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
220.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	28	/	2017

**Transaction ID : SA11A.531749**

Amount of Each Receipt this Period  
50.00

Memo Item  
CONTRIBUTION

**C. HILL, VERNON, W., MR., II**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 262 E MAIN ST

City MOORESTOWN	State NJ	Zip Code 08057-2931
--------------------	-------------	------------------------

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

Name of Employer (for Individual) HILL AND CO	Occupation (for Individual) INVESTOR
--	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
100000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	21	/	2017

**Transaction ID : SA11A.531275**

Amount of Each Receipt this Period  
100000.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	100100.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 300 OF 946
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. HINRICHS, IVAN, , MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2418 LA MAISON DR.  
STE 400

City CHARLOTTE State NC Zip Code 28226-6200

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

Name of Employer (for Individual) HFCB LLC Occupation (for Individual) BENEFITS PLANNING

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt 10 / 31 / 2017  
**Transaction ID : SA11A.526425**

Amount of Each Receipt this Period 150.00

Memo Item CONTRIBUTION

**B. HINRICHS, IVAN, , MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2418 LA MAISON DR.  
STE 400

City CHARLOTTE State NC Zip Code 28226-6200

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

Name of Employer (for Individual) HFCB LLC Occupation (for Individual) BENEFITS PLANNING

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt 11 / 30 / 2017  
**Transaction ID : SA11A.529180**

Amount of Each Receipt this Period 150.00

Memo Item CONTRIBUTION

**C. HINRICHS, IVAN, , MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2418 LA MAISON DR.  
STE 400

City CHARLOTTE State NC Zip Code 28226-6200

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

Name of Employer (for Individual) HFCB LLC Occupation (for Individual) BENEFITS PLANNING

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt 12 / 31 / 2017  
**Transaction ID : SA11A.532224**

Amount of Each Receipt this Period 150.00

Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 450.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 301 OF 946
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. HIPP, VAN, D., MR., JR.**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 809 N QUAKER LN

City ALEXANDRIA	State VA	Zip Code 22302-3416
--------------------	-------------	------------------------

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

Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS	Occupation (for Individual) INFORMATION REQUESTED PER BE
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	10	/	2017

**Transaction ID : SA11A.526959**

Amount of Each Receipt this Period  
500.00

Memo Item  
CONTRIBUTION

**B. HIRSCH, ROLAND, F., DR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 20458 WATERS POINT LANE

City GERMANTOWN	State MD	Zip Code 20874-1091
--------------------	-------------	------------------------

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

Name of Employer (for Individual) US DEPT OF ENERGY	Occupation (for Individual) SCIENCE MANAGER
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	28	/	2017

**Transaction ID : SA11A.526122**

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

**C. HIRSCH, ROLAND, F., DR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 20458 WATERS POINT LANE

City GERMANTOWN	State MD	Zip Code 20874-1091
--------------------	-------------	------------------------

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

Name of Employer (for Individual) US DEPT OF ENERGY	Occupation (for Individual) SCIENCE MANAGER
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	03	/	2017

**Transaction ID : SA11A.529685**

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	550.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 302 OF 946
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. HODGES, ROY, F., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. BOX 663  
 City DUMAS State MS Zip Code 38625-0663  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt **11 / 02 / 2017**  
**Transaction ID : SA11A.526515**  
 Amount of Each Receipt this Period 200.00  
 Memo Item CONTRIBUTION

**B. HODGES, ROY, F., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. BOX 663  
 City DUMAS State MS Zip Code 38625-0663  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt **12 / 11 / 2017**  
**Transaction ID : SA11A.530570**  
 Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION

**C. HOFFMAN, CHRISTOPHER, P., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 504 AMALFI CT  
 City SANTA MONICA State CA Zip Code 90402-1355  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) EASTDIL SECURED Occupation (for Individual) BROKER  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt **12 / 20 / 2017**  
**Transaction ID : SA11A.531212**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	5300.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 303 OF 946
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. HOFFMAN-GUARDIA, MARIA, , MRS,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 802 W INSPIRATION DR  
 City PHARR State TX Zip Code 78577-6713  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 23 / 2017  
**Transaction ID : SA11A.524831**  
 Amount of Each Receipt this Period 500.00  
 Memo Item CONTRIBUTION

**B. HOGAN, CECIL, E., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2128 SWINNEA RD.  
 City NESBIT State MS Zip Code 38651-9355  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SECURITY CONSULTANTS INC. Occupation (for Individual) CONSULTANT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 10 / 17 / 2017  
**Transaction ID : SA11A.524641**  
 Amount of Each Receipt this Period 50.00  
 Memo Item CONTRIBUTION

**C. HOGAN, CECIL, E., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2128 SWINNEA RD.  
 City NESBIT State MS Zip Code 38651-9355  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SECURITY CONSULTANTS INC. Occupation (for Individual) CONSULTANT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 11 / 17 / 2017  
**Transaction ID : SA11A.527962**  
 Amount of Each Receipt this Period 50.00  
 Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	600.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 304 OF 946
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. HOGAN, CECIL, E., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2128 SWINNEA RD.  
 City NESBIT State MS Zip Code 38651-9355  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SECURITY CONSULTANTS INC. Occupation (for Individual) CONSULTANT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt **12 / 17 / 2017**  
**Transaction ID : SA11A.531119**  
 Amount of Each Receipt this Period 50.00  
 Memo Item CONTRIBUTION

**B. HOLLAR, WAYNE, A., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 225 CAMILLE CIR  
 City GADSDEN State AL Zip Code 35901-5625  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) THE HOLLAR COMPANY, INC Occupation (for Individual) EXECUTIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt **11 / 20 / 2017**  
**Transaction ID : SA11A.527971**  
 Amount of Each Receipt this Period 2500.00  
 Memo Item CONTRIBUTION

**C. HOLLY, JOSH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 825 S MONROE ST  
 City ARLINGTON State VA Zip Code 22204-1537  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) THE PODESTA GROUP Occupation (for Individual) GOVERNMENT & PUBLIC RELATIONS  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **10 / 24 / 2017**  
**Transaction ID : SA11A.525324**  
 Amount of Each Receipt this Period 500.00  
 Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3050.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 305 OF 946
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. HONRUBIA, VINCENT, , DR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2821 MICHAELANGELO DR

City EDINBURG	State TX	Zip Code 78539-1404
------------------	-------------	------------------------

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

Name of Employer (for Individual) SELF EMPLOYED	Occupation (for Individual) PHYSICIAN
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5400.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	04	/	2017

**Transaction ID : SA11A.529307**

Amount of Each Receipt this Period  
5400.00

Memo Item  
CONTRIBUTION

**B. HOOKER, ELLEN, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4623 NASHWOOD

City DALLAS	State TX	Zip Code 75244-7732
----------------	-------------	------------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2017

**Transaction ID : SA11A.529088**

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

**C. HOPKINS, MIKE, , MR., JR.**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 1919

City BRENHAM	State TX	Zip Code 77834-1919
-----------------	-------------	------------------------

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

Name of Employer (for Individual) MIKE HOPKINS DISTRIBUTING	Occupation (for Individual) OWNER
--	--------------------------------------

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
2700.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	11	/	2017

**Transaction ID : SA11A.523222**

Amount of Each Receipt this Period  
2700.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	8125.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 306 OF 946  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. HOPPER, JOHN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 100 BELFALLS DRIVE  
 City GEORGETOWN State TX Zip Code 78633-4941  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 30 / 2017  
**Transaction ID : SA11A.526013**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item  
 CONTRIBUTION

**B. HOPPER, JOHN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 100 BELFALLS DRIVE  
 City GEORGETOWN State TX Zip Code 78633-4941  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 30 / 2017  
**Transaction ID : SA11A.529204**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item  
 CONTRIBUTION

**C. HOPPER, JOHN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 100 BELFALLS DRIVE  
 City GEORGETOWN State TX Zip Code 78633-4941  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 30 / 2017  
**Transaction ID : SA11A.532535**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 75.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 307 OF 946  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. HORHOTA, MARIE, T., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 360 E 72ND STREET  
 APT B311  
 City NEW YORK State NY Zip Code 10021-0379  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 18 / 2017  
**Transaction ID : SA11A.530967**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**B. HORSLEY, SYLVIA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 166 KINSLEY ST STE 204  
 STE 204  
 City NASHUA State NH Zip Code 03060-3676  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 19 / 2017  
**Transaction ID : SA11A.524931**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**C. HORSLEY, SYLVIA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 166 KINSLEY ST STE 204  
 STE 204  
 City NASHUA State NH Zip Code 03060-3676  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 19 / 2017  
**Transaction ID : SA11A.528072**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 300.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 308 OF 946
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. HORSLEY, SYLVIA, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 166 KINSLEY ST STE 204  
STE 204

City NASHUA State NH Zip Code 03060-3676

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

Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1200.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
12 / 19 / 2017

**Transaction ID : SA11A.531314**

Amount of Each Receipt this Period  
100.00

Memo Item CONTRIBUTION

**B. HOSSA, STEVE, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2311 JANSSEN AVE

City CHUCAGO State IL Zip Code 60614-3019

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

Name of Employer (for Individual) ICL Occupation (for Individual) OWNER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3000.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
10 / 21 / 2017

**Transaction ID : SA11A.525200**

Amount of Each Receipt this Period  
250.00

Memo Item CONTRIBUTION

**C. HOSSA, STEVE, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2311 JANSSEN AVE

City CHUCAGO State IL Zip Code 60614-3019

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

Name of Employer (for Individual) ICL Occupation (for Individual) OWNER

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
3000.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
11 / 21 / 2017

**Transaction ID : SA11A.528136**

Amount of Each Receipt this Period  
250.00

Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	600.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 309 OF 946
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. HOSSA, STEVE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2311 JANSSEN AVE  
 City CHUCAGO State IL Zip Code 60614-3019  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) ICL Occupation (for Individual) OWNER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3000.00

Date of Receipt 12 / 21 / 2017  
**Transaction ID : SA11A.531356**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 CONTRIBUTION

**B. HOUNTZ, MATTHEW, , MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11403 N MOON RANCH PL  
 City MARANA State AZ Zip Code 85658-4536  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) RESTAURANT OWNER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 14 / 2017  
**Transaction ID : SA11A.524217**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION

**C. HOUNTZ, MATTHEW, , MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11403 N MOON RANCH PL  
 City MARANA State AZ Zip Code 85658-4536  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) RESTAURANT OWNER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 11 / 14 / 2017  
**Transaction ID : SA11A.527625**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 310 OF 946
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. HOUNTZ, MATTHEW, , MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 11403 N MOON RANCH PL

City MARANA	State AZ	Zip Code 85658-4536
----------------	-------------	------------------------

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

Name of Employer (for Individual) SELF EMPLOYED	Occupation (for Individual) RESTAURANT OWNER
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	14	/	2017

**Transaction ID : SA11A.530938**

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

**B. HOUSE, CHARLES, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1970 VISTA LAKES DRIVE

City FLEMING ISLAND	State FL	Zip Code 32003-7312
------------------------	-------------	------------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	25	/	2017

**Transaction ID : SA11A.525363**

Amount of Each Receipt this Period  
50.00

Memo Item  
CONTRIBUTION

**C. HOUSE, CHARLES, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1970 VISTA LAKES DRIVE

City FLEMING ISLAND	State FL	Zip Code 32003-7312
------------------------	-------------	------------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	25	/	2017

**Transaction ID : SA11A.528411**

Amount of Each Receipt this Period  
50.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	125.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 311 OF 946
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. HOUSE, CHARLES, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1970 VISTA LAKES DRIVE  
 City FLEMING ISLAND State FL Zip Code 32003-7312  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 25 / 2017  
**Transaction ID : SA11A.531562**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item  
 CONTRIBUTION

**B. HOUSTON, SHIRLEY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1145 GRIMES RD  
 City RICHMOND State IN Zip Code 47374-7374  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) HMD Occupation (for Individual) MANUFACTURER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 30 / 2017  
**Transaction ID : SA11A.529063**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item  
 CONTRIBUTION

**C. HOWARD, CHARLES, G., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. BOX 471  
 City MORGANTOWN State KY Zip Code 42261-0471  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 11 / 2017  
**Transaction ID : SA11A.530479**  
 Amount of Each Receipt this Period  
 200.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	275.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 312 OF 946
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. HOWARD, JUNE, P., MRS.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 14 WATERFALL WAY  
 City CATAULA State GA Zip Code 31804-4417  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BE  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 11 / 29 / 2017  
**Transaction ID : SA11A.528607**  
 Amount of Each Receipt this Period 2500.00  
 Memo Item CONTRIBUTION

**B. HSU, SHERYL, L., MRS.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 107 MUSTARD UNIT 197  
 City IRVINE State CA Zip Code 92618-1044  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 14 / 2017  
**Transaction ID : SA11A.524213**  
 Amount of Each Receipt this Period 15.00  
 Memo Item CONTRIBUTION

**C. HSU, SHERYL, L., MRS.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 107 MUSTARD UNIT 197  
 City IRVINE State CA Zip Code 92618-1044  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00

Date of Receipt 11 / 14 / 2017  
**Transaction ID : SA11A.527618**  
 Amount of Each Receipt this Period 15.00  
 Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2530.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 313 OF 946
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. HSU, SHERYL, L., MRS.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 107 MUSTARD UNIT 197  
 City IRVINE State CA Zip Code 92618-1044  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 12 / 14 / 2017  
**Transaction ID : SA11A.530939**  
 Amount of Each Receipt this Period 15.00  
 Memo Item CONTRIBUTION

**B. HUBBARD, JOANNE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4401 DUNMORE ROAD  
 City MARIETTA State GA Zip Code 30068-4224  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 10 / 17 / 2017  
**Transaction ID : SA11A.524648**  
 Amount of Each Receipt this Period 50.00  
 Memo Item CONTRIBUTION

**C. HUBBARD, JOANNE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4401 DUNMORE ROAD  
 City MARIETTA State GA Zip Code 30068-4224  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 11 / 17 / 2017  
**Transaction ID : SA11A.527966**  
 Amount of Each Receipt this Period 50.00  
 Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	115.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 314 OF 946  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. HUBBARD, JOANNE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4401 DUNMORE ROAD  
 City MARIETTA State GA Zip Code 30068-4224  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt **12 / 17 / 2017**  
**Transaction ID : SA11A.531122**  
 Amount of Each Receipt this Period 50.00  
 Memo Item CONTRIBUTION

**B. HUDDLESTON, DANNY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10553 FM 1390  
 City SCURRY State TX Zip Code 75158-3133  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) ALLTEX SITE SERVICES Occupation (for Individual) CONSTRUCTION  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt **10 / 08 / 2017**  
**Transaction ID : SA11A.523326**  
 Amount of Each Receipt this Period 50.00  
 Memo Item CONTRIBUTION

**C. HUDDLESTON, DANNY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10553 FM 1390  
 City SCURRY State TX Zip Code 75158-3133  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) ALLTEX SITE SERVICES Occupation (for Individual) CONSTRUCTION  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt **10 / 22 / 2017**  
**Transaction ID : SA11A.525176**  
 Amount of Each Receipt this Period 50.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....▶ 150.00  
**TOTAL** This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 315 OF 946
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. HUDDLESTON, DANNY, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 10553 FM 1390

City SCURRY	State TX	Zip Code 75158-3133
----------------	-------------	------------------------

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

Name of Employer (for Individual) ALLTEX SITE SERVICES	Occupation (for Individual) CONSTRUCTION
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
900.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	08	/	2017

**Transaction ID : SA11A.527015**

Amount of Each Receipt this Period  
50.00

Memo Item  
CONTRIBUTION

**B. HUDDLESTON, DANNY, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 10553 FM 1390

City SCURRY	State TX	Zip Code 75158-3133
----------------	-------------	------------------------

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

Name of Employer (for Individual) ALLTEX SITE SERVICES	Occupation (for Individual) CONSTRUCTION
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
900.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	22	/	2017

**Transaction ID : SA11A.528174**

Amount of Each Receipt this Period  
50.00

Memo Item  
CONTRIBUTION

**C. HUDDLESTON, DANNY, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 10553 FM 1390

City SCURRY	State TX	Zip Code 75158-3133
----------------	-------------	------------------------

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

Name of Employer (for Individual) ALLTEX SITE SERVICES	Occupation (for Individual) CONSTRUCTION
---	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
900.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	22	/	2017

**Transaction ID : SA11A.531497**

Amount of Each Receipt this Period  
50.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	150.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 316 OF 946  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
HUDSPATH III, JOHN, , ,

Mailing Address 490 WEMPLE ROAD

City GLENMONT    State NY    Zip Code 12077-4005

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

Name of Employer (for Individual) NONE    Occupation (for Individual) RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 31 / 2017

**Transaction ID : SA11A.526431**

Amount of Each Receipt this Period  
25.00

Memo Item CONTRIBUTION

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
HUDSPATH III, JOHN, , ,

Mailing Address 490 WEMPLE ROAD

City GLENMONT    State NY    Zip Code 12077-4005

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

Name of Employer (for Individual) NONE    Occupation (for Individual) RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 30 / 2017

**Transaction ID : SA11A.529124**

Amount of Each Receipt this Period  
25.00

Memo Item CONTRIBUTION

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
HUDSPATH III, JOHN, , ,

Mailing Address 490 WEMPLE ROAD

City GLENMONT    State NY    Zip Code 12077-4005

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

Name of Employer (for Individual) NONE    Occupation (for Individual) RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2017

**Transaction ID : SA11A.532393**

Amount of Each Receipt this Period  
25.00

Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 75.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 317 OF 946
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. HUMBERT, HEIDI, M., MS.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4677 N LAKE DR  
 City MILWAUKEE State WI Zip Code 53211-1255  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WEC Occupation (for Individual) CHIEF AUDIT OFFICER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 06 / 2017  
**Transaction ID : SA11A.529958**  
 Amount of Each Receipt this Period 500.00  
 Memo Item CONTRIBUTION

**B. HURTADO, GUILLERMO, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 111 SHELLEY AVE  
 City CAMPBELL State CA Zip Code 95008-7078  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) COBHAM Occupation (for Individual) THECNICAL ENGINEER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 26 / 2017  
**Transaction ID : SA11A.525600**  
 Amount of Each Receipt this Period 50.00  
 Memo Item CONTRIBUTION

**C. HUTCHISON, ELAINE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4543 E ANAHEIM STREET  
 City LONG BEACH State CA Zip Code 90804-3119  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) PARAGON EQUITIES Occupation (for Individual) MANAGEMENT  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 3000.00

Date of Receipt 10 / 04 / 2017  
**Transaction ID : SA11A.523144**  
 Amount of Each Receipt this Period 250.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 800.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 318 OF 946
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. HUTCHISON, ELAINE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4543 E ANAHEIM STREET  
 City LONG BEACH State CA Zip Code 90804-3119  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) PARAGON EQUITIES Occupation (for Individual) MANAGEMENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 04 / 2017  
**Transaction ID : SA11A.526850**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item  
 CONTRIBUTION

**B. HUTCHISON, ELAINE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4543 E ANAHEIM STREET  
 City LONG BEACH State CA Zip Code 90804-3119  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) PARAGON EQUITIES Occupation (for Individual) MANAGEMENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 04 / 2017  
**Transaction ID : SA11A.529562**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item  
 CONTRIBUTION

**C. HYDE, PETER, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6922 WOODSTREAM TERRACE  
 City SEABROOK State MD Zip Code 20706-2144  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 18 / 2017  
**Transaction ID : SA11A.524715**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	550.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 319 OF 946  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. HYDE, PETER, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6922 WOODSTREAM TERRACE  
 City SEABROOK State MD Zip Code 20706-2144  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 18 / 2017  
**Transaction ID : SA11A.528105**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item  
 CONTRIBUTION

**B. HYDE, PETER, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6922 WOODSTREAM TERRACE  
 City SEABROOK State MD Zip Code 20706-2144  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 18 / 2017  
**Transaction ID : SA11A.531097**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item  
 CONTRIBUTION

**C. HYNES, KEITH, STEVEN, MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3331 CREEKVIEW DR  
 City BONITA SPRINGS State FL Zip Code 34134-2625  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 14 / 2017  
**Transaction ID : SA11A.530835**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 600.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 320 OF 946
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. IBRAHIM, KAISSAR, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O.B. 5347  
 City CHARLOTTEVILLE State VA Zip Code 22905-5347  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 10 / 10 / 2017  
**Transaction ID : SA11A.523291**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**B. IBRAHIM, KAISSAR, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O.B. 5347  
 City CHARLOTTEVILLE State VA Zip Code 22905-5347  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 10 / 31 / 2017  
**Transaction ID : SA11A.526217**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**C. IBRAHIM, KAISSAR, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O.B. 5347  
 City CHARLOTTEVILLE State VA Zip Code 22905-5347  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 11 / 10 / 2017  
**Transaction ID : SA11A.527383**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 75.00  
**TOTAL** This Period (last page this line number only)..... ▶



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 321 OF 946
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. IBRAHIM, KAISSAR, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O.B. 5347  
 City CHARLOTTESVILLE State VA Zip Code 22905-5347  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 11 / 29 / 2017  
**Transaction ID : SA11A.528847**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**B. ILL, RICHARD, C., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 162 MONMOUTH CIR  
 City BERWYN State PA Zip Code 19312-2080  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 26 / 2017  
**Transaction ID : SA11A.525247**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item CONTRIBUTION

**C. INGLIS, JANET, J., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2829 SW MONTEGO TERR  
 City STUART State FL Zip Code 34997-1203  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 10 / 06 / 2017  
**Transaction ID : SA11A.523159**  
 Amount of Each Receipt this Period 35.00  
 Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1060.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 322 OF 946
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. INGLIS, JANET, J., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2829 SW MONTEGO TERR  
 City STUART State FL Zip Code 34997-1203  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 11 / 06 / 2017  
**Transaction ID : SA11A.526712**  
 Amount of Each Receipt this Period 30.00  
 Memo Item CONTRIBUTION

**B. INGRAM, JOHN, R., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO BOX 50058  
 City NASHVILLE State TN Zip Code 37205-0058  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) INGRAM INDUSTRIES Occupation (for Individual) CHAIRMAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 50000.00

Date of Receipt 11 / 29 / 2017  
**Transaction ID : SA11A.528597**  
 Amount of Each Receipt this Period 50000.00  
 Memo Item CONTRIBUTION

**C. IOSIVAS, MIHAI, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 239 ANAPALAU PLACE  
 City HONOLULU State HI Zip Code 96825-1835  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) TORA TRADING SERVICES Occupation (for Individual) ENGINEER  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 10 / 19 / 2017  
**Transaction ID : SA11A.524927**  
 Amount of Each Receipt this Period 50.00  
 Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	50080.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 323 OF 946
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. IOSIVAS, MIHAI, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 239 ANAPALAU PLACE  
 City HONOLULU State HI Zip Code 96825-1835  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 TORA TRADING SERVICES ENGINEER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 11 / 19 / 2017  
**Transaction ID : SA11A.528064**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 CONTRIBUTION

**B. IOSIVAS, MIHAI, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 239 ANAPALAU PLACE  
 City HONOLULU State HI Zip Code 96825-1835  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 TORA TRADING SERVICES ENGINEER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 12 / 19 / 2017  
**Transaction ID : SA11A.531311**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 CONTRIBUTION

**C. IVERSON, ERIK, H., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 15 SHADE TREE CT  
 City MADISON State WI Zip Code 53717-2735  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BES  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 12 / 20 / 2017  
**Transaction ID : SA11A.531213**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1100.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 324 OF 946  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. JACKMAN, NELLIE, E., MRS.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 45 CORTE YOLANDA  
 City MORAGA State CA Zip Code 94556-1625  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt 10 / 26 / 2017  
**Transaction ID : SA11A.525456**  
 Amount of Each Receipt this Period 200.00  
 Memo Item CONTRIBUTION

**B. JACKSON, EVELYN, L., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 27 RIVERBEND DRIVE  
 City SHELBY State OH Zip Code 44875-1766  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 08 / 2017  
**Transaction ID : SA11A.530175**  
 Amount of Each Receipt this Period 250.00  
 Memo Item CONTRIBUTION

**C. JACKSON, MARY, LORETAN, MS.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6923 ALPHA RD  
 City DALLAS State TX Zip Code 75240-3601  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) JVPS Occupation (for Individual) MANAGING PARTNER  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2700.00

Date of Receipt 10 / 23 / 2017  
**Transaction ID : SA11A.524808**  
 Amount of Each Receipt this Period 2700.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 3150.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 325 OF 946  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. JACKSON, SHARON, A., MRS.,**  
 Mailing Address 2143 VISTA ENTRADA  
 City NEWPORT BEACH State CA Zip Code 92660-3938  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 WORLD TRAVEL OWNER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 20 / 2017  
**Transaction ID : SA11A.524964**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**B. JACKSON, SHARON, A., MRS.,**  
 Mailing Address 2143 VISTA ENTRADA  
 City NEWPORT BEACH State CA Zip Code 92660-3938  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 WORLD TRAVEL OWNER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 20 / 2017  
**Transaction ID : SA11A.528045**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**C. JACKSON, SHARON, A., MRS.,**  
 Mailing Address 2143 VISTA ENTRADA  
 City NEWPORT BEACH State CA Zip Code 92660-3938  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 WORLD TRAVEL OWNER  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 20 / 2017  
**Transaction ID : SA11A.531332**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 75.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 326 OF 946  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. JACOBY, JOHN, S., DR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8516 WATERS EDGE DRIVE  
 City CHANHASSEN State MN Zip Code 55317-9749  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 10 / 31 / 2017  
**Transaction ID : SA11A.526428**  
 Amount of Each Receipt this Period 50.00  
 Memo Item CONTRIBUTION

**B. JACOBY, JOHN, S., DR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8516 WATERS EDGE DRIVE  
 City CHANHASSEN State MN Zip Code 55317-9749  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 11 / 30 / 2017  
**Transaction ID : SA11A.529189**  
 Amount of Each Receipt this Period 50.00  
 Memo Item CONTRIBUTION

**C. JACOBY, JOHN, S., DR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8516 WATERS EDGE DRIVE  
 City CHANHASSEN State MN Zip Code 55317-9749  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 12 / 31 / 2017  
**Transaction ID : SA11A.532282**  
 Amount of Each Receipt this Period 50.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....▶ 150.00  
**TOTAL** This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 327 OF 946
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. JAGANNATHAN, LAKSHMI, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4213 W BART DR.

City CHANDLER	State AZ	Zip Code 85226-2119
------------------	-------------	------------------------

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

Name of Employer (for Individual) INTEL CORPORATION	Occupation (for Individual) PRINCIPAL ENGINEER
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	22	/	2017

**Transaction ID : SA11A.531447**

Amount of Each Receipt this Period  
250.00

Memo Item CONTRIBUTION

**B. JAHN, CHRISTOPHER, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 425 3RD ST SW  
STE 950

City WASHINGTON	State DC	Zip Code 20024-3230
--------------------	-------------	------------------------

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

Name of Employer (for Individual) THE FERTILIZER INSTITUTE	Occupation (for Individual) PRESIDENT
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
10000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	17	/	2017

**Transaction ID : SA11A.524140**

Amount of Each Receipt this Period  
2500.00

Memo Item CONTRIBUTION

**C. JAIN, DINESH, K., DR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2121 E GRIFFIN PKWY  
STE 10

City MISSION	State TX	Zip Code 78572-3072
-----------------	-------------	------------------------

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

Name of Employer (for Individual) SELF EMPLOYED	Occupation (for Individual) PHYSICIAN
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	23	/	2017

**Transaction ID : SA11A.524826**

Amount of Each Receipt this Period  
500.00

Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3250.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 328 OF 946
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. JOHNSON, DENNIS, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3418 E SUNCREST CT  
 City PHOENIX State AZ Zip Code 85044-3506  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) TRAFFICADE SERVICE Occupation (for Individual) VICE PRESIDENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1025.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 17 / 2017  
**Transaction ID : SA11A.524631**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**B. JOHNSON, EDITH, M., MRS.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. BOX 113  
 City OZONE State AR Zip Code 72854-0113  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 575.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 31 / 2017  
**Transaction ID : SA11A.526489**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**C. JOHNSON, EDITH, M., MRS.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. BOX 113  
 City OZONE State AR Zip Code 72854-0113  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 575.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 11 / 2017  
**Transaction ID : SA11A.530555**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	300.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 329 OF 946
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. JOHNSON, JOHN, , MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3566 AVIGNON CT

City HOUSTON	State TX	Zip Code 77082-2783
-----------------	-------------	------------------------

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

Name of Employer (for Individual) SILVER EAGLE DISTRIBUTORS	Occupation (for Individual) SALES
--	--------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2700.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		23		2017

**Transaction ID : SA11A.524854**

Amount of Each Receipt this Period  
2700.00

Memo Item  
CONTRIBUTION

**B. JOHNSON, STAN, J., MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1516 BAY OAKS DR

City ALBERT LEA	State MN	Zip Code 56007-4208
--------------------	-------------	------------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12		07		2017

**Transaction ID : SA11A.530053**

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

**C. JOHNSON, WILLIAM, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8923 PRAIRIE SCHOONER CIR

City SODDY DAISY	State TN	Zip Code 37379-3153
---------------------	-------------	------------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		27		2017

**Transaction ID : SA11A.525778**

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2900.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 330 OF 946
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. JONAS, ARETA, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 405 CHRISTIAN VILLAGE CIRCLE  
205

City LOUISVILLE State KY Zip Code 40243-1352

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

Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  
10 / 21 / 2017  
Transaction ID : SA11A.525192

Amount of Each Receipt this Period  
50.00

Memo Item CONTRIBUTION

**B. JONAS, ARETA, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 405 CHRISTIAN VILLAGE CIRCLE  
205

City LOUISVILLE State KY Zip Code 40243-1352

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

Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  
11 / 21 / 2017  
Transaction ID : SA11A.528129

Amount of Each Receipt this Period  
50.00

Memo Item CONTRIBUTION

**C. JONAS, ARETA, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 405 CHRISTIAN VILLAGE CIRCLE  
205

City LOUISVILLE State KY Zip Code 40243-1352

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

Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  
12 / 21 / 2017  
Transaction ID : SA11A.531361

Amount of Each Receipt this Period  
50.00

Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 150.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 331 OF 946
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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)  
**Team Ryan**

**A. JONES, BILLY, , MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 501 WHETSTONE ST  
 City MONROEVILLE State AL Zip Code 36460-2615  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BE  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 2500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 11 / 2017  
**Transaction ID : SA11A.530402**  
 Amount of Each Receipt this Period  
 2500.00  
 Memo Item  
 CONTRIBUTION

**B. JONES, JOAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 306 WEST CHERRY LANE  
 City MERIDIAN State ID Zip Code 83642-1600  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 05 / 2017  
**Transaction ID : SA11A.523171**  
 Amount of Each Receipt this Period  
 20.00  
 Memo Item  
 CONTRIBUTION

**C. JONES, JOAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 306 WEST CHERRY LANE  
 City MERIDIAN State ID Zip Code 83642-1600  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 05 / 2017  
**Transaction ID : SA11A.526847**  
 Amount of Each Receipt this Period  
 20.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2540.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 332 OF 946
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. JONES, JOAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 306 WEST CHERRY LANE  
 City MERIDIAN State ID Zip Code 83642-1600  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 05 / 2017  
**Transaction ID : SA11A.529978**  
 Amount of Each Receipt this Period  
 20.00  
 Memo Item CONTRIBUTION

**B. JONES, OLIVER, W., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5035 ESMOND AVENUE  
 City RICHMOND State CA Zip Code 94805-1423  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 08 / 2017  
**Transaction ID : SA11A.530174**  
 Amount of Each Receipt this Period  
 200.00  
 Memo Item CONTRIBUTION

**C. JONES, STANLEY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 101 CAREFREE CT  
 City GREENWOOD State IN Zip Code 46142-8501  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 25 / 2017  
**Transaction ID : SA11A.525345**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	320.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 333 OF 946		
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14	<input type="checkbox"/> 11c <input type="checkbox"/> 15	<input type="checkbox"/> 12 <input type="checkbox"/> 16

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. JONES, STANLEY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 101 CAREFREE CT  
 City GREENWOOD State IN Zip Code 46142-8501  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 25 / 2017  
**Transaction ID : SA11A.528400**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**B. JONES, STANLEY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 101 CAREFREE CT  
 City GREENWOOD State IN Zip Code 46142-8501  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 25 / 2017  
**Transaction ID : SA11A.531550**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**C. JONES, SUE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3501 DOTY LANE  
 City ARLINGTON State TX Zip Code 76001-5339  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 384.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 30 / 2017  
**Transaction ID : SA11A.526015**  
 Amount of Each Receipt this Period  
 32.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	232.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 334 OF 946
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. JONES, SUE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3501 DOTY LANE  
 City ARLINGTON State TX Zip Code 76001-5339  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 384.00

Date of Receipt 11 / 30 / 2017  
**Transaction ID : SA11A.529206**  
 Amount of Each Receipt this Period 32.00  
 Memo Item CONTRIBUTION

**B. JONES, SUE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3501 DOTY LANE  
 City ARLINGTON State TX Zip Code 76001-5339  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 384.00

Date of Receipt 12 / 30 / 2017  
**Transaction ID : SA11A.532507**  
 Amount of Each Receipt this Period 32.00  
 Memo Item CONTRIBUTION

**C. JONES, TED, L., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO BOX 5029  
 City BATON ROUGE State LA Zip Code 70821-5029  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BEST EFFORTS  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 10000.00

Date of Receipt 11 / 29 / 2017  
**Transaction ID : SA11A.528610**  
 Amount of Each Receipt this Period 10000.00  
 Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	10064.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 335 OF 946
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. JORDAN, CAROLYN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 12341 W SUNSET BLVD  
 City LOS ANGELES State CA Zip Code 90049-3915  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GLASER WEIL Occupation (for Individual) ATTORNEY  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt **10 / 15 / 2017**  
**Transaction ID : SA11A.524180**  
 Amount of Each Receipt this Period 50.00  
 Memo Item CONTRIBUTION

**B. JORDAN, CAROLYN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 12341 W SUNSET BLVD  
 City LOS ANGELES State CA Zip Code 90049-3915  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GLASER WEIL Occupation (for Individual) ATTORNEY  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt **11 / 15 / 2017**  
**Transaction ID : SA11A.527797**  
 Amount of Each Receipt this Period 50.00  
 Memo Item CONTRIBUTION

**C. JOSEPH, ESHO, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 12 LENNON CT  
 City GLEN BURNIE State MD Zip Code 21061-2568  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) DEPARTMENT OF DEFENSE Occupation (for Individual) INSTRUCTOR-FOREIGN LANGUAGES  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **10 / 22 / 2017**  
**Transaction ID : SA11A.525182**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	125.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 336 OF 946  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. JOSEPH, ESHO, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 12 LENNON CT  
 City GLEN BURNIE State MD Zip Code 21061-2568  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) DEPARTMENT OF DEFENSE Occupation (for Individual) INSTRUCTOR-FOREIGN LANGUAGE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 11 / 22 / 2017  
**Transaction ID : SA11A.528181**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**B. JOSEPH, ESHO, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 12 LENNON CT  
 City GLEN BURNIE State MD Zip Code 21061-2568  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) DEPARTMENT OF DEFENSE Occupation (for Individual) INSTRUCTOR-FOREIGN LANGUAGE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 12 / 22 / 2017  
**Transaction ID : SA11A.531483**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**C. JOSEPH, HAMIDA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 510 ROUND TABLE WAY 201  
 City KNOXVILLE State TN Zip Code 37919-7589  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MC DONALD LEVY TAYLOR Occupation (for Individual) PARALEGAL  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt 10 / 09 / 2017  
**Transaction ID : SA11A.523311**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 75.00  
**TOTAL** This Period (last page this line number only)..... ▶



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 337 OF 946
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. JOSEPH, HAMIDA, , ,</b>		Date of Receipt MM / DD / YYYY 11 / 09 / 2017 <b>Transaction ID : SA11A.527110</b>
Mailing Address 510 ROUND TABLE WAY 201		Amount of Each Receipt this Period 25.00
City KNOXVILLE	State TN	Zip Code 37919-7589
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item CONTRIBUTION
Name of Employer (for Individual) MC DONALD LEVY TAYLOR	Occupation (for Individual) PARALEGAL	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. JOSEPH, HAMIDA, , ,</b>		Date of Receipt MM / DD / YYYY 12 / 09 / 2017 <b>Transaction ID : SA11A.530730</b>
Mailing Address 510 ROUND TABLE WAY 201		Amount of Each Receipt this Period 25.00
City KNOXVILLE	State TN	Zip Code 37919-7589
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item CONTRIBUTION
Name of Employer (for Individual) MC DONALD LEVY TAYLOR	Occupation (for Individual) PARALEGAL	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. JUDGE JR., JOHN, , ,</b>		Date of Receipt MM / DD / YYYY 10 / 17 / 2017 <b>Transaction ID : SA11A.524642</b>
Mailing Address 1095 SMARTTS LANE		Amount of Each Receipt this Period 25.00
City LEESBURG	State VA	Zip Code 20176-4819
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item CONTRIBUTION
Name of Employer (for Individual) HUGHES NETWORK SYSTEMS	Occupation (for Individual) ENGINEER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	75.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 338 OF 946
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. JUDGE JR., JOHN, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1095 SMARTTS LANE

City LEESBURG	State VA	Zip Code 20176-4819
------------------	-------------	------------------------

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

Name of Employer (for Individual) HUGHES NETWORK SYSTEMS	Occupation (for Individual) ENGINEER
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	17	/	2017

**Transaction ID : SA11A.527965**

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

**B. JUDGE JR., JOHN, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1095 SMARTTS LANE

City LEESBURG	State VA	Zip Code 20176-4819
------------------	-------------	------------------------

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

Name of Employer (for Individual) HUGHES NETWORK SYSTEMS	Occupation (for Individual) ENGINEER
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	17	/	2017

**Transaction ID : SA11A.531132**

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

**C. KADING, BRADLEY, L., MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 522 9TH ST SE

City WASHINGTON	State DC	Zip Code 20003-2838
--------------------	-------------	------------------------

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

Name of Employer (for Individual) ABIR	Occupation (for Individual) PRESIDENT
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	10	/	2017

**Transaction ID : SA11A.526944**

Amount of Each Receipt this Period  
1000.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1050.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 339 OF 946
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. KAESGEN, DIETER, , ,**

Mailing Address 19460 FRAZIER DR.

City ROCKY RIVER	State OH	Zip Code 44116-1727
---------------------	-------------	------------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2017

**Transaction ID : SA11A.532222**

Amount of Each Receipt this Period  
250.00

Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**B. KALAF, NELSON, R., DR,**

Mailing Address 2405 SAN MIGUEL

City MISSION	State TX	Zip Code 78572-1449
-----------------	-------------	------------------------

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

Name of Employer (for Individual) SELF EMPLOYED	Occupation (for Individual) PHYSICIAN
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2700.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	23	/	2017

**Transaction ID : SA11A.524827**

Amount of Each Receipt this Period  
2700.00

Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**C. KALB, MIKE, , ,**

Mailing Address 213 BRIARWOOD PL

City DAHINDA	State IL	Zip Code 61428-9748
-----------------	-------------	------------------------

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

Name of Employer (for Individual) KALB CORPORATION	Occupation (for Individual) CEO
---	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	03	/	2017

**Transaction ID : SA11A.523113**

Amount of Each Receipt this Period  
50.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3000.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 340 OF 946  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. KALB, MIKE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 213 BRIARWOOD PL  
 City DAHINDA State IL Zip Code 61428-9748  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) KALB CORPORATION Occupation (for Individual) CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 03 / 2017  
**Transaction ID : SA11A.526732**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
**CONTRIBUTION**

**B. KALB, MIKE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 213 BRIARWOOD PL  
 City DAHINDA State IL Zip Code 61428-9748  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) KALB CORPORATION Occupation (for Individual) CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 03 / 2017  
**Transaction ID : SA11A.529783**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
**CONTRIBUTION**

**C. KANAK, ROBERT, A., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 203 YOAKUM PARKWAY APT 1403  
 City ALEXANDRIA State VA Zip Code 22304-3736  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) US DEPART OF STATE Occupation (for Individual) ARCHITECT  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 22 / 2017  
**Transaction ID : SA11A.531629**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
**CONTRIBUTION**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 200.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 341 OF 946
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. KAPLAN, JOEL, D., MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3809 LELAND ST

City CHEVY CHASE	State MD	Zip Code 20815-4901
---------------------	-------------	------------------------

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

Name of Employer (for Individual) FACEBOOK	Occupation (for Individual) VP GLOBAL PUBLIC POLICY
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
10000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	18	/	2017

**Transaction ID : SA11A.531078**

Amount of Each Receipt this Period  
10000.00

Memo Item CONTRIBUTION

**B. KAUFFMAN, GLORIA, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2713 FROSTWOOD CIRCLE

City DICKINSON	State TX	Zip Code 77539-4202
-------------------	-------------	------------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2017

**Transaction ID : SA11A.526238**

Amount of Each Receipt this Period  
100.00

Memo Item CONTRIBUTION

**C. KAUFFMAN, GLORIA, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2713 FROSTWOOD CIRCLE

City DICKINSON	State TX	Zip Code 77539-4202
-------------------	-------------	------------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2017

**Transaction ID : SA11A.529182**

Amount of Each Receipt this Period  
100.00

Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	10200.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 342 OF 946  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. KAUFFMAN, GLORIA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2713 FROSTWOOD CIRCLE  
 City DICKINSON State TX Zip Code 77539-4202  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 12 / 31 / 2017  
**Transaction ID : SA11A.532239**  
 Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION

**B. KAYS, JEFFREY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2112 CAMDEN CIR  
 City SOUTHLAKE State TX Zip Code 76092-8496  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 13 / 2017  
**Transaction ID : SA11A.523960**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**C. KAYS, JEFFREY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2112 CAMDEN CIR  
 City SOUTHLAKE State TX Zip Code 76092-8496  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 11 / 13 / 2017  
**Transaction ID : SA11A.527314**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....▶ 150.00  
**TOTAL** This Period (last page this line number only).....▶

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

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

FOR LINE NUMBER: PAGE 343 OF 946  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. KAYS, JEFFREY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2112 CAMDEN CIR  
 City SOUTHLAKE State TX Zip Code 76092-8496  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 13 / 2017  
**Transaction ID : SA11A.530846**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**B. KEEHAN, DONALD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 951 JAYCOX RD  
 City AVON State OH Zip Code 44011-1351  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) APCINC Occupation (for Individual) SALES ENGINEER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 28 / 2017  
**Transaction ID : SA11A.526150**  
 Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION

**C. KEEHAN, DONALD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 951 JAYCOX RD  
 City AVON State OH Zip Code 44011-1351  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) APCINC Occupation (for Individual) SALES ENGINEER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 28 / 2017  
**Transaction ID : SA11A.528793**  
 Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 225.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 344 OF 946
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. KEEHAN, DONALD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 951 JAYCOX RD  
 City AVON State OH Zip Code 44011-1351  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) APCINC Occupation (for Individual) SALES ENGINEER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt **12 / 28 / 2017**  
**Transaction ID : SA11A.531785**  
 Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION

**B. KEELLEN, MATTHEW, B., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 607 TIMBER LN  
 City FALLS CHURCH State VA Zip Code 22046-3830  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) THE KEELLEN GROUP, LLC Occupation (for Individual) PRESIDENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 10000.00

Date of Receipt **10 / 10 / 2017**  
**Transaction ID : SA11A.523218**  
 Amount of Each Receipt this Period 2500.00  
 Memo Item CONTRIBUTION

**C. KEINATH, WARREN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 24 RAVENS POINTE DR.  
 City LAKE SAINT LOUIS State MO Zip Code 63367-2238  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt **10 / 24 / 2017**  
**Transaction ID : SA11A.525315**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2625.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

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

FOR LINE NUMBER: PAGE 345 OF 946  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**KEINATH, WARREN, , ,**

Mailing Address **24 RAVENS POINTE DR.**

City <b>LAKE SAINT LOUIS</b>	State <b>MO</b>	Zip Code <b>63367-2238</b>
---------------------------------	--------------------	-------------------------------

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

Name of Employer (for Individual) <b>NONE</b>	Occupation (for Individual) <b>RETIRED</b>
--	---

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**450.00**

Date of Receipt  
**10 / 30 / 2017**

**Transaction ID : SA11A.525976**

Amount of Each Receipt this Period  
**25.00**

Memo Item  
**CONTRIBUTION**

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**KEINATH, WARREN, , ,**

Mailing Address **24 RAVENS POINTE DR.**

City <b>LAKE SAINT LOUIS</b>	State <b>MO</b>	Zip Code <b>63367-2238</b>
---------------------------------	--------------------	-------------------------------

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

Name of Employer (for Individual) <b>NONE</b>	Occupation (for Individual) <b>RETIRED</b>
--	---

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**450.00**

Date of Receipt  
**11 / 24 / 2017**

**Transaction ID : SA11A.528222**

Amount of Each Receipt this Period  
**25.00**

Memo Item  
**CONTRIBUTION**

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**KEINATH, WARREN, , ,**

Mailing Address **24 RAVENS POINTE DR.**

City <b>LAKE SAINT LOUIS</b>	State <b>MO</b>	Zip Code <b>63367-2238</b>
---------------------------------	--------------------	-------------------------------

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

Name of Employer (for Individual) <b>NONE</b>	Occupation (for Individual) <b>RETIRED</b>
--	---

Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼  
**450.00**

Date of Receipt  
**11 / 30 / 2017**

**Transaction ID : SA11A.529150**

Amount of Each Receipt this Period  
**25.00**

Memo Item  
**CONTRIBUTION**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>75.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 346 OF 946
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. KEINATH, WARREN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 24 RAVENS POINTE DR.  
 City LAKE SAINT LOUIS State MO Zip Code 63367-2238  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 24 / 2017  
**Transaction ID : SA11A.531591**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item  
 CONTRIBUTION

**B. KEINATH, WARREN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 24 RAVENS POINTE DR.  
 City LAKE SAINT LOUIS State MO Zip Code 63367-2238  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 30 / 2017  
**Transaction ID : SA11A.532542**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item  
 CONTRIBUTION

**C. KELLEY, DAVID, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6033 N SHERIDAN RD 31F  
 City CHICAGO State IL Zip Code 60660-3003  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 01 / 2017  
**Transaction ID : SA11A.522751**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	75.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 347 OF 946
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. KELLEY, DAVID, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6033 N SHERIDAN RD  
 31F  
 City CHICAGO State IL Zip Code 60660-3003  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 01 / 2017  
**Transaction ID : SA11A.526547**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item  
 CONTRIBUTION

**B. KELLEY, DAVID, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6033 N SHERIDAN RD  
 31F  
 City CHICAGO State IL Zip Code 60660-3003  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 01 / 2017  
**Transaction ID : SA11A.529371**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item  
 CONTRIBUTION

**C. KELLER, PAUL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 15911 EDWARDS DR. 2  
 STE 2  
 City AUSTIN State TX Zip Code 78734-1304  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) AUSTIN ENGINEERING CO INC Occupation (for Individual) ENGINEER  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 31 / 2017  
**Transaction ID : SA11A.526378**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	150.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 348 OF 946  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. KELLER, PAUL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 15911 EDWARDS DR. 2  
 STE 2  
 City AUSTIN State TX Zip Code 78734-1304  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) AUSTIN ENGINEERING CO INC Occupation (for Individual) ENGINEER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 30 / 2017  
**Transaction ID : SA11A.529051**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**B. KELLER, PAUL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 15911 EDWARDS DR. 2  
 STE 2  
 City AUSTIN State TX Zip Code 78734-1304  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) AUSTIN ENGINEERING CO INC Occupation (for Individual) ENGINEER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 30 / 2017  
**Transaction ID : SA11A.529107**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**C. KELLER, PAUL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 15911 EDWARDS DR. 2  
 STE 2  
 City AUSTIN State TX Zip Code 78734-1304  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) AUSTIN ENGINEERING CO INC Occupation (for Individual) ENGINEER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2017  
**Transaction ID : SA11A.532237**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 300.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 349 OF 946
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. KERN, JEROME, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 371 REGATTA DR.  
 City JUPITER State FL Zip Code 33477-4000  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) ORANGE THEORY FITNESS Occupation (for Individual) PARTNER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 11 / 30 / 2017  
**Transaction ID : SA11A.529092**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item CONTRIBUTION

**B. KERR, STEPHEN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6621 125 STREET CT E  
 City PUYALLUP State WA Zip Code 98373-8820  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MULTICARE HEALTH SYSTEMS Occupation (for Individual) PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 10 / 17 / 2017  
**Transaction ID : SA11A.524632**  
 Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION

**C. KERR, STEPHEN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6621 125 STREET CT E  
 City PUYALLUP State WA Zip Code 98373-8820  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MULTICARE HEALTH SYSTEMS Occupation (for Individual) PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 11 / 17 / 2017  
**Transaction ID : SA11A.527956**  
 Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	5200.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 350 OF 946
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. KERR, STEPHEN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6621 125 STREET CT E  
 City PUYALLUP State WA Zip Code 98373-8820  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MULTICARE HEALTH SYSTEMS Occupation (for Individual) PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt **12 / 17 / 2017**  
**Transaction ID : SA11A.531113**  
 Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION

**B. KERR, TED, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2203 BOYD AVENUE  
 City MIDLAND State TX Zip Code 79705-8604  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 630.00

Date of Receipt **10 / 27 / 2017**  
**Transaction ID : SA11A.526180**  
 Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION

**C. KERR, TED, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2203 BOYD AVENUE  
 City MIDLAND State TX Zip Code 79705-8604  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 630.00

Date of Receipt **10 / 27 / 2017**  
**Transaction ID : SA11A.526181**  
 Amount of Each Receipt this Period 30.00  
 Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	230.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 351 OF 946  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. KERR, TED, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2203 BOYD AVENUE  
 City MIDLAND State TX Zip Code 79705-8604  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 630.00

Date of Receipt 10 / 27 / 2017  
**Transaction ID : SA11A.526182**  
 Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION

**B. KERR, TED, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2203 BOYD AVENUE  
 City MIDLAND State TX Zip Code 79705-8604  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 630.00

Date of Receipt 11 / 30 / 2017  
**Transaction ID : SA11A.529229**  
 Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION

**C. KERR, TED, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2203 BOYD AVENUE  
 City MIDLAND State TX Zip Code 79705-8604  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 630.00

Date of Receipt 11 / 30 / 2017  
**Transaction ID : SA11A.529230**  
 Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 300.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 352 OF 946
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. KETCHUM, STEPHEN, J., MR.,**

Mailing Address 375 PARK AVE 33RD FL

City NEW YORK	State NY	Zip Code 10152-0002
------------------	-------------	------------------------

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

Name of Employer (for Individual) SOUND POINT CAPITAL MANAGEMENT	Occupation (for Individual) MANAGING PARTNER
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12		14		2017

**Transaction ID : SA11A.530833**

Amount of Each Receipt this Period  
5000.00

Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**B. KEYES, PATRICK, , MR.,**

Mailing Address 14925 HUSHING BRAE CT

City BROOKFIELD	State WI	Zip Code 53005-2682
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) WEC	Occupation (for Individual) EXECUTIVE
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12		06		2017

**Transaction ID : SA11A.529962**

Amount of Each Receipt this Period  
1000.00

Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**C. KIELLAND, HALVOR, , ,**

Mailing Address 738 WEED ST

City NEW CANAAN	State CT	Zip Code 06840-4016
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
1200.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		27		2017

**Transaction ID : SA11A.525760**

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	6100.00
<b>TOTAL</b> This Period (last page this line number only).....	



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 353 OF 946
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. KIELLAND, HALVOR, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 738 WEED ST  
 City NEW CANAAN State CT Zip Code 06840-4016  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 27 / 2017  
**Transaction ID : SA11A.528335**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**B. KIELLAND, HALVOR, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 738 WEED ST  
 City NEW CANAAN State CT Zip Code 06840-4016  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 27 / 2017  
**Transaction ID : SA11A.531652**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**C. KIERZYNSKI, MICHAEL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5143 COMMERCIAL WAY  
 City SPRING HILL State FL Zip Code 34606-1932  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) KIERZYNSKI & ASSOCIATES CPA PA Occupation (for Individual) CPA  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 27 / 2017  
**Transaction ID : SA11A.525762**  
 Amount of Each Receipt this Period  
 30.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	230.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 354 OF 946  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. KIERZYNSKI, MICHAEL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5143 COMMERCIAL WAY  
 City SPRING HILL State FL Zip Code 34606-1932  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) KIERZYNSKI & ASSOCIATES CPA PA Occupation (for Individual) CPA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 11 / 27 / 2017  
**Transaction ID : SA11A.528339**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
**CONTRIBUTION**

**B. KIERZYNSKI, MICHAEL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5143 COMMERCIAL WAY  
 City SPRING HILL State FL Zip Code 34606-1932  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) KIERZYNSKI & ASSOCIATES CPA PA Occupation (for Individual) CPA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 12 / 27 / 2017  
**Transaction ID : SA11A.531670**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
**CONTRIBUTION**

**C. KIM, DONG KOO, , MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1332 PASEO DEL MAR  
 City PALOS VERDES ESTAT State CA Zip Code 90274-1850  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BP INDUSTRIES INC. Occupation (for Individual) CEO  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 10 / 17 / 2017  
**Transaction ID : SA11A.524622**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
**CONTRIBUTION**

**SUBTOTAL** of Receipts This Page (optional).....▶ 310.00  
**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 355 OF 946  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. KIM, DONG KOO, , MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1332 PASEO DEL MAR  
 City PALOS VERDES ESTAT    State CA    Zip Code 90274-1850  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BP INDUSTRIES INC.    Occupation (for Individual) CEO  
 Receipt For:  Primary     General     Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt **10 / 17 / 2017**  
**Transaction ID : SA11A.524623**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
**CONTRIBUTION**

**B. KIM, DONG KOO, , MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1332 PASEO DEL MAR  
 City PALOS VERDES ESTAT    State CA    Zip Code 90274-1850  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BP INDUSTRIES INC.    Occupation (for Individual) CEO  
 Receipt For:  Primary     General     Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt **11 / 17 / 2017**  
**Transaction ID : SA11A.527946**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
**CONTRIBUTION**

**C. KIM, DONG KOO, , MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1332 PASEO DEL MAR  
 City PALOS VERDES ESTAT    State CA    Zip Code 90274-1850  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BP INDUSTRIES INC.    Occupation (for Individual) CEO  
 Receipt For:  Primary     General     Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt **12 / 17 / 2017**  
**Transaction ID : SA11A.531106**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
**CONTRIBUTION**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 750.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 356 OF 946
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. KIMBERLY, RICHARD, H., MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 101 CONSTITUTION AVE NW  
STE 921

City WASHINGTON State DC Zip Code 20001-2133

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) KIMBERLY CONSULTING LLC Occupation (for Individual) PRESIDENT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 35000.00

Date of Receipt 11 / 20 / 2017  
**Transaction ID : SA11A.527814**

Amount of Each Receipt this Period 35000.00

Memo Item CONTRIBUTION

**B. KIME, CARL, , MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2231 N QUEBEC ST

City ARLINGTON State VA Zip Code 22207-3815

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) INNOVATIVE FEDERAL STRATEGIES Occupation (for Individual) EXECUTIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 11 / 10 / 2017  
**Transaction ID : SA11A.526950**

Amount of Each Receipt this Period 1000.00

Memo Item CONTRIBUTION

**C. KIMMELMAN, DOUGLAS, W., MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 130 OVERLEIGH RD

City BERNARDSVILLE State NJ Zip Code 07924-1519

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) ENERGY CAPITAL PARTNERS Occupation (for Individual) INVESTMENT MANAGER

Receipt For:  Primary  General  Other (specify)

Aggregate Year-to-Date ▼ 75000.00

Date of Receipt 12 / 18 / 2017  
**Transaction ID : SA11A.531077**

Amount of Each Receipt this Period 75000.00

Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 111000.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 357 OF 946  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. KING, RITA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7562 CRESTVIEW DR.  
 City NIWOT State CO Zip Code 80504-7301  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt 10 / 31 / 2017  
**Transaction ID : SA11A.526209**  
 Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION

**B. KING, RITA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7562 CRESTVIEW DR.  
 City NIWOT State CO Zip Code 80504-7301  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt 10 / 31 / 2017  
**Transaction ID : SA11A.526210**  
 Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION

**C. KING, RITA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7562 CRESTVIEW DR.  
 City NIWOT State CO Zip Code 80504-7301  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt 12 / 03 / 2017  
**Transaction ID : SA11A.529766**  
 Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 300.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 358 OF 946  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. KING, RITA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7562 CRESTVIEW DR.  
 City NIWOT State CO Zip Code 80504-7301  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt 12 / 03 / 2017  
**Transaction ID : SA11A.529767**  
 Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION

**B. KING, RITA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7562 CRESTVIEW DR.  
 City NIWOT State CO Zip Code 80504-7301  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt 12 / 03 / 2017  
**Transaction ID : SA11A.529769**  
 Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION

**C. KING, RITA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7562 CRESTVIEW DR.  
 City NIWOT State CO Zip Code 80504-7301  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt 12 / 21 / 2017  
**Transaction ID : SA11A.531349**  
 Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 300.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 359 OF 946
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. KING, RITA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7562 CRESTVIEW DR.  
 City NIWOT State CO Zip Code 80504-7301  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt 12 / 27 / 2017  
**Transaction ID : SA11A.531791**  
 Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION

**B. KINNISON, ROYCE, , MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3395 OLDENBURG RD NW  
 City MEADVILLE State MS Zip Code 39653-8282  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 10 / 27 / 2017  
**Transaction ID : SA11A.525578**  
 Amount of Each Receipt this Period 45.00  
 Memo Item CONTRIBUTION

**C. KINNISON, ROYCE, , MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3395 OLDENBURG RD NW  
 City MEADVILLE State MS Zip Code 39653-8282  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 12 / 11 / 2017  
**Transaction ID : SA11A.530386**  
 Amount of Each Receipt this Period 45.00  
 Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	190.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 360 OF 946
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. KINNISON, ROYCE, , MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3395 OLDENBURG RD NW

City MEADVILLE	State MS	Zip Code 39653-8282
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
260.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12		22		2017

**Transaction ID : SA11A.531621**

Amount of Each Receipt this Period  
25.00

Memo Item CONTRIBUTION

**B. KINNISON, ROYCE, , MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3395 OLDENBURG RD NW

City MEADVILLE	State MS	Zip Code 39653-8282
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
260.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2017

**Transaction ID : SA11A.532348**

Amount of Each Receipt this Period  
25.00

Memo Item CONTRIBUTION

**C. KLEIN, GEORGE, , MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 535 MADISON AVE

City NEW YORK	State NY	Zip Code 10022-4214
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) PARK TOWER GROUP	Occupation (for Individual) EXECUTIVE
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
110000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12		20		2017

**Transaction ID : SA11A.531207**

Amount of Each Receipt this Period  
10000.00

Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	10050.00
<b>TOTAL</b> This Period (last page this line number only).....	



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 361 OF 946  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. KLUZNIK, JOHN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5180 PARK AVENUE  
 City WHITE BEAR TOWNSHI    State MN    Zip Code 55110-2437  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF EMPLOYED    Occupation (for Individual) PHYSICAL  
 Receipt For:  Primary     General     Other (specify) ▼  
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 10 / 27 / 2017  
**Transaction ID : SA11A.525704**  
 Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION

**B. KLUZNIK, JOHN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5180 PARK AVENUE  
 City WHITE BEAR TOWNSHI    State MN    Zip Code 55110-2437  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF EMPLOYED    Occupation (for Individual) PHYSICAL  
 Receipt For:  Primary     General     Other (specify) ▼  
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 11 / 27 / 2017  
**Transaction ID : SA11A.528355**  
 Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION

**C. KLUZNIK, JOHN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5180 PARK AVENUE  
 City WHITE BEAR TOWNSHI    State MN    Zip Code 55110-2437  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF EMPLOYED    Occupation (for Individual) PHYSICAL  
 Receipt For:  Primary     General     Other (specify) ▼  
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 12 / 27 / 2017  
**Transaction ID : SA11A.531681**  
 Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 300.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 362 OF 946  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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)  
**Team Ryan**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. KNIGHT, MARGARET, , ,**

Mailing Address P.O. BOX337

City ROSICLARE    State IL    Zip Code 62982-0337

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE    Occupation (for Individual) RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 26 / 2017

**Transaction ID : SA11A.525591**

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**B. KNIGHT, MARGARET, , ,**

Mailing Address P.O. BOX337

City ROSICLARE    State IL    Zip Code 62982-0337

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE    Occupation (for Individual) RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 26 / 2017

**Transaction ID : SA11A.528371**

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**C. KNIGHT, MARGARET, , ,**

Mailing Address P.O. BOX337

City ROSICLARE    State IL    Zip Code 62982-0337

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE    Occupation (for Individual) RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 26 / 2017

**Transaction ID : SA11A.531527**

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 300.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 363 OF 946
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. KNIGHT, MITZI, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address P.O. BOX 337

City ROSICLARE	State IL	Zip Code 62982-0337
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	21	/	2017

**Transaction ID : SA11A.525201**

Amount of Each Receipt this Period  
50.00

Memo Item CONTRIBUTION

**B. KNIGHT, MITZI, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address P.O. BOX 337

City ROSICLARE	State IL	Zip Code 62982-0337
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	21	/	2017

**Transaction ID : SA11A.528152**

Amount of Each Receipt this Period  
50.00

Memo Item CONTRIBUTION

**C. KNIGHT, MITZI, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address P.O. BOX 337

City ROSICLARE	State IL	Zip Code 62982-0337
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	21	/	2017

**Transaction ID : SA11A.531374**

Amount of Each Receipt this Period  
50.00

Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	150.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 364 OF 946
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. KNOX, BRADLEY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2624 OAK VALLEY DR  
 City WOODBRIDGE State VA Zip Code 22191-6355  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) AFLAC, INC. Occupation (for Individual) VICE PRESIDENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 11 / 07 / 2017  
**Transaction ID : SA11A.526933**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item CONTRIBUTION

**B. KOCH, CHARLES, G., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO BOX 2256  
 City WICHITA State KS Zip Code 67201-2256  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) KOCH INDUSTRIES Occupation (for Individual) CHAIRMAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 247700.00

Date of Receipt 11 / 29 / 2017  
**Transaction ID : SA11A.528593**  
 Amount of Each Receipt this Period 247700.00  
 Memo Item CONTRIBUTION

**C. KOCH, ELIZABETH, B., MRS.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO BOX 5004  
 City WICHITA State KS Zip Code 67201-5004  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) HOMEMAKER  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 247700.00

Date of Receipt 11 / 29 / 2017  
**Transaction ID : SA11A.528592**  
 Amount of Each Receipt this Period 247700.00  
 Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	496400.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 365 OF 946
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. KOENIG, WALTER, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 531 SOUTH SCHUYLKILL AVE  
 City WEST NORRITON State PA Zip Code 19403-3513  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt 12 / 28 / 2017  
**Transaction ID : SA11A.531722**  
 Amount of Each Receipt this Period 50.00  
 Memo Item CONTRIBUTION

**B. KOHLMAN, ROSS, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 22795 FOREST RIDGE DRIVE  
 City LAKEVILLE State MN Zip Code 55044-8004  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 10 / 12 / 2017  
**Transaction ID : SA11A.523907**  
 Amount of Each Receipt this Period 30.00  
 Memo Item CONTRIBUTION

**C. KOHLMAN, ROSS, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 22795 FOREST RIDGE DRIVE  
 City LAKEVILLE State MN Zip Code 55044-8004  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 11 / 12 / 2017  
**Transaction ID : SA11A.527346**  
 Amount of Each Receipt this Period 30.00  
 Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	110.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 366 OF 946
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. KOHLMAN, ROSS, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 22795 FOREST RIDGE DRIVE

City LAKEVILLE	State MN	Zip Code 55044-8004
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
360.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	12	/	2017

**Transaction ID : SA11A.530795**

Amount of Each Receipt this Period  
30.00

Memo Item CONTRIBUTION

**B. KOPMEIER, MARY, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 46 BLUFF VIEW TERRACE

City FAIRFIELD GLADE	State TN	Zip Code 38558-3000
-------------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	28	/	2017

**Transaction ID : SA11A.526146**

Amount of Each Receipt this Period  
25.00

Memo Item CONTRIBUTION

**C. KOPMEIER, MARY, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 46 BLUFF VIEW TERRACE

City FAIRFIELD GLADE	State TN	Zip Code 38558-3000
-------------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	28	/	2017

**Transaction ID : SA11A.528776**

Amount of Each Receipt this Period  
25.00

Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	80.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 367 OF 946  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**KOPMEIER, MARY, , ,**

Mailing Address **46 BLUFF VIEW TERRACE**

City **FAIRFIELD GLADE**    State **TN**    Zip Code **38558-3000**

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) **NONE**    Occupation (for Individual) **RETIRED**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt **12 / 28 / 2017**

**Transaction ID : SA11A.531757**

Amount of Each Receipt this Period **25.00**

Memo Item CONTRIBUTION

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**KOTCH, ANDREW, , ,**

Mailing Address **2373 LAKE AVENUE**

City **ALLISON PARK**    State **PA**    Zip Code **15101-3466**

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) **KUHN'S QUALITY FOODS**    Occupation (for Individual) **BAKER'S ASSISTANT**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **305.00**

Date of Receipt **10 / 26 / 2017**

**Transaction ID : SA11A.525593**

Amount of Each Receipt this Period **25.00**

Memo Item CONTRIBUTION

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**KOTCH, ANDREW, , ,**

Mailing Address **2373 LAKE AVENUE**

City **ALLISON PARK**    State **PA**    Zip Code **15101-3466**

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) **KUHN'S QUALITY FOODS**    Occupation (for Individual) **BAKER'S ASSISTANT**

Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼ **305.00**

Date of Receipt **11 / 26 / 2017**

**Transaction ID : SA11A.528373**

Amount of Each Receipt this Period **25.00**

Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **75.00**

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 368 OF 946
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. KOTCH, ANDREW, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2373 LAKE AVENUE

City ALLISON PARK	State PA	Zip Code 15101-3466
----------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) KUHN'S QUALITY FOODS	Occupation (for Individual) BAKER'S ASSISTANT
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
305.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	26	/	2017

**Transaction ID : SA11A.531531**

Amount of Each Receipt this Period  
25.00

Memo Item CONTRIBUTION

**B. KRAEMER, CHARLES, W., MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 335 PARK LANE

City LAKE BLUFF	State IL	Zip Code 60044-2320
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	04	/	2017

**Transaction ID : SA11A.523152**

Amount of Each Receipt this Period  
50.00

Memo Item CONTRIBUTION

**C. KRAEMER, CHARLES, W., MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 335 PARK LANE

City LAKE BLUFF	State IL	Zip Code 60044-2320
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	04	/	2017

**Transaction ID : SA11A.526857**

Amount of Each Receipt this Period  
50.00

Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	125.00
<b>TOTAL</b> This Period (last page this line number only).....	



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 369 OF 946
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. KRAEMER, CHARLES, W., MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 335 PARK LANE

City LAKE BLUFF	State IL	Zip Code 60044-2320
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	04	/	2017

**Transaction ID : SA11A.529566**

Amount of Each Receipt this Period  
50.00

Memo Item  
CONTRIBUTION

**B. KRAGOVICH, NICK, , MR., III**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 132 BELLVIEW DR

City ROCK SPRINGS	State WY	Zip Code 82901-4504
----------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
475.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	26	/	2017

**Transaction ID : SA11A.525427**

Amount of Each Receipt this Period  
30.00

Memo Item  
CONTRIBUTION

**C. KRAGOVICH, NICK, , MR., III**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 132 BELLVIEW DR

City ROCK SPRINGS	State WY	Zip Code 82901-4504
----------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
475.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	07	/	2017

**Transaction ID : SA11A.530094**

Amount of Each Receipt this Period  
75.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	155.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 370 OF 946
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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)  
**Team Ryan**

**A. KRAPF, DALE, N., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 220 HUNTING HILL LANE  
 City WEST CHESTER State PA Zip Code 19382-2355  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) KRAPF GROUP Occupation (for Individual) CHAIRMAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt **12 / 26 / 2017**  
**Transaction ID : SA11A.531249**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item CONTRIBUTION

**B. KRAUSE, PAUL, , MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1301 N HERKIMER ST  
 City JOLIET State IL Zip Code 60432-1057  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) AUTO DISMANTLER/REESTATE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1350.00

Date of Receipt **10 / 26 / 2017**  
**Transaction ID : SA11A.525609**  
 Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION

**C. KRAUSE, PAUL, , MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1301 N HERKIMER ST  
 City JOLIET State IL Zip Code 60432-1057  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) AUTO DISMANTLER/REESTATE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1350.00

Date of Receipt **11 / 26 / 2017**  
**Transaction ID : SA11A.528384**  
 Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1200.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 371 OF 946
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. KRAUSE, PAUL, , MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1301 N HERKIMER ST  
 City JOLIET State IL Zip Code 60432-1057  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) AUTO DISMANTLER/REESTATE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1350.00

Date of Receipt 12 / 26 / 2017  
**Transaction ID : SA11A.531538**  
 Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION

**B. KRISHNAN, SUREKHA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10112 PARKWOOD TER  
 City BETHESDA State MD Zip Code 20814-4036  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MEDIMMUNE, LLC Occupation (for Individual) SCIENTIST  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 10 / 21 / 2017  
**Transaction ID : SA11A.525210**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**C. KRISHNAN, SUREKHA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10112 PARKWOOD TER  
 City BETHESDA State MD Zip Code 20814-4036  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MEDIMMUNE, LLC Occupation (for Individual) SCIENTIST  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 11 / 21 / 2017  
**Transaction ID : SA11A.528146**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	150.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 372 OF 946
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. KRISKEY, RICHARD, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 11 RIVER RD  
101

City COS COB State CT Zip Code 06807-2754

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
10 / 31 / 2017

**Transaction ID : SA11A.526413**

Amount of Each Receipt this Period  
50.00

Memo Item CONTRIBUTION

**B. KRISKEY, RICHARD, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 11 RIVER RD  
101

City COS COB State CT Zip Code 06807-2754

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
11 / 30 / 2017

**Transaction ID : SA11A.529156**

Amount of Each Receipt this Period  
50.00

Memo Item CONTRIBUTION

**C. KRISKEY, RICHARD, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 11 RIVER RD  
101

City COS COB State CT Zip Code 06807-2754

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
12 / 31 / 2017

**Transaction ID : SA11A.532288**

Amount of Each Receipt this Period  
50.00

Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 150.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 373 OF 946
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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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)  
**Team Ryan**

**A. KRISTIANSON, JOHN, A., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 236 MIRA MAR AVE  
 City LONG BEACH State CA Zip Code 90803-6126  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) ENROLLED AGENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 01 / 2017  
**Transaction ID : SA11A.522756**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item  
 CONTRIBUTION

**B. KRISTIANSON, JOHN, A., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 236 MIRA MAR AVE  
 City LONG BEACH State CA Zip Code 90803-6126  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) ENROLLED AGENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 01 / 2017  
**Transaction ID : SA11A.526558**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item  
 CONTRIBUTION

**C. KRISTIANSON, JOHN, A., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 236 MIRA MAR AVE  
 City LONG BEACH State CA Zip Code 90803-6126  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) ENROLLED AGENT  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 01 / 2017  
**Transaction ID : SA11A.529380**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	75.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 374 OF 946  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. KROL, JOHN, A., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4851 BONITA BAY BLVD  
 PH 101  
 City BONITA SPRINGS State FL Zip Code 34134-3618  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 27 / 2017  
**Transaction ID : SA11A.525573**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item  
 CONTRIBUTION

**B. KROM JR., ED, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 27 STANLEY ST  
 City KINGSTON State NY Zip Code 12401-4057  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) JOHN BEAN TECHNOLOGIES INC. Occupation (for Individual) FABRICATOR/WELDER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 11 / 2017  
**Transaction ID : SA11A.530655**  
 Amount of Each Receipt this Period  
 20.00  
 Memo Item  
 CONTRIBUTION

**C. KRUGER, EVELYN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1611 MINUTEMEN CSWY  
 UNIT 208  
 City COCOA BEACH State FL Zip Code 32931-2041  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 19 / 2017  
**Transaction ID : SA11A.524917**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 320.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 375 OF 946
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. KRUGER, EVELYN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1611 MINUTEMEN CSWY  
 UNIT 208  
 City COCOA BEACH State FL Zip Code 32931-2041  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 19 / 2017  
**Transaction ID : SA11A.528060**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item  
 CONTRIBUTION

**B. KRUGER, EVELYN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1611 MINUTEMEN CSWY  
 UNIT 208  
 City COCOA BEACH State FL Zip Code 32931-2041  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2017  
**Transaction ID : SA11A.531306**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item  
 CONTRIBUTION

**C. KUEBLER, JOHN, F., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 15814 E MAJESTIC STREET  
 City WICHITA State KS Zip Code 67230-6607  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FLINT HILLS RESOURCES Occupation (for Individual) MANAGER  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 13 / 2017  
**Transaction ID : SA11A.527134**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	200.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 376 OF 946
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. KUEBLER, JOHN, F., MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 15814 E MAJESTIC STREET

City WICHITA	State KS	Zip Code 67230-6607
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) FLINT HILLS RESOURCES	Occupation (for Individual) MANAGER
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12		18		2017

**Transaction ID : SA11A.530984**

Amount of Each Receipt this Period  
200.00

Memo Item  
CONTRIBUTION

**B. KUETER, DANIEL, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 10844 CAMPDEN LAKES BLVD

City DUBLIN	State OH	Zip Code 43016-8297
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) OHIOHEALTH STAR	Occupation (for Individual) CEO
--	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2017

**Transaction ID : SA11A.532221**

Amount of Each Receipt this Period  
350.00

Memo Item  
CONTRIBUTION

**C. KUHN, THOMAS, R., MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7101 SAUNDERS CT

City BETHESDA	State MD	Zip Code 20817-4102
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) EDISON ELECTRIC INSTITUTE	Occupation (for Individual) PRESIDENT
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
10000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12		20		2017

**Transaction ID : SA11A.531198**

Amount of Each Receipt this Period  
10000.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	10550.00
<b>TOTAL</b> This Period (last page this line number only).....	



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 377 OF 946
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. KUZKA, ROBERT, , MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5 OLD CABIN RD

City NEWTOWN	State PA	Zip Code 18940-2533
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SMART SAND	Occupation (for Individual) EXECUTIVE
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	02	/	2017

**Transaction ID : SA11A.526513**

Amount of Each Receipt this Period  
1000.00

Memo Item  
CONTRIBUTION

**B. LABRADOR, MARY, B., ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 105 WHIPPLE AVENUE

City SAN FRANCISCO	State CA	Zip Code 94112-4137
-----------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	27	/	2017

**Transaction ID : SA11A.531267**

Amount of Each Receipt this Period  
500.00

Memo Item  
CONTRIBUTION

**C. LACY, DUANE, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 16397 SHERIDAN DR

City PARKER	State CO	Zip Code 80134-9330
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
336.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	10	/	2017

**Transaction ID : SA11A.527375**

Amount of Each Receipt this Period  
56.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1556.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 378 OF 946
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. LANGENDORF, PATRICIA, M., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2101 S GARFIELD AVE  
 319  
 City LOVELAND State CO Zip Code 80537-7377  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 675.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 23 / 2017  
**Transaction ID : SA11A.525156**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item  
 CONTRIBUTION

**B. LANGENDORF, PATRICIA, M., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2101 S GARFIELD AVE  
 319  
 City LOVELAND State CO Zip Code 80537-7377  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 675.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 23 / 2017  
**Transaction ID : SA11A.528239**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item  
 CONTRIBUTION

**C. LANGENDORF, PATRICIA, M., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2101 S GARFIELD AVE  
 319  
 City LOVELAND State CO Zip Code 80537-7377  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 675.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 23 / 2017  
**Transaction ID : SA11A.531614**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	150.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 379 OF 946
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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)  
**Team Ryan**

**A. LANHAM, ROBERT, C., , JR.**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2210 BRITTON RIDGE DR  
 City KATY State TX Zip Code 77494-3917  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WILLIAMS BROTHERS CONSTRUCTION Occupation (for Individual) VICE PRESIDENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 25000.00

Date of Receipt 10 / 11 / 2017  
**Transaction ID : SA11A.523207**  
 Amount of Each Receipt this Period 25000.00  
 Memo Item CONTRIBUTION

**B. LARSON, MADELEINE, C., MS.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. BOX 8207  
 City ASPEN State CO Zip Code 81612-8207  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 11 / 2017  
**Transaction ID : SA11A.523445**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**C. LARSON, MADELEINE, C., MS.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. BOX 8207  
 City ASPEN State CO Zip Code 81612-8207  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 11 / 11 / 2017  
**Transaction ID : SA11A.527354**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	25050.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 380 OF 946
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. LARSON, MADELEINE, C., MS.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address P.O. BOX 8207

City ASPEN	State CO	Zip Code 81612-8207
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer (for Individual) NONE		Occupation (for Individual) RETIRED
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
12 / 11 / 2017  
**Transaction ID : SA11A.530667**

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

**B. LAUBER, SCOTT, J., MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 612 S 55TH DR

City UNION GROVE	State WI	Zip Code 53182-9311
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer (for Individual) WEC		Occupation (for Individual) CFO
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
12 / 06 / 2017  
**Transaction ID : SA11A.529961**

Amount of Each Receipt this Period  
1000.00

Memo Item  
CONTRIBUTION

**C. LAURANCE, GEORGE, E., ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 12500 MARION LANE W 4119

City MINNETONKA	State MN	Zip Code 55305-1377
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer (for Individual) NONE		Occupation (for Individual) RETIRED
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
10 / 18 / 2017  
**Transaction ID : SA11A.524716**

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1050.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 381 OF 946
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. LAURANCE, GEORGE, E., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 12500 MARION LANE W  
 4119  
 City MINNETONKA State MN Zip Code 55305-1377  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 11 / 18 / 2017  
**Transaction ID : SA11A.528104**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**B. LAURANCE, GEORGE, E., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 12500 MARION LANE W  
 4119  
 City MINNETONKA State MN Zip Code 55305-1377  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 12 / 18 / 2017  
**Transaction ID : SA11A.531095**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**C. LAWRENCE, BYRON, H., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 426 SPENCER AVE  
 City LANCASTER State PA Zip Code 17603-4933  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 10 / 28 / 2017  
**Transaction ID : SA11A.526154**  
 Amount of Each Receipt this Period 50.00  
 Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	100.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 382 OF 946
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. LAWRENCE, BYRON, H., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 426 SPENCER AVE  
 City LANCASTER State PA Zip Code 17603-4933  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 11 / 28 / 2017  
**Transaction ID : SA11A.528796**  
 Amount of Each Receipt this Period 50.00  
 Memo Item CONTRIBUTION

**B. LAWRENCE, BYRON, H., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 426 SPENCER AVE  
 City LANCASTER State PA Zip Code 17603-4933  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 12 / 28 / 2017  
**Transaction ID : SA11A.531781**  
 Amount of Each Receipt this Period 50.00  
 Memo Item CONTRIBUTION

**C. LEE , CRAIG , , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3600 WAKETON RD  
 City FLOWER MOUND State TX Zip Code 75028-2460  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SOMERPOINTE RESORTS Occupation (for Individual) SALES  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 01 / 2017  
**Transaction ID : SA11A.522750**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	125.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 383 OF 946
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. LEE, JENNIFER, D., MS.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3015 W 13 MILE ROAD  
UNIT 110

City ROYAL OAK State MI Zip Code 48073-2952

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) AIRFOIL Occupation (for Individual) PR PROFESSIONAL

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt 11 / 29 / 2017  
**Transaction ID : SA11A.529278**

Amount of Each Receipt this Period 25.00

Memo Item CONTRIBUTION

**B. LEE, JOHN, RIDINGS, , SR.**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3131 TURTLE CREEK BLVD  
STE 1220

City DALLAS State TX Zip Code 75219-5405

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) JOHN RIDINGS LEE CO Occupation (for Individual) INSURANCE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2700.00

Date of Receipt 10 / 16 / 2017  
**Transaction ID : SA11A.523981**

Amount of Each Receipt this Period 2700.00

Memo Item CONTRIBUTION

**C. LEE, WILLIAM, G., MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3665 OVERBROOK LANE

City HOUSTON State TX Zip Code 77027-4127

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) VINSON ELKINS LLP Occupation (for Individual) ATTORNEY

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 17 / 2017  
**Transaction ID : SA11A.527934**

Amount of Each Receipt this Period 100.00

Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2825.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 384 OF 946
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. LEHMAN, DIRKSEN, , MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5025 34TH RD N

City ARLINGTON	State VA	Zip Code 22207-2811
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) CLARK & WEINSTOCK	Occupation (for Individual) CONSULTANT
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	06	/	2017

**Transaction ID : SA11A.529948**

Amount of Each Receipt this Period  
1000.00

Memo Item CONTRIBUTION

**B. LEHMAN, ROBERT, , MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5847 GOVERNORS HILL DR

City ALEXANDRIA	State VA	Zip Code 22310-2358
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) WILMER HALE	Occupation (for Individual) LOBBYIST
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
10000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	11	/	2017

**Transaction ID : SA11A.523226**

Amount of Each Receipt this Period  
2500.00

Memo Item CONTRIBUTION

**C. LEMUNYON, GLENN, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 300 NEW JERSEY AVE NW #900  
STE 900

City WASHINGTON	State DC	Zip Code 20001-2271
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) LEMUNYON GROUP	Occupation (for Individual) CONSULTANT
---	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
10000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	17	/	2017

**Transaction ID : SA11A.524139**

Amount of Each Receipt this Period  
2500.00

Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	6000.00
<b>TOTAL</b> This Period (last page this line number only).....	



SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

FOR LINE NUMBER: PAGE 385 OF 946
Use separate schedule(s) for each category of the Detailed Summary Page
FOR LINE NUMBER: (check only one)
11a 11b 11c 12
13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Team Ryan

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
LEN, WON, , ,
Mailing Address 1050 60TH STREET PLP
City BROOKLYN State NY Zip Code 11219-4851
FEC ID number of contributing federal political committee. C
Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date 300.00
Date of Receipt 10 / 14 / 2017
Transaction ID : SA11A.524215
Amount of Each Receipt this Period 25.00
Memo Item CONTRIBUTION

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
LEN, WON, , ,
Mailing Address 1050 60TH STREET PLP
City BROOKLYN State NY Zip Code 11219-4851
FEC ID number of contributing federal political committee. C
Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date 300.00
Date of Receipt 11 / 14 / 2017
Transaction ID : SA11A.527623
Amount of Each Receipt this Period 25.00
Memo Item CONTRIBUTION

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
LEN, WON, , ,
Mailing Address 1050 60TH STREET PLP
City BROOKLYN State NY Zip Code 11219-4851
FEC ID number of contributing federal political committee. C
Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date 300.00
Date of Receipt 12 / 14 / 2017
Transaction ID : SA11A.530936
Amount of Each Receipt this Period 25.00
Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... 75.00
TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 386 OF 946  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**LENHART, THOMAS, , ,**

Mailing Address **1370 LITTLE NECK ROAD**

City <b>VIRGINIA BEACH</b>	State <b>VA</b>	Zip Code <b>23452-4719</b>
-------------------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) <b>MEGELLAN</b>	Occupation (for Individual) <b>PHARMACIST</b>
--	--

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	17	/	2017

**Transaction ID : SA11A.524640**

Amount of Each Receipt this Period  

50.00
-------

Memo Item CONTRIBUTION

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**LENHART, THOMAS, , ,**

Mailing Address **1370 LITTLE NECK ROAD**

City <b>VIRGINIA BEACH</b>	State <b>VA</b>	Zip Code <b>23452-4719</b>
-------------------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) <b>MEGELLAN</b>	Occupation (for Individual) <b>PHARMACIST</b>
--	--

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	17	/	2017

**Transaction ID : SA11A.527963**

Amount of Each Receipt this Period  

50.00
-------

Memo Item CONTRIBUTION

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**LENHART, THOMAS, , ,**

Mailing Address **1370 LITTLE NECK ROAD**

City <b>VIRGINIA BEACH</b>	State <b>VA</b>	Zip Code <b>23452-4719</b>
-------------------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) <b>MEGELLAN</b>	Occupation (for Individual) <b>PHARMACIST</b>
--	--

Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	17	/	2017

**Transaction ID : SA11A.531120**

Amount of Each Receipt this Period  

50.00
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Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>150.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 387 OF 946  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. LENNY, CHARLES, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3433 EL RADO CT  
 City SARASOTA State FL Zip Code 34232-4620  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 10 / 14 / 2017  
**Transaction ID : SA11A.524210**  
 Amount of Each Receipt this Period 50.00  
 Memo Item CONTRIBUTION

**B. LENNY, CHARLES, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3433 EL RADO CT  
 City SARASOTA State FL Zip Code 34232-4620  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 11 / 14 / 2017  
**Transaction ID : SA11A.527609**  
 Amount of Each Receipt this Period 50.00  
 Memo Item CONTRIBUTION

**C. LENNY, CHARLES, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3433 EL RADO CT  
 City SARASOTA State FL Zip Code 34232-4620  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 12 / 14 / 2017  
**Transaction ID : SA11A.530929**  
 Amount of Each Receipt this Period 50.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....▶ 150.00  
**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 388 OF 946  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. LERNER, STEPHEN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 720 EAST PALISADE AVENUE  
 City ENGLEWOOD CLIFFS State NJ Zip Code 07632-3053  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) LERNER PROPERTIES Occupation (for Individual) REAL ESTATE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 10 / 14 / 2017  
**Transaction ID : SA11A.524221**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**B. LERNER, STEPHEN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 720 EAST PALISADE AVENUE  
 City ENGLEWOOD CLIFFS State NJ Zip Code 07632-3053  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) LERNER PROPERTIES Occupation (for Individual) REAL ESTATE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 11 / 14 / 2017  
**Transaction ID : SA11A.527615**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**C. LESH, RYAN, E., DR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7423 S BROADWAY  
 City RED HOOK State NY Zip Code 12571-1747  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NAPA Occupation (for Individual) PHYSICIAN  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 10 / 16 / 2017  
**Transaction ID : SA11A.524169**  
 Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....▶ 150.00  
**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 389 OF 946
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. LESH, RYAN, E., DR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7423 S BROADWAY

City RED HOOK	State NY	Zip Code 12571-1747
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NAPA	Occupation (for Individual) PHYSICIAN
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1200.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	16	/	2017

**Transaction ID : SA11A.527890**

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

**B. LESH, RYAN, E., DR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7423 S BROADWAY

City RED HOOK	State NY	Zip Code 12571-1747
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NAPA	Occupation (for Individual) PHYSICIAN
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1200.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	16	/	2017

**Transaction ID : SA11A.531148**

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

**C. LEVINSON, SAM, , MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2 WILDER RD

City MONSEY	State NY	Zip Code 10952-1022
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS	Occupation (for Individual) INFORMATION REQUESTED PER BEST EFFORTS
---	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	07	/	2017

**Transaction ID : SA11A.530063**

Amount of Each Receipt this Period  
5000.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	5200.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 390 OF 946
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. LEWIS, DAVID, G., MR., III**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6401 W HAMILTON PARK DR  
 City COLUMBUS State GA Zip Code 31909-3005  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BE  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 20 / 2017  
**Transaction ID : SA11A.527853**  
 Amount of Each Receipt this Period  
 5000.00  
 Memo Item  
 CONTRIBUTION

**B. LEWIS, VERNON, F., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 204 E SANTA CRUZ DRIVE  
 City GOODYEAR State AZ Zip Code 85338-1429  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 535.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 27 / 2017  
**Transaction ID : SA11A.525568**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item  
 CONTRIBUTION

**C. LEWIS, VERNON, F., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 204 E SANTA CRUZ DRIVE  
 City GOODYEAR State AZ Zip Code 85338-1429  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 535.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 11 / 2017  
**Transaction ID : SA11A.530382**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 5150.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 391 OF 946
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. LIANG, SUSAN, S., MS.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1010 FROG LEAP TRL NW

City KENNESAW	State GA	Zip Code 30152-6213
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) HEALTH MARK INC	Occupation (for Individual) ACCOUNTANT MANAGER
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
900.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		03		2017

**Transaction ID : SA11A.522718**

Amount of Each Receipt this Period  
400.00

Memo Item  
CONTRIBUTION

**B. LIEBERMAN, MARK, T., MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1480 KEYSTONE ROAD

City ALLENTOWN	State PA	Zip Code 18103-9613
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12		12		2017

**Transaction ID : SA11A.530601**

Amount of Each Receipt this Period  
1000.00

Memo Item  
CONTRIBUTION

**C. LIEBERMAN, WILLIAM, K., MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 201 GLADSTONE RD

City PITTSBURGH	State PA	Zip Code 15217-1111
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS	Occupation (for Individual) INFORMATION REQUESTED PER BES
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11		20		2017

**Transaction ID : SA11A.527856**

Amount of Each Receipt this Period  
5000.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	6400.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 392 OF 946
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. LIFSEY, KATHARINE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 23217 N 119TH DRIVE  
 City SUN CITY State AZ Zip Code 85373-5408  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) HOSPICE OF THE VALLEY Occupation (for Individual) RECEPTIONIST  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 295.00

Date of Receipt 10 / 20 / 2017  
**Transaction ID : SA11A.524962**  
 Amount of Each Receipt this Period 20.00  
 Memo Item CONTRIBUTION

**B. LIFSEY, KATHARINE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 23217 N 119TH DRIVE  
 City SUN CITY State AZ Zip Code 85373-5408  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) HOSPICE OF THE VALLEY Occupation (for Individual) RECEPTIONIST  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 295.00

Date of Receipt 10 / 28 / 2017  
**Transaction ID : SA11A.526102**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**C. LIFSEY, KATHARINE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 23217 N 119TH DRIVE  
 City SUN CITY State AZ Zip Code 85373-5408  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) HOSPICE OF THE VALLEY Occupation (for Individual) RECEPTIONIST  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 295.00

Date of Receipt 11 / 30 / 2017  
**Transaction ID : SA11A.529442**  
 Amount of Each Receipt this Period 10.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 55.00  
**TOTAL** This Period (last page this line number only)..... ▶



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 393 OF 946
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. LIGHTBURN, RICHARD, C., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1132 OENOKE RIDGE

City NEW CANAAN	State CT	Zip Code 06840-2608
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) MKP CAPITAL MANAGEMENT	Occupation (for Individual) CEO
---	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 30 / 2017  
**Transaction ID : SA11A.528975**

Amount of Each Receipt this Period  
5000.00

Memo Item  
CONTRIBUTION

**B. LIGUORI, GERRY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 740 AZALEA STREET

City BOCA RATON	State FL	Zip Code 33486-3513
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) PREMIER	Occupation (for Individual) BROKER
--	---------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
330.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 25 / 2017  
**Transaction ID : SA11A.525354**

Amount of Each Receipt this Period  
30.00

Memo Item  
CONTRIBUTION

**C. LIGUORI, GERRY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 740 AZALEA STREET

City BOCA RATON	State FL	Zip Code 33486-3513
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) PREMIER	Occupation (for Individual) BROKER
--	---------------------------------------

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
330.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 25 / 2017  
**Transaction ID : SA11A.528413**

Amount of Each Receipt this Period  
30.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	5060.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 394 OF 946
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. LILLIE, DALE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7123 EAST 91SR COURT  
 City TULSA State OK Zip Code 74133-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 01 / 2017  
**Transaction ID : SA11A.522743**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item  
 CONTRIBUTION

**B. LILLIE, DALE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7123 EAST 91SR COURT  
 City TULSA State OK Zip Code 74133-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 01 / 2017  
**Transaction ID : SA11A.526549**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item  
 CONTRIBUTION

**C. LILLIE, DALE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7123 EAST 91SR COURT  
 City TULSA State OK Zip Code 74133-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 01 / 2017  
**Transaction ID : SA11A.529370**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	75.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 395 OF 946  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. LINCOLN, EVE, T., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3600 S YOSEMITE STREET  
 828  
 City DENVER State CO Zip Code 80237-1812  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) TSCHETTER HAMRICK SULZER Occupation (for Individual) CLIENT & PUBLIC RELATIONS MGR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 20 / 2017  
**Transaction ID : SA11A.524960**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item  
 CONTRIBUTION

**B. LINCOLN, EVE, T., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3600 S YOSEMITE STREET  
 828  
 City DENVER State CO Zip Code 80237-1812  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) TSCHETTER HAMRICK SULZER Occupation (for Individual) CLIENT & PUBLIC RELATIONS MGR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 20 / 2017  
**Transaction ID : SA11A.528043**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item  
 CONTRIBUTION

**C. LINCOLN, EVE, T., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3600 S YOSEMITE STREET  
 828  
 City DENVER State CO Zip Code 80237-1812  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) TSCHETTER HAMRICK SULZER Occupation (for Individual) CLIENT & PUBLIC RELATIONS MGR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 20 / 2017  
**Transaction ID : SA11A.531334**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 150.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 396 OF 946
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. LINDIG, LARK, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 11600 ARGONNE FOREST TRL  
UNIT A

City AUSTIN State TX Zip Code 78759-2226

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) DIGITAL MARKETER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2760.00

Date of Receipt 10 / 25 / 2017  
**Transaction ID : SA11A.525342**

Amount of Each Receipt this Period 25.00

Memo Item CONTRIBUTION

**B. LINDIG, LARK, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 11600 ARGONNE FOREST TRL  
UNIT A

City AUSTIN State TX Zip Code 78759-2226

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) DIGITAL MARKETER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2760.00

Date of Receipt 10 / 25 / 2017  
**Transaction ID : SA11A.525364**

Amount of Each Receipt this Period 250.00

Memo Item CONTRIBUTION

**C. LINES, ALVIN, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4430 W CASSIA ST

City BOISE State ID Zip Code 83705-5848

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NAMPA ID FM GROUP Occupation (for Individual) MR.

Receipt For:  Primary  General  Other (specify)

Aggregate Year-to-Date ▼ 275.00

Date of Receipt 10 / 07 / 2017  
**Transaction ID : SA11A.523346**

Amount of Each Receipt this Period 25.00

Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 300.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 397 OF 946
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. LINES, ALVIN, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4430 W CASSIA ST

City BOISE	State ID ID	Zip Code 83705-5848
---------------	----------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NAMPA ID FM GROUP	Occupation (for Individual) MR.
--	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
275.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	07	/	2017

**Transaction ID : SA11A.526926**

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

**B. LINN, WAYNE, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 729 STEEPLECHASE SE

City BEDFORD	State TX	Zip Code 76021-2128
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) CISD	Occupation (for Individual) MECHANIC
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	01	/	2017

**Transaction ID : SA11A.522740**

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

**C. LINN, WAYNE, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 729 STEEPLECHASE SE

City BEDFORD	State TX	Zip Code 76021-2128
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) CISD	Occupation (for Individual) MECHANIC
---	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	01	/	2017

**Transaction ID : SA11A.526568**

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	75.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 398 OF 946  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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)  
**Team Ryan**

**A. LINN, WAYNE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 729 STEEPLECHASE SE  
 City BEDFORD State TX Zip Code 76021-2128  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CISD Occupation (for Individual) MECHANIC  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 12 / 01 / 2017  
**Transaction ID : SA11A.529355**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**B. LITTLE, BRAD, J., THE HONORA,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO BOX 488  
 City EMMETT State ID Zip Code 83617-0488  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) STATE OF IDAHO Occupation (for Individual) LT. GOVERNOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 12 / 18 / 2017  
**Transaction ID : SA11A.530912**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item CONTRIBUTION

**C. LITTLE, PHYLLIS, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2316 W RIDGES BLVD  
 City GRAND JUNCTION State CO Zip Code 81507-2456  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 31 / 2017  
**Transaction ID : SA11A.532229**  
 Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....▶ 1125.00  
**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 399 OF 946
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. LOEPER, JOSEPH, , MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9 DIAMOND DR

City THORNTON	State PA	Zip Code 19373-1106
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) LOEPER AND ASSOCIATES	Occupation (for Individual) CONSULTANT
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		26		2017

**Transaction ID : SA11A.525245**

Amount of Each Receipt this Period  
1000.00

Memo Item  
CONTRIBUTION

**B. LONG, RYAN, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 16 S LEXINGTON ST

City ARLINGTON	State VA	Zip Code 22204-1145
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) BGR GROUP	Occupation (for Individual) CONSULTANT
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
10000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		17		2017

**Transaction ID : SA11A.524137**

Amount of Each Receipt this Period  
2500.00

Memo Item  
CONTRIBUTION

**C. LOOS, DONALD, C., MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3821 BRAE BURN DRIVE

City BAKERSFIELD	State CA	Zip Code 93306-3607
---------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		13		2017

**Transaction ID : SA11A.523930**

Amount of Each Receipt this Period  
50.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3550.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 400 OF 946
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. LOOS, DONALD, C., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3821 BRAE BURN DRIVE  
 City BAKERSFIELD State CA Zip Code 93306-3607  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 13 / 2017  
**Transaction ID : SA11A.523931**  
 Amount of Each Receipt this Period 50.00  
 Memo Item CONTRIBUTION

**B. LOOS, DONALD, C., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3821 BRAE BURN DRIVE  
 City BAKERSFIELD State CA Zip Code 93306-3607  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 20 / 2017  
**Transaction ID : SA11A.524963**  
 Amount of Each Receipt this Period 50.00  
 Memo Item CONTRIBUTION

**C. LOOS, DONALD, C., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3821 BRAE BURN DRIVE  
 City BAKERSFIELD State CA Zip Code 93306-3607  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 20 / 2017  
**Transaction ID : SA11A.528048**  
 Amount of Each Receipt this Period 50.00  
 Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	150.00
<b>TOTAL</b> This Period (last page this line number only).....	



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 401 OF 946
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. LOOS, DONALD, C., MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3821 BRAE BURN DRIVE

City BAKERSFIELD	State CA	Zip Code 93306-3607
---------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	20	/	2017

**Transaction ID : SA11A.531328**

Amount of Each Receipt this Period  
50.00

Memo Item  
CONTRIBUTION

**B. LOPP, JEFFREY, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3225 LOUISE AVE

City DODGE CITY	State KS	Zip Code 67801-6513
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	25	/	2017

**Transaction ID : SA11A.525348**

Amount of Each Receipt this Period  
50.00

Memo Item  
CONTRIBUTION

**C. LOPP, JEFFREY, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3225 LOUISE AVE

City DODGE CITY	State KS	Zip Code 67801-6513
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	25	/	2017

**Transaction ID : SA11A.528402**

Amount of Each Receipt this Period  
50.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	150.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 402 OF 946
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. LOPP, JEFFREY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3225 LOUISE AVE  
 City DODGE CITY State KS Zip Code 67801-6513  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt **12 / 25 / 2017**  
**Transaction ID : SA11A.531552**  
 Amount of Each Receipt this Period 50.00  
 Memo Item CONTRIBUTION

**B. LOTT, THOMAS, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5334 HARRIS WOODS TRACE  
 City FULSHEAR State TX Zip Code 77441-4381  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) APACHE Occupation (for Individual) GEOLOGIST  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt **10 / 24 / 2017**  
**Transaction ID : SA11A.525314**  
 Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION

**C. LOTT, THOMAS, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5334 HARRIS WOODS TRACE  
 City FULSHEAR State TX Zip Code 77441-4381  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) APACHE Occupation (for Individual) GEOLOGIST  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt **11 / 24 / 2017**  
**Transaction ID : SA11A.528220**  
 Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 250.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 403 OF 946
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. LOTT, THOMAS, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5334 HARRIS WOODS TRACE

City FULSHEAR	State TX	Zip Code 77441-4381
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) APACHE	Occupation (for Individual) GEOLOGIST
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1200.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	24	/	2017

**Transaction ID : SA11A.531587**

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

**B. LOUDERMILK, MATTHEW, , MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6360 GA HWY 208

City WAVERLY HALL	State GA	Zip Code 31831-3014
----------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS	Occupation (for Individual) INFORMATION REQUESTED PER BE
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	29	/	2017

**Transaction ID : SA11A.528608**

Amount of Each Receipt this Period  
1500.00

Memo Item  
CONTRIBUTION

**C. LOUIS, SONY, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9940 213TH ST

City QUEENS VILLAGE	State NY	Zip Code 11429-1152
------------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	26	/	2017

**Transaction ID : SA11A.525419**

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1700.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 404 OF 946  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. LOVE, FRANK, C., MR., IV**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10601 N PENNSYLVANIA AVE  
 City OKLAHOMA CITY State OK Zip Code 73120-4108  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) LOVE'S TRAVEL STOP Occupation (for Individual) CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 6875.00

Date of Receipt 11 / 06 / 2017  
**Transaction ID : SA11A.526647**  
 Amount of Each Receipt this Period 4375.00  
 Memo Item CONTRIBUTION

**B. LOVE, GREGORY, M., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10601 N PENNSYLVANIA AVE  
 City OKLAHOMA CITY State OK Zip Code 73120-4108  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) LOVE'S TRAVEL STOP Occupation (for Individual) CO-CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 6875.00

Date of Receipt 11 / 06 / 2017  
**Transaction ID : SA11A.526649**  
 Amount of Each Receipt this Period 4375.00  
 Memo Item CONTRIBUTION

**C. LOVE, JUDITH, M., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10601 N PENNSYLVANIA AVE  
 City OKLAHOMA CITY State OK Zip Code 73120-4108  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) LOVE'S TRAVEL STOP Occupation (for Individual) CHAIRMAN  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 6875.00

Date of Receipt 11 / 06 / 2017  
**Transaction ID : SA11A.526648**  
 Amount of Each Receipt this Period 4375.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 13125.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 405 OF 946
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. LOVE-MEYER, JENNIFER, L., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10601 N PENNSYLVANIA AVE  
 City OKLAHOMA CITY State OK Zip Code 73120-4108  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) LOVE'S TRAVEL STOPS Occupation (for Individual) VICE PRESIDENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4375.00

Date of Receipt 11 / 06 / 2017  
**Transaction ID : SA11A.526650**  
 Amount of Each Receipt this Period 4375.00  
 Memo Item CONTRIBUTION

**B. LU, XINWEI, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8100 RIVER RD APT 1213  
 City NORTH BERGEN State NJ Zip Code 07047-7234  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) THE FORTUNE GROUP Occupation (for Individual) PUBLIC RELATIONS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 10 / 11 / 2017  
**Transaction ID : SA11A.523205**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item CONTRIBUTION

**C. LUKACS, LASZLO, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 24700 GRAND TRAVERSE AVE  
 City BROWNSTOWN State MI Zip Code 48134-8055  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt 10 / 16 / 2017  
**Transaction ID : SA11A.523918**  
 Amount of Each Receipt this Period - 100.00  
 Memo Item CONTRIBUTION  
 CHARGED BACK

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 9275.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 406 OF 946
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. MACADAM, MILLARD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2114 VISTA LAREDO  
 City NEWPORT BEACH State CA Zip Code 92660-4041  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) BUSINESS COACH AND CONSULTAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 29 / 2017  
**Transaction ID : SA11A.526063**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**B. MACARI, JASON, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3100 DIAMOND HILL ROAD  
 City CUMBERLAND State RI Zip Code 02864-2915  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MACARI DEVELOPMENT INC Occupation (for Individual) COMMERCIAL REAL ESTATE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 10 / 10 / 2017  
**Transaction ID : SA11A.523290**  
 Amount of Each Receipt this Period 250.00  
 Memo Item CONTRIBUTION

**C. MACARI, JASON, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3100 DIAMOND HILL ROAD  
 City CUMBERLAND State RI Zip Code 02864-2915  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MACARI DEVELOPMENT INC Occupation (for Individual) COMMERCIAL REAL ESTATE  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 11 / 10 / 2017  
**Transaction ID : SA11A.527381**  
 Amount of Each Receipt this Period 250.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 525.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 407 OF 946
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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)  
**Team Ryan**

**A. MACARI, JASON, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3100 DIAMOND HILL ROAD

City CUMBERLAND	State RI	Zip Code 02864-2915
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) MACARI DEVELOPMENT INC	Occupation (for Individual) COMMERCIAL REAL ESTATE
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	10	/	2017

**Transaction ID : SA11A.530693**

Amount of Each Receipt this Period  
250.00

Memo Item  
CONTRIBUTION

**B. MACDONALD, JUNE, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4017 KILMARTIN DRIVE  
NO

City TALLAHASSEE	State FL	Zip Code 32309-2861
---------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
800.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	27	/	2017

**Transaction ID : SA11A.525763**

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

**C. MACDONALD, JUNE, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4017 KILMARTIN DRIVE  
NO

City TALLAHASSEE	State FL	Zip Code 32309-2861
---------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
800.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2017

**Transaction ID : SA11A.525961**

Amount of Each Receipt this Period  
50.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	325.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 408 OF 946
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. MACDONALD, JUNE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4017 KILMARTIN DRIVE  
 NO  
 City TALLAHASSEE State FL Zip Code 32309-2861  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 27 / 2017  
**Transaction ID : SA11A.528338**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item  
 CONTRIBUTION

**B. MACDONALD, JUNE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4017 KILMARTIN DRIVE  
 NO  
 City TALLAHASSEE State FL Zip Code 32309-2861  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 30 / 2017  
**Transaction ID : SA11A.529135**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item  
 CONTRIBUTION

**C. MACDONALD, JUNE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4017 KILMARTIN DRIVE  
 NO  
 City TALLAHASSEE State FL Zip Code 32309-2861  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 27 / 2017  
**Transaction ID : SA11A.531669**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	100.00
<b>TOTAL</b> This Period (last page this line number only).....	



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 409 OF 946
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**MACDONALD, JUNE, , ,**

Mailing Address **4017 KILMARTIN DRIVE**  
**NO**

City **TALLAHASSEE** State **FL** Zip Code **32309-2861**

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) **NONE** Occupation (for Individual) **RETIRED**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **800.00**

Date of Receipt  
**12 / 30 / 2017**

**Transaction ID : SA11A.532493**

Amount of Each Receipt this Period  
**50.00**

Memo Item  
CONTRIBUTION

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**MACRI, CHARLES, , ,**

Mailing Address **3302 SAUL RD**

City **KENSINGTON** State **MD** Zip Code **20895-3237**

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) **GWU** Occupation (for Individual) **PHYSICIAN**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt  
**10 / 23 / 2017**

**Transaction ID : SA11A.525136**

Amount of Each Receipt this Period  
**150.00**

Memo Item  
CONTRIBUTION

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**MACY, WILLIAM, , ,**

Mailing Address **5131 STAVERLY LANE**

City **PEACHTREE CORNERS** State **GA** Zip Code **30092-1786**

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) **INFORMATION BUILDERS** Occupation (for Individual) **SALES**

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼ **1200.00**

Date of Receipt  
**10 / 26 / 2017**

**Transaction ID : SA11A.525607**

Amount of Each Receipt this Period  
**100.00**

Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... **300.00**

**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 410 OF 946
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. MACY, WILLIAM, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5131 STAVERLY LANE

City PEACHTREE CORNERS	State GA	Zip Code 30092-1786
---------------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) INFORMATION BUILDERS	Occupation (for Individual) SALES
---	--------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1200.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	26	/	2017

**Transaction ID : SA11A.528386**

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

**B. MACY, WILLIAM, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5131 STAVERLY LANE

City PEACHTREE CORNERS	State GA	Zip Code 30092-1786
---------------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) INFORMATION BUILDERS	Occupation (for Individual) SALES
---	--------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1200.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	26	/	2017

**Transaction ID : SA11A.531540**

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

**C. MADDOX, LAUREN, , MS.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 913 SAINT STEPHENS RD

City ALEXANDRIA	State VA	Zip Code 22304-1724
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) PODESTA GROUP	Occupation (for Individual) LOBBYIST
--	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	06	/	2017

**Transaction ID : SA11A.523239**

Amount of Each Receipt this Period  
500.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	700.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 411 OF 946
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. MAGNIER, JOHN, T., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 936 ORCHID POINT WAY  
 City VERO BEACH State FL Zip Code 32963-9517  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 26 / 2017  
**Transaction ID : SA11A.525485**  
 Amount of Each Receipt this Period 500.00  
 Memo Item CONTRIBUTION

**B. MAHONEY, CHRIS, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 237 SOUTHERN HILL DRIVE  
 City JOHNS CREEK State GA Zip Code 30097-5939  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 10 / 26 / 2017  
**Transaction ID : SA11A.525612**  
 Amount of Each Receipt this Period 50.00  
 Memo Item CONTRIBUTION

**C. MAHONEY, CHRIS, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 237 SOUTHERN HILL DRIVE  
 City JOHNS CREEK State GA Zip Code 30097-5939  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 11 / 26 / 2017  
**Transaction ID : SA11A.528385**  
 Amount of Each Receipt this Period 50.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 600.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 412 OF 946
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. MAHONEY, CHRIS, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 237 SOUTHERN HILL DRIVE  
 City JOHNS CREEK State GA Zip Code 30097-5939  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 12 / 26 / 2017  
**Transaction ID : SA11A.531544**  
 Amount of Each Receipt this Period 50.00  
 Memo Item CONTRIBUTION

**B. MANCHESTER, GLORIA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2443 FAIR OAKS BL. 437  
 City SACRAMENTO State CA Zip Code 95825-7684  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CONSTRUCTSURE, LLC Occupation (for Individual) SELF-EMPLOYED CONSULTANT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 14 / 2017  
**Transaction ID : SA11A.524220**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**C. MANCHESTER, GLORIA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2443 FAIR OAKS BL. 437  
 City SACRAMENTO State CA Zip Code 95825-7684  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CONSTRUCTSURE, LLC Occupation (for Individual) SELF-EMPLOYED CONSULTANT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 11 / 14 / 2017  
**Transaction ID : SA11A.527624**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....▶ 100.00  
**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 413 OF 946
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. MANCHESTER, GLORIA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2443 FAIR OAKS BL.  
 437  
 City SACRAMENTO State CA Zip Code 95825-7684  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CONSTRUCTSURE, LLC Occupation (for Individual) SELF-EMPLOYED CONSULTANT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 14 / 2017  
**Transaction ID : SA11A.530940**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item  
 CONTRIBUTION

**B. MANN, MARY, M., MS.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 307 QUEEN ST  
 City ALEXANDRIA State VA Zip Code 22314-2614  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) INTERNATIONAL PAPER Occupation (for Individual) GOVERNMENT RELATIONS DIRECTOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 7500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 16 / 2017  
**Transaction ID : SA11A.523637**  
 Amount of Each Receipt this Period  
 2500.00  
 Memo Item  
 CONTRIBUTION

**C. MANNING, JOHN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4614 DREW CT  
 City LAKELAND State FL Zip Code 33810-8100  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENERTEK Occupation (for Individual) OWNER  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 06 / 2017  
**Transaction ID : SA11A.523264**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2575.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 414 OF 946  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. MANNING, JOHN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4614 DREW CT  
 City LAKELAND State FL Zip Code 33810-8100  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENERTEK Occupation (for Individual) OWNER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt 10 / 30 / 2017  
**Transaction ID : SA11A.525957**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**B. MANNING, JOHN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4614 DREW CT  
 City LAKELAND State FL Zip Code 33810-8100  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENERTEK Occupation (for Individual) OWNER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt 11 / 06 / 2017  
**Transaction ID : SA11A.526838**  
 Amount of Each Receipt this Period 50.00  
 Memo Item CONTRIBUTION

**C. MANNING, JOHN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4614 DREW CT  
 City LAKELAND State FL Zip Code 33810-8100  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENERTEK Occupation (for Individual) OWNER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt 11 / 30 / 2017  
**Transaction ID : SA11A.529132**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....▶ 100.00  
**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 415 OF 946
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. MANNING, JOHN, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 4614 DREW CT  
City LAKELAND State FL Zip Code 33810-8100  
FEC ID number of contributing federal political committee. **C**  
Name of Employer (for Individual) GENERTEK Occupation (for Individual) OWNER  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 700.00

Date of Receipt 12 / 30 / 2017  
**Transaction ID : SA11A.532538**  
Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**B. MANNOS, STEVEN, G., MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 1530 S. STATE STREET UNIT 17N  
City CHICAGO State IL Zip Code 60605-2979  
FEC ID number of contributing federal political committee. **C**  
Name of Employer (for Individual) THE HORTON GROUP Occupation (for Individual) INSURANCE SALES  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 350.00

Date of Receipt 12 / 11 / 2017  
**Transaction ID : SA11A.530796**  
Amount of Each Receipt this Period 50.00  
 Memo Item CONTRIBUTION

**C. MARCHANT, ROBERT, J., MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 607 GREEN RIDGE CIR  
City WATERTOWN State WI Zip Code 53094-6054  
FEC ID number of contributing federal political committee. **C**  
Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BEST EFFORTS  
Receipt For:  Primary  General  Other (specify)  
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 12 / 20 / 2017  
**Transaction ID : SA11A.531214**  
Amount of Each Receipt this Period 1000.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1075.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 416 OF 946
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. MARINACCIO, THOMAS, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1605 RENAISSANCE COMMONS BLVD  
232

City BOYNTON BEACH State FL Zip Code 33426-8200

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) JB INSURANCE Occupation (for Individual) INS BROKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt **10 / 30 / 2017**

**Transaction ID : SA11A.525972**

Amount of Each Receipt this Period 25.00

Memo Item CONTRIBUTION

**B. MARINACCIO, THOMAS, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1605 RENAISSANCE COMMONS BLVD  
232

City BOYNTON BEACH State FL Zip Code 33426-8200

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) JB INSURANCE Occupation (for Individual) INS BROKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt **11 / 30 / 2017**

**Transaction ID : SA11A.529143**

Amount of Each Receipt this Period 25.00

Memo Item CONTRIBUTION

**C. MARINACCIO, THOMAS, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1605 RENAISSANCE COMMONS BLVD  
232

City BOYNTON BEACH State FL Zip Code 33426-8200

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) JB INSURANCE Occupation (for Individual) INS BROKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt **12 / 30 / 2017**

**Transaction ID : SA11A.532539**

Amount of Each Receipt this Period 25.00

Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 75.00

**TOTAL** This Period (last page this line number only)..... ▶



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 417 OF 946
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. MARKWARDT, LORENE, C., MRS.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 207 HCR 3171 LOOP

City MALONE	State TX	Zip Code 76660-3062
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12		12		2017

**Transaction ID : SA11A.530596**

Amount of Each Receipt this Period  
100.00

Memo Item CONTRIBUTION

**B. MARQUEZ, GUILLERMO, , DR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1017 S STEWART RD

City MISSION	State TX	Zip Code 78572-9065
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SELF EMPLOYED	Occupation (for Individual) PHYSICIAN
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		23		2017

**Transaction ID : SA11A.525047**

Amount of Each Receipt this Period  
2000.00

Memo Item CONTRIBUTION

**C. MARSH, TOM, , MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 300 CRESCENT CT #900

City TYLER	State TX	Zip Code 75701-
---------------	-------------	--------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) MARSH OPERATING CO	Occupation (for Individual) OWNER
---	--------------------------------------

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		20		2017

**Transaction ID : SA11A.524890**

Amount of Each Receipt this Period  
5000.00

Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	7100.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 418 OF 946
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. MARTINEZ, ANITA, N., ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3866 BEUTEL COURT

City DALLAS	State TX	Zip Code 75229-6101
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) VOLUNTEER
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
375.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12		11		2017

**Transaction ID : SA11A.530563**

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

**B. MARTIN, EDWARD, S., MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1046 WOODBERRY ROAD

City NEW KENSINGTON	State PA	Zip Code 15068-5308
------------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2200.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		30		2017

**Transaction ID : SA11A.525626**

Amount of Each Receipt this Period  
600.00

Memo Item  
CONTRIBUTION

**C. MARTIN, EDWARD, S., MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1046 WOODBERRY ROAD

City NEW KENSINGTON	State PA	Zip Code 15068-5308
------------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
2200.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12		18		2017

**Transaction ID : SA11A.530988**

Amount of Each Receipt this Period  
600.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1225.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 419 OF 946
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. MARTINEZ, RICARDO, D., DR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1903 W SMITH ST

City EDINBURG	State TX	Zip Code 78541-2208
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SELF EMPLOYED	Occupation (for Individual) PHYSICIAN
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		23		2017

**Transaction ID : SA11A.524828**

Amount of Each Receipt this Period  
2000.00

Memo Item  
CONTRIBUTION

**B. MARTIN, ROLAND, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 269 DEL MESA CARMEL

City CARMEL	State CA	Zip Code 93923-7959
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		14		2017

**Transaction ID : SA11A.524212**

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

**C. MARTIN, ROLAND, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 269 DEL MESA CARMEL

City CARMEL	State CA	Zip Code 93923-7959
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11		14		2017

**Transaction ID : SA11A.527613**

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2050.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 420 OF 946
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. MARTIN, ROLAND, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 269 DEL MESA CARMEL

City CARMEL	State CA	Zip Code 93923-7959
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	14	/	2017

**Transaction ID : SA11A.530933**

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

**B. MARTINELLI, RONALD, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 816 NAULILUS

City AURORA	State OH	Zip Code 44202-8900
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) BOLTING SYSTEMS & SERVICES, INC.	Occupation (for Individual) OFFICE MGR
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
324.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	27	/	2017

**Transaction ID : SA11A.525781**

Amount of Each Receipt this Period  
27.00

Memo Item  
CONTRIBUTION

**C. MARTINELLI, RONALD, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 816 NAULILUS

City AURORA	State OH	Zip Code 44202-8900
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) BOLTING SYSTEMS & SERVICES, INC.	Occupation (for Individual) OFFICE MGR
---	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
324.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	27	/	2017

**Transaction ID : SA11A.528356**

Amount of Each Receipt this Period  
27.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	79.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 421 OF 946
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. MARTINELLI, RONALD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 816 NAULILUS  
 City AURORA State OH Zip Code 44202-8900  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BOLTING SYSTEMS & SERVICES, INC. Occupation (for Individual) OFFICE MGR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 324.00

Date of Receipt 12 / 27 / 2017  
**Transaction ID : SA11A.531683**  
 Amount of Each Receipt this Period 27.00  
 Memo Item CONTRIBUTION

**B. MARTIN, STEVEN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9605 OAK CIRCLE  
 City OMAHA State NE Zip Code 68124-2767  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BLUE CROSS BLUE SHIELD OF NE Occupation (for Individual) EXECUTIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 12 / 11 / 2017  
**Transaction ID : SA11A.530456**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item CONTRIBUTION

**C. MARTOCELLO, STEVEN, A., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 24 MILLER WOODS DR  
 City MILLER PLACE State NY Zip Code 11764-1520  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) UBI PROPERTY MANAGEMENT Occupation (for Individual) EXECUTIVE  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 26 / 2017  
**Transaction ID : SA11A.525249**  
 Amount of Each Receipt this Period 250.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 5277.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 422 OF 946
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. MARTZ, WILLIAM, K., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 356 DALE RD  
 City BETHEL PARK State PA Zip Code 15102-1206  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) EASTMAN CHEMICAL Occupation (for Individual) CHEMICAL ENGINEER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 23 / 2017  
**Transaction ID : SA11A.524865**  
 Amount of Each Receipt this Period 250.00  
 Memo Item CONTRIBUTION

**B. MARVIN, AUDINE, J., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4220 LOWER ROSWELL RD UNIT #7300  
 City MARIETTA State GA Zip Code 30068-4167  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt 10 / 20 / 2017  
**Transaction ID : SA11A.524956**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**C. MARVIN, AUDINE, J., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4220 LOWER ROSWELL RD UNIT #7300  
 City MARIETTA State GA Zip Code 30068-4167  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt 10 / 30 / 2017  
**Transaction ID : SA11A.526455**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 300.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 423 OF 946
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. MARVIN, AUDINE, J., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4220 LOWER ROSWELL RD  
 UNIT #7300  
 City MARIETTA State GA Zip Code 30068-4167  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt 10 / 31 / 2017  
**Transaction ID : SA11A.526474**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**B. MARVIN, AUDINE, J., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4220 LOWER ROSWELL RD  
 UNIT #7300  
 City MARIETTA State GA Zip Code 30068-4167  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt 11 / 20 / 2017  
**Transaction ID : SA11A.528042**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**C. MASSEY, CAROL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6318 S GLENRIDGE DR  
 City SPRINGFIELD State MO Zip Code 65804-7907  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 30 / 2017  
**Transaction ID : SA11A.525964**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....▶ 75.00  
**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 424 OF 946  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. MASSEE, DONALD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6221 CENTURY HILL DR.  
 City RIVERSIDE State CA Zip Code 92506-4666  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RIVERSIDE RADIOLOGY Occupation (for Individual) RADIOLOGIST  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 10 / 29 / 2017  
**Transaction ID : SA11A.526042**  
 Amount of Each Receipt this Period 250.00  
 Memo Item CONTRIBUTION

**B. MASSEE, DONALD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6221 CENTURY HILL DR.  
 City RIVERSIDE State CA Zip Code 92506-4666  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RIVERSIDE RADIOLOGY Occupation (for Individual) RADIOLOGIST  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 11 / 30 / 2017  
**Transaction ID : SA11A.529082**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item CONTRIBUTION

**C. MASTERS, R. TED, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 688 MANATEE BAY DR  
 City BOYNTON BEACH State FL Zip Code 33435-2800  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) ESTATE PRESERVERS LLC Occupation (for Individual) PRESIDENT  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 31 / 2017  
**Transaction ID : SA11A.526408**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1275.00  
**TOTAL** This Period (last page this line number only)..... ▶



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 425 OF 946  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. MASTERS, R. TED, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 688 MANATEE BAY DR  
 City BOYNTON BEACH    State FL    Zip Code 33435-2800  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) ESTATE PRESERVERS LLC    Occupation (for Individual) PRESIDENT  
 Receipt For:  Primary     General     Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 11 / 30 / 2017  
**Transaction ID : SA11A.529145**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**B. MASTERS, R. TED, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 688 MANATEE BAY DR  
 City BOYNTON BEACH    State FL    Zip Code 33435-2800  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) ESTATE PRESERVERS LLC    Occupation (for Individual) PRESIDENT  
 Receipt For:  Primary     General     Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 12 / 31 / 2017  
**Transaction ID : SA11A.532386**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**C. MASTORIS, WILLIAM, , MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2315 S BROOKLAND RD  
 City NEW BERLIN    State WI    Zip Code 53151-3001  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WEC    Occupation (for Individual) SUPPLY CHAIN EXECUTIVE  
 Receipt For:  Primary     General     Other (specify)  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 06 / 2017  
**Transaction ID : SA11A.529950**  
 Amount of Each Receipt this Period 500.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 550.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 426 OF 946
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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)  
**Team Ryan**

**A. MATTHEWS, CHARLES, RAYMOND, MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 25 E SUPERIOR ST UNIT 3501  
 City CHICAGO State IL Zip Code 60611-2674  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WEC Occupation (for Individual) PRESIDENT IL UTILITIES  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 06 / 2017  
**Transaction ID : SA11A.529956**  
 Amount of Each Receipt this Period 500.00  
 Memo Item CONTRIBUTION

**B. MAURAN, FRANK, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 22 PARSONAGE STREET  
 City PROVIDENCE State RI Zip Code 02903-4732  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) PRINTING/SHIPPING  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3000.00

Date of Receipt 10 / 16 / 2017  
**Transaction ID : SA11A.524165**  
 Amount of Each Receipt this Period 250.00  
 Memo Item CONTRIBUTION

**C. MAURAN, FRANK, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 22 PARSONAGE STREET  
 City PROVIDENCE State RI Zip Code 02903-4732  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) PRINTING/SHIPPING  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 3000.00

Date of Receipt 11 / 16 / 2017  
**Transaction ID : SA11A.527893**  
 Amount of Each Receipt this Period 250.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....▶ 1000.00  
**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 427 OF 946
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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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)  
**Team Ryan**

**A. MAURAN, FRANK, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 22 PARSONAGE STREET  
 City PROVIDENCE State RI Zip Code 02903-4732  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) PRINTING/SHIPPING  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3000.00

Date of Receipt 12 / 16 / 2017  
**Transaction ID : SA11A.531147**  
 Amount of Each Receipt this Period 250.00  
 Memo Item CONTRIBUTION

**B. MAXIM, JAMES, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 925 HUNT RD  
 City RADNOR State PA Zip Code 19008-1525  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MAXIM AUTOMOTIVE Occupation (for Individual) EXECUTIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 10 / 01 / 2017  
**Transaction ID : SA11A.522738**  
 Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION

**C. MAXIM, JAMES, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 925 HUNT RD  
 City RADNOR State PA Zip Code 19008-1525  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MAXIM AUTOMOTIVE Occupation (for Individual) EXECUTIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 11 / 01 / 2017  
**Transaction ID : SA11A.526544**  
 Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	450.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 428 OF 946
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. MAXIM, JAMES, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 925 HUNT RD  
 City RADNOR State PA Zip Code 19008-1525  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MAXIM AUTOMOTIVE Occupation (for Individual) EXECUTIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt **12 / 01 / 2017**  
**Transaction ID : SA11A.529364**  
 Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION

**B. MAXWELL, TAYLOR, H., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9121 SOUTHMONT CV206 APT. 206  
 City FORT MYERS State FL Zip Code 33908-6308  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt **10 / 26 / 2017**  
**Transaction ID : SA11A.525605**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**C. MAXWELL, TAYLOR, H., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9121 SOUTHMONT CV206 APT. 206  
 City FORT MYERS State FL Zip Code 33908-6308  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt **11 / 26 / 2017**  
**Transaction ID : SA11A.528378**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	150.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 429 OF 946  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. MAXWELL, TAYLOR, H., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9121 SOUTHMONT CV206  
 APT. 206  
 City FORT MYERS State FL Zip Code 33908-6308  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 12 / 26 / 2017  
**Transaction ID : SA11A.531528**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**B. MAYES, DEBORAH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3730 CARLEY RD  
 City SPRINGDALE State AR Zip Code 72762-7304  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1950.00

Date of Receipt 10 / 01 / 2017  
**Transaction ID : SA11A.522741**  
 Amount of Each Receipt this Period 250.00  
 Memo Item CONTRIBUTION

**C. MAYES, DEBORAH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3730 CARLEY RD  
 City SPRINGDALE State AR Zip Code 72762-7304  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1950.00

Date of Receipt 11 / 01 / 2017  
**Transaction ID : SA11A.526548**  
 Amount of Each Receipt this Period 250.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 525.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 430 OF 946  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**MAYES, DEBORAH, , ,**

Mailing Address **3730 CARLEY RD**

City **SPRINGDALE** State **AR** Zip Code **72762-7304**

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) **NONE** Occupation (for Individual) **RETIRED**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1950.00**

Date of Receipt  
**11 / 29 / 2017**  
**Transaction ID : SA11A.529257**

Amount of Each Receipt this Period  
**100.00**

Memo Item CONTRIBUTION

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**MAYES, DEBORAH, , ,**

Mailing Address **3730 CARLEY RD**

City **SPRINGDALE** State **AR** Zip Code **72762-7304**

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) **NONE** Occupation (for Individual) **RETIRED**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1950.00**

Date of Receipt  
**12 / 01 / 2017**  
**Transaction ID : SA11A.529369**

Amount of Each Receipt this Period  
**250.00**

Memo Item CONTRIBUTION

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**MAYES, DEBORAH, , ,**

Mailing Address **3730 CARLEY RD**

City **SPRINGDALE** State **AR** Zip Code **72762-7304**

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) **NONE** Occupation (for Individual) **RETIRED**

Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼ **1950.00**

Date of Receipt  
**12 / 29 / 2017**  
**Transaction ID : SA11A.531889**

Amount of Each Receipt this Period  
**100.00**

Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **450.00**

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 431 OF 946
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. MAZE, NANCY, CHADBOURNE, MS.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1710 2ND ST  
 City PERU State IL Zip Code 61354-3302  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 651.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 23 / 2017  
**Transaction ID : SA11A.524884**  
 Amount of Each Receipt this Period  
 1.00  
 Memo Item  
 CONTRIBUTION

**B. MCCALLA, JOHN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2295 SOUTH OCEAN BLVD.  
 501  
 City PALM BEACH State FL Zip Code 33480-5357  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 775.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 31 / 2017  
**Transaction ID : SA11A.526198**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item  
 CONTRIBUTION

**C. MCCALLA, JOHN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2295 SOUTH OCEAN BLVD.  
 501  
 City PALM BEACH State FL Zip Code 33480-5357  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 775.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 31 / 2017  
**Transaction ID : SA11A.526211**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	351.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 432 OF 946
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. MCCALLA, JOHN, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2295 SOUTH OCEAN BLVD.  
501

City PALM BEACH State FL Zip Code 33480-5357

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 775.00

Date of Receipt 11 / 30 / 2017  
**Transaction ID : SA11A.529181**

Amount of Each Receipt this Period 250.00

Memo Item CONTRIBUTION

**B. MCCARTER, ANGELA, G., MS.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4088 HIGH MOUNTAIN RD NE

City HUNTSVILLE State AL Zip Code 35811-2618

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2700.00

Date of Receipt 11 / 20 / 2017  
**Transaction ID : SA11A.527837**

Amount of Each Receipt this Period 2700.00

Memo Item CONTRIBUTION

**C. MCCARTY, CHARLES, EMMETT, MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 409 SHADOWOOD DR

City MARSHALL State TX Zip Code 75672-1317

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED

Receipt For:  Primary  General  Other (specify)

Aggregate Year-to-Date ▼ 650.00

Date of Receipt 11 / 28 / 2017  
**Transaction ID : SA11A.528281**

Amount of Each Receipt this Period 150.00

Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 3100.00

**TOTAL** This Period (last page this line number only)..... ▶



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 433 OF 946  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. MCCARTHY, FRANK, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2332 N EARLY ST  
 City ALEXANDRIA State VA Zip Code 22302-1705  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BE  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 07 / 2017  
**Transaction ID : SA11A.526918**  
 Amount of Each Receipt this Period  
 5000.00  
 Memo Item  
 CONTRIBUTION

**B. MCCARTHY, PATRICK, , MR,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 47802 270TH ST  
 City SIOUX FALLS State SD Zip Code 57108-8223  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 21 / 2017  
**Transaction ID : SA11A.525196**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**C. MCCARTHY, PATRICK, , MR,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 47802 270TH ST  
 City SIOUX FALLS State SD Zip Code 57108-8223  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 21 / 2017  
**Transaction ID : SA11A.528132**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 5200.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 434 OF 946
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. MCCARTHY, PATRICK, , MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 47802 270TH ST

City SIOUX FALLS	State SD	Zip Code 57108-8223
---------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1200.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	21	/	2017

**Transaction ID : SA11A.531371**

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

**B. MCCAWE, BRUCE, R., MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 1717

City BELLEVUE	State WA	Zip Code 98009-1717
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) BRUCE MCCAWE COMPANY	Occupation (for Individual) OWNER
---	--------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
25000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	06	/	2017

**Transaction ID : SA11A.526651**

Amount of Each Receipt this Period  
25000.00

Memo Item  
CONTRIBUTION

**C. MCCORMICK, JON, , MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1200 N HARTFORD ST  
APT 502

City ARLINGTON	State VA	Zip Code 22201-7019
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) ITRADE SYSTEMS LLC	Occupation (for Individual) CONSULTANT
---	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
275.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	01	/	2017

**Transaction ID : SA11A.526537**

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	25125.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 435 OF 946  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. MCCORMICK, JON, , MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1200 N HARTFORD ST  
 APT 502  
 City ARLINGTON State VA Zip Code 22201-7019  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) ITRADE SYSTEMS LLC Occupation (for Individual) CONSULTANT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 11 / 01 / 2017  
**Transaction ID : SA11A.526538**  
 Amount of Each Receipt this Period 250.00  
 Memo Item CONTRIBUTION

**B. MCCRAY, GREGORY, C., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9778 MAPLE TRACE CIRCLE  
 City FAIRFAX State VA Zip Code 22032-1145  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 475.00

Date of Receipt 10 / 27 / 2017  
**Transaction ID : SA11A.525719**  
 Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION

**C. MCCRAY, GREGORY, C., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9778 MAPLE TRACE CIRCLE  
 City FAIRFAX State VA Zip Code 22032-1145  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 475.00

Date of Receipt 12 / 29 / 2017  
**Transaction ID : SA11A.531874**  
 Amount of Each Receipt this Period 250.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 600.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 436 OF 946  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. MCCULLOUGH, MALCOLM, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 51 LAWRENCE AVE  
 City MALVERNE State NY Zip Code 11565-1406  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NYS OFFICE MENTAL HEALTH Occupation (for Individual) PSYCHOLOGIST  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 13 / 2017  
**Transaction ID : SA11A.523970**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**B. MCCULLOUGH, MALCOLM, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 51 LAWRENCE AVE  
 City MALVERNE State NY Zip Code 11565-1406  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NYS OFFICE MENTAL HEALTH Occupation (for Individual) PSYCHOLOGIST  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00

Date of Receipt 11 / 13 / 2017  
**Transaction ID : SA11A.527317**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**C. MCCULLOUGH, MALCOLM, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 51 LAWRENCE AVE  
 City MALVERNE State NY Zip Code 11565-1406  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NYS OFFICE MENTAL HEALTH Occupation (for Individual) PSYCHOLOGIST  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00

Date of Receipt 12 / 13 / 2017  
**Transaction ID : SA11A.530847**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 75.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 437 OF 946  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. MCDANOLDS, RICHARD, G., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. BOX 275  
 City NORTH HAVERHILL State NH Zip Code 03774-0275  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 10 / 27 / 2017  
**Transaction ID : SA11A.525511**  
 Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION

**B. MCDANOLDS, RICHARD, G., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. BOX 275  
 City NORTH HAVERHILL State NH Zip Code 03774-0275  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 12 / 12 / 2017  
**Transaction ID : SA11A.530604**  
 Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION

**C. MCEACHERN, MARY, G., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3600 EL CENTRO ST  
 City ST PETE BEACH State FL Zip Code 33706-3908  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) HOMEMAKER  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 10 / 23 / 2017  
**Transaction ID : SA11A.524888**  
 Amount of Each Receipt this Period 200.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 400.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 438 OF 946  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. MCEWEN, JAMES, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6113 DESERT HILLS AVENUS  
 City BAKERSFIELD State CA Zip Code 93309-2562  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) RE BROKER/APPRAISER & NURSE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 07 / 2017  
**Transaction ID : SA11A.523332**  
 Amount of Each Receipt this Period 50.00  
 Memo Item CONTRIBUTION

**B. MCEWEN, JAMES, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6113 DESERT HILLS AVENUS  
 City BAKERSFIELD State CA Zip Code 93309-2562  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) RE BROKER/APPRAISER & NURSE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 31 / 2017  
**Transaction ID : SA11A.526338**  
 Amount of Each Receipt this Period 50.00  
 Memo Item CONTRIBUTION

**C. MCEWEN, JAMES, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6113 DESERT HILLS AVENUS  
 City BAKERSFIELD State CA Zip Code 93309-2562  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) RE BROKER/APPRAISER & NURSE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 17 / 2017  
**Transaction ID : SA11A.528110**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....▶ 125.00  
**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 439 OF 946  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. MCEWEN, JAMES, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6113 DESERT HILLS AVENUS  
 City BAKERSFIELD State CA Zip Code 93309-2562  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) RE BROKER/APPRAISER & NURSE  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt **12 / 17 / 2017**  
**Transaction ID : SA11A.531121**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**B. MCFALL, JEFFREY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 155 W MAIN ST 900  
 City COLUMBUS State OH Zip Code 43215-5000  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) ESC Occupation (for Individual) INTERNATIONAL SALES  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 275.00

Date of Receipt **10 / 19 / 2017**  
**Transaction ID : SA11A.524918**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**C. MCFALL, JEFFREY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 155 W MAIN ST 900  
 City COLUMBUS State OH Zip Code 43215-5000  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) ESC Occupation (for Individual) INTERNATIONAL SALES  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 275.00

Date of Receipt **11 / 19 / 2017**  
**Transaction ID : SA11A.528059**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 75.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 440 OF 946  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. MCFARREN, NEIL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3651 E MCEWEN DR.  
 City FRANKLIN State TN Zip Code 37067-5796  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 10 / 22 / 2017  
**Transaction ID : SA11A.525178**  
 Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION

**B. MCFARREN, NEIL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3651 E MCEWEN DR.  
 City FRANKLIN State TN Zip Code 37067-5796  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 11 / 22 / 2017  
**Transaction ID : SA11A.528179**  
 Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION

**C. MCFARREN, NEIL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3651 E MCEWEN DR.  
 City FRANKLIN State TN Zip Code 37067-5796  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 12 / 22 / 2017  
**Transaction ID : SA11A.531481**  
 Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 300.00  
**TOTAL** This Period (last page this line number only)..... ▶



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 441 OF 946
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. MCGIRR, GARY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3610 SW WOODVALLEY TERR  
 City TOPEKA State KS Zip Code 66614-3551  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) USD 501 SERVICE CENTER Occupation (for Individual) DATA ANALYST  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **10 / 18 / 2017**  
**Transaction ID : SA11A.524711**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**B. MCGIRR, GARY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3610 SW WOODVALLEY TERR  
 City TOPEKA State KS Zip Code 66614-3551  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) USD 501 SERVICE CENTER Occupation (for Individual) DATA ANALYST  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **11 / 18 / 2017**  
**Transaction ID : SA11A.528090**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**C. MCGIRR, GARY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3610 SW WOODVALLEY TERR  
 City TOPEKA State KS Zip Code 66614-3551  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) USD 501 SERVICE CENTER Occupation (for Individual) DATA ANALYST  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **12 / 18 / 2017**  
**Transaction ID : SA11A.531088**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	75.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 442 OF 946  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. MCKAY, JAMES, C., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1708 COURTNEY LANE  
 City LUFKIN State TX Zip Code 75901-5736  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 11 / 06 / 2017  
**Transaction ID : SA11A.526704**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**B. MCKAY, JAMES, C., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1708 COURTNEY LANE  
 City LUFKIN State TX Zip Code 75901-5736  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 12 / 19 / 2017  
**Transaction ID : SA11A.531193**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**C. MCKEE, DALE, , MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2071 ROYAL FERN LN  
 City HOOVER State AL Zip Code 35244-1464  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 11 / 06 / 2017  
**Transaction ID : SA11A.526676**  
 Amount of Each Receipt this Period 2700.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2750.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 443 OF 946
	(check only one)
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. MCKEE, DALE, , MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2071 ROYAL FERN LN

City HOOVER	State AL	Zip Code 35244-1464
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
11		10		2017

**Transaction ID : SA11A.526966**

Amount of Each Receipt this Period  
2300.00

Memo Item  
CONTRIBUTION

**B. MCKEE, RUSSELL, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address P.O. BOX 1144

City COLLEGEDALE	State TN	Zip Code 37315-1144
---------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) MCKEE FOODS CORP	Occupation (for Individual) MANAGEMENT
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2000.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
12		28		2017

**Transaction ID : SA11A.531746**

Amount of Each Receipt this Period  
1000.00

Memo Item  
CONTRIBUTION

**C. MCKEE, RUSSELL, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address P.O. BOX 1144

City COLLEGEDALE	State TN	Zip Code 37315-1144
---------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) MCKEE FOODS CORP	Occupation (for Individual) MANAGEMENT
---	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
2000.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
12		28		2017

**Transaction ID : SA11A.531747**

Amount of Each Receipt this Period  
1000.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	4300.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 444 OF 946
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. MCLEOD, JEAN, C., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1831 NW 112TH TERRACE  
 City PEMBROKE PINES State FL Zip Code 33026-2105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 26 / 2017  
**Transaction ID : SA11A.525586**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item  
 CONTRIBUTION

**B. MCLEOD, JEAN, C., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1831 NW 112TH TERRACE  
 City PEMBROKE PINES State FL Zip Code 33026-2105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 30 / 2017  
**Transaction ID : SA11A.532484**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item  
 CONTRIBUTION

**C. MCMANUS, JOHN, , MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2082 GRACE MANOR CT  
 City MC LEAN State VA Zip Code 22101-4900  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) THE MCMANUS GROUP Occupation (for Individual) CONSULTANT  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 10000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 23 / 2017  
**Transaction ID : SA11A.525042**  
 Amount of Each Receipt this Period  
 2500.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2600.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 445 OF 946
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. MCQUADE, CHARLES, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 170 E END AVENUE  
 APT 11A  
 City NEW YORK State NY Zip Code 10128-7680  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **12 / 11 / 2017**  
**Transaction ID : SA11A.530498**  
 Amount of Each Receipt this Period 500.00  
 Memo Item CONTRIBUTION

**B. MEDINA, BERTHA, , DR,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 721 SAVANNAH AVE  
 City MCALLEN State TX Zip Code 78503-3006  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2700.00

Date of Receipt **10 / 23 / 2017**  
**Transaction ID : SA11A.525048**  
 Amount of Each Receipt this Period 2700.00  
 Memo Item CONTRIBUTION

**C. MEDINA-SOLIS, MARTHA, CARMEN, DR,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1116 W MAPLE AVE  
 City MCALLEN State TX Zip Code 78501-4380  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) PHYSICIAN  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt **10 / 23 / 2017**  
**Transaction ID : SA11A.524821**  
 Amount of Each Receipt this Period 700.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 3900.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 446 OF 946  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. MEGO, CARLOS, D., DR,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 408 GOLDCREST AVE  
 City MCALLEN State TX Zip Code 78504-2018  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5400.00

Date of Receipt 10 / 23 / 2017  
**Transaction ID : SA11A.524822**  
 Amount of Each Receipt this Period 5400.00  
 Memo Item CONTRIBUTION

**B. MEIN, CALVIN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9 SANCTUARY DR.  
 City SAN ANTONIO State TX Zip Code 78248-1666  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETINAL CONSULTANTS OF SAN ANTONIO PA Occupation (for Individual) PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 10 / 31 / 2017  
**Transaction ID : SA11A.526416**  
 Amount of Each Receipt this Period 50.00  
 Memo Item CONTRIBUTION

**C. MEIN, CALVIN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9 SANCTUARY DR.  
 City SAN ANTONIO State TX Zip Code 78248-1666  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETINAL CONSULTANTS OF SAN ANTONIO PA Occupation (for Individual) PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 11 / 30 / 2017  
**Transaction ID : SA11A.529161**  
 Amount of Each Receipt this Period 50.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 5500.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 447 OF 946
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. MEIN, CALVIN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9 SANCTUARY DR.  
 City SAN ANTONIO State TX Zip Code 78248-1666  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETINAL CONSULTANTS OF SAN ANTONIO PA Occupation (for Individual) PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 600.00

Date of Receipt 12 / 31 / 2017  
**Transaction ID : SA11A.532289**  
 Amount of Each Receipt this Period 50.00  
 Memo Item CONTRIBUTION

**B. MELZER, L. STEPHEN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. BOX 2083  
 City MIDLAND State TX Zip Code 79702-2083  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BE  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00

Date of Receipt 12 / 29 / 2017  
**Transaction ID : SA11A.531285**  
 Amount of Each Receipt this Period 200.00  
 Memo Item CONTRIBUTION

**C. MERCALDO, ANTHONY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 42 MAIN STREET  
 City DANBURY State CT Zip Code 06810-3001  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MMBCPAPC Occupation (for Individual) CPA  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 11 / 2017  
**Transaction ID : SA11A.523441**  
 Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	350.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 448 OF 946
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. MERCALDO, ANTHONY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 42 MAIN STREET  
 City DANBURY State CT Zip Code 06810-3001  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MMBCPAPC Occupation (for Individual) CPA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 11 / 11 / 2017  
**Transaction ID : SA11A.527356**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
**CONTRIBUTION**

**B. MERCALDO, ANTHONY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 42 MAIN STREET  
 City DANBURY State CT Zip Code 06810-3001  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MMBCPAPC Occupation (for Individual) CPA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 12 / 11 / 2017  
**Transaction ID : SA11A.530669**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
**CONTRIBUTION**

**C. MILLER, JIM, W., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. BOX 1228  
 City SAINT CLOUD State MN Zip Code 56302-1228  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MILLER COMPANIES Occupation (for Individual) OWNER  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 07 / 2017  
**Transaction ID : SA11A.530100**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
**CONTRIBUTION**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	450.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 449 OF 946
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. MILNE, THOMAS, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5025 N COOK ST  
 City SPOKANE State WA Zip Code 99217-6156  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 31 / 2017  
**Transaction ID : SA11A.526430**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item  
 CONTRIBUTION

**B. MILNE, THOMAS, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5025 N COOK ST  
 City SPOKANE State WA Zip Code 99217-6156  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 30 / 2017  
**Transaction ID : SA11A.529196**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item  
 CONTRIBUTION

**C. MILNE, THOMAS, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5025 N COOK ST  
 City SPOKANE State WA Zip Code 99217-6156  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2017  
**Transaction ID : SA11A.532293**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	150.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 450 OF 946
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. MINTON, BARBARA, ANN, MS.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2117 WHITE FOX WAY  
 City GLEN MILLS State PA Zip Code 19342-2256  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 685.00

Date of Receipt **10 / 25 / 2017**  
**Transaction ID : SA11A.525293**  
 Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION

**B. MINTON, BARBARA, ANN, MS.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2117 WHITE FOX WAY  
 City GLEN MILLS State PA Zip Code 19342-2256  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 685.00

Date of Receipt **12 / 13 / 2017**  
**Transaction ID : SA11A.530767**  
 Amount of Each Receipt this Period 200.00  
 Memo Item CONTRIBUTION

**C. MINTY, KEITH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4308 HATCH STREET  
 City N. LAS VEGAS State NV Zip Code 89032-2808  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **10 / 23 / 2017**  
**Transaction ID : SA11A.525154**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	325.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 451 OF 946
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. MINTY, KEITH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4308 HATCH STREET  
 City N. LAS VEGAS State NV Zip Code 89032-2808  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 23 / 2017  
**Transaction ID : SA11A.528237**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item  
 CONTRIBUTION

**B. MINTY, KEITH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4308 HATCH STREET  
 City N. LAS VEGAS State NV Zip Code 89032-2808  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 23 / 2017  
**Transaction ID : SA11A.531610**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item  
 CONTRIBUTION

**C. MIRANDA, SUSAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 33 SUMMER HOUSE  
 City IRVINE State CA Zip Code 92603-0211  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MIRANDA ACCOUNTUNG CORP Occupation (for Individual) CPA  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 17 / 2017  
**Transaction ID : SA11A.524639**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	75.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 452 OF 946  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. MISCH, ALETHA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6154 WOODSIDE DR.  
 City CASS CITY State MI Zip Code 48726-9013  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 10 / 13 / 2017  
**Transaction ID : SA11A.523972**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**B. MISCH, ALETHA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6154 WOODSIDE DR.  
 City CASS CITY State MI Zip Code 48726-9013  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 11 / 13 / 2017  
**Transaction ID : SA11A.527330**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**C. MISCH, ALETHA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6154 WOODSIDE DR.  
 City CASS CITY State MI Zip Code 48726-9013  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 12 / 13 / 2017  
**Transaction ID : SA11A.530858**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 75.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 453 OF 946  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. MOBLEY , JEANETTE , , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4 BATON ROUGE  
 City IRVINE State CA Zip Code 92604-1904  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 10 / 19 / 2017  
**Transaction ID : SA11A.524891**  
 Amount of Each Receipt this Period 10.00  
 Memo Item CONTRIBUTION

**B. MOBLEY , JEANETTE , , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4 BATON ROUGE  
 City IRVINE State CA Zip Code 92604-1904  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 10 / 30 / 2017  
**Transaction ID : SA11A.525869**  
 Amount of Each Receipt this Period 10.00  
 Memo Item CONTRIBUTION

**C. MOBLEY , JEANETTE , , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4 BATON ROUGE  
 City IRVINE State CA Zip Code 92604-1904  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 11 / 18 / 2017  
**Transaction ID : SA11A.528079**  
 Amount of Each Receipt this Period 10.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....▶ 30.00  
**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 454 OF 946
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. MOBLEY, JEANETTE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4 BATON ROUGE  
 City IRVINE State CA Zip Code 92604-1904  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 12 / 22 / 2017  
**Transaction ID : SA11A.531438**  
 Amount of Each Receipt this Period 20.00  
 Memo Item CONTRIBUTION

**B. MOBLEY, JEANETTE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4 BATON ROUGE  
 City IRVINE State CA Zip Code 92604-1904  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 12 / 29 / 2017  
**Transaction ID : SA11A.531849**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**C. MOHME, RUBEN, , DR,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7309 N 4TH ST  
 City MCALLEN State TX Zip Code 78504-1855  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) PHYSICIAN  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 04 / 2017  
**Transaction ID : SA11A.529306**  
 Amount of Each Receipt this Period 500.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 545.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 455 OF 946  
 (check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. MONAHAN, MARGARET, , ,**

Mailing Address 6084 EAGLE TRACE LANE

City BANNING State CA Zip Code 92220-5488

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 26 / 2017

**Transaction ID : SA11A.525614**

Amount of Each Receipt this Period  
 100.00

Memo Item  
 CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**B. MONAHAN, MARGARET, , ,**

Mailing Address 6084 EAGLE TRACE LANE

City BANNING State CA Zip Code 92220-5488

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 26 / 2017

**Transaction ID : SA11A.528388**

Amount of Each Receipt this Period  
 100.00

Memo Item  
 CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**C. MONAHAN, MARGARET, , ,**

Mailing Address 6084 EAGLE TRACE LANE

City BANNING State CA Zip Code 92220-5488

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED

Receipt For:  
 Primary    General  
 Other (specify)

Aggregate Year-to-Date ▼  
 1200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 26 / 2017

**Transaction ID : SA11A.531545**

Amount of Each Receipt this Period  
 100.00

Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 300.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 456 OF 946
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. MONCADA, ARMANDO, , DR,**

Mailing Address 2312 SW GREENBRIAR SQ

City MCALLEN	State TX	Zip Code 78503-1221
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SELF EMPLOYED	Occupation (for Individual) PHYSICIAN
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2700.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		23		2017

**Transaction ID : SA11A.524823**

Amount of Each Receipt this Period  
2700.00

Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**B. MONCARZ, PIOTR, , ,**

Mailing Address 3255 EMERSON STREET

City PALO ALTO	State CA	Zip Code 94306-2943
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) EXPONENT	Occupation (for Individual) ENGINEER
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1350.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		08		2017

**Transaction ID : SA11A.523325**

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**C. MONCARZ, PIOTR, , ,**

Mailing Address 3255 EMERSON STREET

City PALO ALTO	State CA	Zip Code 94306-2943
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) EXPONENT	Occupation (for Individual) ENGINEER
---	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
1350.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11		08		2017

**Transaction ID : SA11A.527013**

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2900.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 457 OF 946
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. MONCARZ, PIOTR, , ,</b>			Date of Receipt MM / DD / YYYY 12 / 08 / 2017
Mailing Address 3255 EMERSON STREET			<b>Transaction ID : SA11A.530415</b>
City PALO ALTO	State CA	Zip Code 94306-2943	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item CONTRIBUTION
Name of Employer (for Individual) EXPONENT		Occupation (for Individual) ENGINEER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1350.00		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. MONKMAN, WILLIAM, R., ,</b>			Date of Receipt MM / DD / YYYY 10 / 21 / 2017
Mailing Address 1100 CARILLON POINT			<b>Transaction ID : SA11A.525193</b>
City KIRKLAND	State WA	Zip Code 98033-7412	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item CONTRIBUTION
Name of Employer (for Individual) AERIES ENTERPRISES LLC		Occupation (for Individual) CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 7500.00		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. MONKMAN, WILLIAM, R., ,</b>			Date of Receipt MM / DD / YYYY 11 / 21 / 2017
Mailing Address 1100 CARILLON POINT			<b>Transaction ID : SA11A.528130</b>
City KIRKLAND	State WA	Zip Code 98033-7412	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item CONTRIBUTION
Name of Employer (for Individual) AERIES ENTERPRISES LLC		Occupation (for Individual) CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 7500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	600.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 458 OF 946  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. MONKMAN, WILLIAM, R.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1100 CARILLON POINT  
 City KIRKLAND State WA Zip Code 98033-7412  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) AERIES ENTERPRISES LLC Occupation (for Individual) CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 7500.00

Date of Receipt **12 / 21 / 2017**  
**Transaction ID : SA11A.531364**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 CONTRIBUTION

**B. MONTGOMERY, WILLIAM, W., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5051 - 50TH AVENUE NE #14  
 City SEATTLE State WA Zip Code 98105-2873  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt **11 / 30 / 2017**  
**Transaction ID : SA11A.529223**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION

**C. MONTY, JACOB, M., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10802 ROARING BROOK LN  
 City HOUSTON State TX Zip Code 77024-6813  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BEST EFFORTS  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **10 / 23 / 2017**  
**Transaction ID : SA11A.524850**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1350.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 459 OF 946
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. MOON, WAYNE, R., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO BOX 1831  
 City CARMEL State CA Zip Code 93921-1831  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 13 / 2017  
**Transaction ID : SA11A.527129**  
 Amount of Each Receipt this Period 500.00  
 Memo Item CONTRIBUTION

**B. MORALES, CARLOS, E., DR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3325 KENT LN  
 City MCALLEN State TX Zip Code 78503-1315  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2700.00

Date of Receipt 10 / 23 / 2017  
**Transaction ID : SA11A.524820**  
 Amount of Each Receipt this Period 2700.00  
 Memo Item CONTRIBUTION

**C. MORAN, VICKI, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7675 CASHEL COURT  
 City DUBLIN State OH Zip Code 43017-2646  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 12 / 11 / 2017  
**Transaction ID : SA11A.530429**  
 Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 3300.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 460 OF 946
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. MORENO, ANGEL, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1158 SAINT ALBANS LOOP

City HEATHROW	State FL	Zip Code 32746-1955
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS	Occupation (for Individual) INFORMATION REQUESTED PER BE
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	17	/	2017

**Transaction ID : SA11A.524628**

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

**B. MORENO, ANGEL, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1158 SAINT ALBANS LOOP

City HEATHROW	State FL	Zip Code 32746-1955
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS	Occupation (for Individual) INFORMATION REQUESTED PER BE
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	17	/	2017

**Transaction ID : SA11A.527953**

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

**C. MORENO, ANGEL, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1158 SAINT ALBANS LOOP

City HEATHROW	State FL	Zip Code 32746-1955
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS	Occupation (for Individual) INFORMATION REQUESTED PER BE
---	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	17	/	2017

**Transaction ID : SA11A.531110**

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	75.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 461 OF 946  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. MORLEY, FRANCIS, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7575 PELICAN BAY BLVD  
 UNIT 401  
 City NAPLES State FL Zip Code 34108-5533  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **12 / 27 / 2017**  
**Transaction ID : SA11A.531637**  
 Amount of Each Receipt this Period 250.00  
 Memo Item CONTRIBUTION

**B. MORRISON, DALE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 714 HEATHERSIDE RD.  
 City PASADENA State CA Zip Code 91105-1114  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **11 / 29 / 2017**  
**Transaction ID : SA11A.529298**  
 Amount of Each Receipt this Period 250.00  
 Memo Item CONTRIBUTION

**C. MORRISEY, DENISE, HENRY, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 700 13TH ST NW  
 STE 200  
 City WASHINGTON State DC Zip Code 20005-3956  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CAPITOL COUNSEL Occupation (for Individual) CONSULTANT  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 7500.00

Date of Receipt **10 / 14 / 2017**  
**Transaction ID : SA11A.523985**  
 Amount of Each Receipt this Period 2500.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 3000.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 462 OF 946
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. MORRIS, ROSE, MARIE, MS.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4115 CLOVERNOOK LANE

City SEABROOK	State TX	Zip Code 77586-4202
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
700.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
10		26		2017

**Transaction ID : SA11A.525437**

Amount of Each Receipt this Period  
200.00

Memo Item  
CONTRIBUTION

**B. MORRIS, ROSE, MARIE, MS.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4115 CLOVERNOOK LANE

City SEABROOK	State TX	Zip Code 77586-4202
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
700.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
12		15		2017

**Transaction ID : SA11A.530874**

Amount of Each Receipt this Period  
300.00

Memo Item  
CONTRIBUTION

**C. MORSE, JANEY, C., MS.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3010 S VOSS RD

City FREEPORT	State IL	Zip Code 61032-9201
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) THE MORSE GROUP	Occupation (for Individual) CEO
--	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
1250.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
10		06		2017

**Transaction ID : SA11A.523238**

Amount of Each Receipt this Period  
250.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	750.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 463 OF 946
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. MORSE, JANEY, C., MS.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3010 S VOSS RD

City FREEPORT	State IL	Zip Code 61032-9201
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) THE MORSE GROUP	Occupation (for Individual) CEO
--	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2017

**Transaction ID : SA11A.532219**

Amount of Each Receipt this Period  
1000.00

Memo Item  
CONTRIBUTION

**B. MOSS, FRANK, , MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1462 W 1500 S

City WOODS CROSS	State UT	Zip Code 84087-2212
---------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) MOSS MANAGEMENT INC	Occupation (for Individual) MANAGER
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		19		2017

**Transaction ID : SA11A.524930**

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

**C. MOSS, FRANK, , MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1462 W 1500 S

City WOODS CROSS	State UT	Zip Code 84087-2212
---------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) MOSS MANAGEMENT INC	Occupation (for Individual) MANAGER
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11		19		2017

**Transaction ID : SA11A.528075**

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1050.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 464 OF 946
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. MOSS, FRANK, , MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1462 W 1500 S

City WOODS CROSS	State UT	Zip Code 84087-2212
---------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) MOSS MANAGEMENT INC	Occupation (for Individual) MANAGER
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2017  
**Transaction ID : SA11A.531315**

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

**B. MUELLER, WENDY, , MRS.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 15212 CALAVERAS DR.

City AUSTIN	State TX	Zip Code 78717-4635
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) STATE FARM	Occupation (for Individual) FIRE OPS MGR
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 29 / 2017  
**Transaction ID : SA11A.528913**

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

**C. MULLEN, MICHAEL, C., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9307 FITZ FOLLY DR

City GREAT FALLS	State VA	Zip Code 22066-4158
---------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) EXPRESS ASSOCIATION OF AMERICA	Occupation (for Individual) EXECUTIVE DIRECTOR
---	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
10000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 19 / 2017  
**Transaction ID : SA11A.524680**

Amount of Each Receipt this Period  
10000.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	10125.00
<b>TOTAL</b> This Period (last page this line number only).....	



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 465 OF 946
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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)  
**Team Ryan**

**A. MULLIGAN, JOHN, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 340 EAST 64TH STREET  
9P

City NEW YORK	State NY	Zip Code 10065-7503
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NYC DEPT FINANCE	Occupation (for Individual) ATTORNEY
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		28		2017

**Transaction ID : SA11A.526170**

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

**B. MULLIGAN, JOHN, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 340 EAST 64TH STREET  
9P

City NEW YORK	State NY	Zip Code 10065-7503
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NYC DEPT FINANCE	Occupation (for Individual) ATTORNEY
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11		28		2017

**Transaction ID : SA11A.528794**

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

**C. MULLIGAN, JOHN, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 340 EAST 64TH STREET  
9P

City NEW YORK	State NY	Zip Code 10065-7503
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NYC DEPT FINANCE	Occupation (for Individual) ATTORNEY
---	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12		28		2017

**Transaction ID : SA11A.531787**

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	75.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 466 OF 946
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. MULROY, MOLLY, A., MRS.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3252 S DELAWARE AVE

City MILWAUKEE	State WI	Zip Code 53207-3021
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) WE ENERGY	Occupation (for Individual) CHIEF INFORMATION OFFICER
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	06	/	2017

**Transaction ID : SA11A.529947**

Amount of Each Receipt this Period  
500.00

Memo Item CONTRIBUTION

**B. MULZER, KENNETH, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 365

City SANTA CLAUS	State IN	Zip Code 47579-0365
---------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	24	/	2017

**Transaction ID : SA11A.525030**

Amount of Each Receipt this Period  
1000.00

Memo Item CONTRIBUTION

**C. MURCIA, JAIME, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address LENAPE TRAIL

City LAKEWOOD	State NJ	Zip Code 08701-
------------------	-------------	--------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	27	/	2017

**Transaction ID : SA11A.525731**

Amount of Each Receipt this Period  
50.00

Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1550.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 467 OF 946
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. MURCIA, JAIME, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address **LENAPE TRAIL**  
 City **LAKEWOOD** State **NJ** Zip Code **08701-**  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) **NONE** Occupation (for Individual) **RETIRED**  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **240.00**

Date of Receipt **10 / 29 / 2017**  
**Transaction ID : SA11A.526073**  
 Amount of Each Receipt this Period **25.00**  
 Memo Item CONTRIBUTION

**B. MURCIA, JAIME, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address **LENAPE TRAIL**  
 City **LAKEWOOD** State **NJ** Zip Code **08701-**  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) **NONE** Occupation (for Individual) **RETIRED**  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **240.00**

Date of Receipt **11 / 29 / 2017**  
**Transaction ID : SA11A.528953**  
 Amount of Each Receipt this Period **25.00**  
 Memo Item CONTRIBUTION

**C. MURCIA, JAIME, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address **LENAPE TRAIL**  
 City **LAKEWOOD** State **NJ** Zip Code **08701-**  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) **NONE** Occupation (for Individual) **RETIRED**  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **240.00**

Date of Receipt **12 / 29 / 2017**  
**Transaction ID : SA11A.531923**  
 Amount of Each Receipt this Period **25.00**  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... **75.00**  
**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 468 OF 946
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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)  
**Team Ryan**

**A. MURCIA, JAIME, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address **LENAPE TRAIL**  
 City **LAKEWOOD** State **NJ** Zip Code **08701-**  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) **NONE** Occupation (for Individual) **RETIRED**  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **240.00**

Date of Receipt **12 / 31 / 2017**  
**Transaction ID : SA11A.532435**  
 Amount of Each Receipt this Period **15.00**  
 Memo Item CONTRIBUTION

**B. MURPHY, ANN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address **19951 COLLIER ST**  
 City **WOODLAND HILLS** State **CA** Zip Code **91364-3504**  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) **NONE** Occupation (for Individual) **RETIRED**  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **350.00**

Date of Receipt **10 / 21 / 2017**  
**Transaction ID : SA11A.525204**  
 Amount of Each Receipt this Period **25.00**  
 Memo Item CONTRIBUTION

**C. MURPHY, ANN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address **19951 COLLIER ST**  
 City **WOODLAND HILLS** State **CA** Zip Code **91364-3504**  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) **NONE** Occupation (for Individual) **RETIRED**  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **350.00**

Date of Receipt **11 / 21 / 2017**  
**Transaction ID : SA11A.528140**  
 Amount of Each Receipt this Period **25.00**  
 Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>65.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 469 OF 946
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. MURPHY, ANN, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 19951 COLLIER ST

City WOODLAND HILLS	State CA	Zip Code 91364-3504
------------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	21	/	2017

**Transaction ID : SA11A.531379**

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

**B. MURPHY, JAMES, W., MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 11800 PEBBLEPOINTE PASS

City CARMEL	State IN	Zip Code 46033-9671
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	07	/	2017

**Transaction ID : SA11A.530088**

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

**C. MURPHY, KATHLEEN, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2301 E FREMONT AVE  
APT X6

City CENTENNIAL	State CO	Zip Code 80122-1658
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) QUEST DIAGNOSTICS	Occupation (for Individual) PHLEBOTOMIST
--	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
275.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	01	/	2017

**Transaction ID : SA11A.522734**

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	150.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 470 OF 946
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. MURPHY, KATHLEEN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2301 E FREMONT AVE  
 APT X6

City CENTENNIAL State CO Zip Code 80122-1658

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) QUEST DIAGNOSTICS Occupation (for Individual) PHLEBOTOMIST

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt 11 / 01 / 2017  
**Transaction ID : SA11A.526542**

Amount of Each Receipt this Period 25.00

Memo Item CONTRIBUTION

**B. MURRAY, CHARLES, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 25820 CREEKBEND DR

City BONITA SPRINGS State FL Zip Code 34135-9519

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) ATTORNEY

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 13 / 2017  
**Transaction ID : SA11A.523962**

Amount of Each Receipt this Period 50.00

Memo Item CONTRIBUTION

**C. MURRAY, MICHAEL, L., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 721 WOODLAND WEST DRIVE

City WOODLAND PARK State CO Zip Code 80863-8803

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED

Receipt For:  Primary  General  Other (specify)

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 22 / 2017  
**Transaction ID : SA11A.525173**

Amount of Each Receipt this Period 25.00

Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	100.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 471 OF 946
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. MURRAY, MICHAEL, L., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 721 WOODLAND WEST DRIVE  
 City WOODLAND PARK State CO Zip Code 80863-8803  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 11 / 22 / 2017  
**Transaction ID : SA11A.528170**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**B. MURRAY, MICHAEL, L., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 721 WOODLAND WEST DRIVE  
 City WOODLAND PARK State CO Zip Code 80863-8803  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 12 / 22 / 2017  
**Transaction ID : SA11A.531492**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**C. MUSTY M.D., MICHAEL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10710 PINE BEACH PENINSULA LOOP  
 City EAST GULL LAKE State MN Zip Code 56401-2027  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) PHYSICIAN  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 319.00

Date of Receipt 10 / 24 / 2017  
**Transaction ID : SA11A.525323**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 75.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 472 OF 946  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. MUSTY M.D., MICHAEL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10710 PINE BEACH PENINSULA LOOP  
 O  
 City EAST GULL LAKE State MN Zip Code 56401-2027  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 319.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 24 / 2017  
**Transaction ID : SA11A.528228**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item  
 CONTRIBUTION

**B. MUSTY M.D., MICHAEL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10710 PINE BEACH PENINSULA LOOP  
 O  
 City EAST GULL LAKE State MN Zip Code 56401-2027  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 319.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 24 / 2017  
**Transaction ID : SA11A.531597**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item  
 CONTRIBUTION

**C. MYERS, JANET, E., MS.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 26 S GRANT ST  
 City WAYNESBORO State PA Zip Code 17268-1516  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 07 / 2017  
**Transaction ID : SA11A.530060**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 75.00  
**TOTAL** This Period (last page this line number only)..... ▶



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 473 OF 946
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. MYERS, MIKE, A., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6310 LEMMON AVE  
 STE 200  
 City DALLAS State TX Zip Code 75209-5729  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) REAL ESTATE DEVELOPER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 10 / 31 / 2017  
**Transaction ID : SA11A.526490**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item CONTRIBUTION

**B. NANIA, JOHN, , MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4200 CANTERA DR.  
 SUITE 219  
 City WARRENVILLE State IL Zip Code 60555-3040  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NANIA ENERGY Occupation (for Individual) EXECUTIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 10 / 07 / 2017  
**Transaction ID : SA11A.523348**  
 Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION

**C. NANIA, JOHN, , MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4200 CANTERA DR.  
 SUITE 219  
 City WARRENVILLE State IL Zip Code 60555-3040  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NANIA ENERGY Occupation (for Individual) EXECUTIVE  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 11 / 07 / 2017  
**Transaction ID : SA11A.526928**  
 Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	5200.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 474 OF 946  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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)  
**Team Ryan**

**A. NANIA, JOHN, , MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4200 CANTERA DR.  
 SUITE 219  
 City WARRENVILLE State IL Zip Code 60555-3040  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NANIA ENERGY Occupation (for Individual) EXECUTIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt **12 / 07 / 2017**  
**Transaction ID : SA11A.530376**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION

**B. NAPLES, RONALD, J., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 411 WISTER RD  
 City WYNNEWOOD State PA Zip Code 19096-1808  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt **10 / 26 / 2017**  
**Transaction ID : SA11A.525246**  
 Amount of Each Receipt this Period 2500.00  
 Memo Item  
 CONTRIBUTION

**C. NAU, JOHN, L., , III**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO BOX 130130  
 City HOUSTON State TX Zip Code 77219-0130  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SILVER EAGLE DISTRIBUTORS LP Occupation (for Individual) PRESIDENT  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 44300.00

Date of Receipt **10 / 23 / 2017**  
**Transaction ID : SA11A.524807**  
 Amount of Each Receipt this Period 44300.00  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 46900.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 475 OF 946
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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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)  
**Team Ryan**

**A. NEAGU, MARIOARA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 15207NORTON STR.  
 City SAN LEANDRO State CA Zip Code 94579-2126  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 18 / 2017  
**Transaction ID : SA11A.524714**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**B. NEAGU, MARIOARA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 15207NORTON STR.  
 City SAN LEANDRO State CA Zip Code 94579-2126  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 18 / 2017  
**Transaction ID : SA11A.528101**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**C. NEAGU, MARIOARA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 15207NORTON STR.  
 City SAN LEANDRO State CA Zip Code 94579-2126  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 18 / 2017  
**Transaction ID : SA11A.531099**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	75.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 476 OF 946
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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)  
**Team Ryan**

**A. NEELON, DANIEL, , MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 325 COTUIT RD  
 City MARSTONS MILLS State MA Zip Code 02648-1838  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BOSTON INTERNATIONAL LAW GROUP Occupation (for Individual) ATTORNEY  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 17 / 2017  
**Transaction ID : SA11A.527808**  
 Amount of Each Receipt this Period  
 200.00  
 Memo Item  
 CONTRIBUTION

**B. NELSON, BRUCE, A., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P0 BOX 820826  
 City NORTH RICHLAND HIL State TX Zip Code 76182-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 29 / 2017  
**Transaction ID : SA11A.526057**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item  
 CONTRIBUTION

**C. NELSON, BRUCE, A., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P0 BOX 820826  
 City NORTH RICHLAND HIL State TX Zip Code 76182-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 29 / 2017  
**Transaction ID : SA11A.528935**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	250.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 477 OF 946  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. NELSON, BRUCE, A., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P0 BOX 820826  
 City NORTH RICHLAND HIL    State TX    Zip Code 76182-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE    Occupation (for Individual) RETIRED  
 Receipt For:  Primary     General     Other (specify) ▼  
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt 12 / 11 / 2017  
**Transaction ID : SA11A.530481**  
 Amount of Each Receipt this Period 10.00  
 Memo Item CONTRIBUTION

**B. NELSON, BRUCE, A., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P0 BOX 820826  
 City NORTH RICHLAND HIL    State TX    Zip Code 76182-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE    Occupation (for Individual) RETIRED  
 Receipt For:  Primary     General     Other (specify) ▼  
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt 12 / 29 / 2017  
**Transaction ID : SA11A.531914**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**C. NELSON, EDWARD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8830 MCAVOY DR.  
 City HOUSTON    State TX    Zip Code 77074-7310  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) LIBERTY MUTUAL    Occupation (for Individual) AGENT  
 Receipt For:  Primary     General     Other (specify)  
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 10 / 27 / 2017  
**Transaction ID : SA11A.525776**  
 Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....▶ 135.00  
**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 478 OF 946  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. NELSON, EDWARD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8830 MCAVOY DR.  
 City HOUSTON State TX Zip Code 77074-7310  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) LIBERTY MUTUAL Occupation (for Individual) AGENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 27 / 2017  
**Transaction ID : SA11A.528354**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**B. NELSON, EDWARD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8830 MCAVOY DR.  
 City HOUSTON State TX Zip Code 77074-7310  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) LIBERTY MUTUAL Occupation (for Individual) AGENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 27 / 2017  
**Transaction ID : SA11A.531678**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**C. NERVIG, OLAF, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. BOX 678  
 City MILLVILLE State UT Zip Code 84326-0678  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 28 / 2017  
**Transaction ID : SA11A.526144**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 225.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 479 OF 946
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. NERVIG, OLAF, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. BOX 678

City MILLVILLE	State UT	Zip Code 84326-0678
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) NONE		Occupation (for Individual) RETIRED
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 220.00

Date of Receipt  
11 / 20 / 2017  
**Transaction ID : SA11A.528015**

Amount of Each Receipt this Period  
20.00

Memo Item  
CONTRIBUTION

**B. NEUHOFF, PAUL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2918 MARSHALL BLVD

City SULLIVANS ISLAND	State SC	Zip Code 29482-9637
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) GSP MARKETING TECHNOLOGIES INC		Occupation (for Individual) CHAIRMAN
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 3000.00

Date of Receipt  
10 / 30 / 2017  
**Transaction ID : SA11A.525974**

Amount of Each Receipt this Period  
250.00

Memo Item  
CONTRIBUTION

**C. NEUHOFF, PAUL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2918 MARSHALL BLVD

City SULLIVANS ISLAND	State SC	Zip Code 29482-9637
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) GSP MARKETING TECHNOLOGIES INC		Occupation (for Individual) CHAIRMAN
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 3000.00

Date of Receipt  
11 / 30 / 2017  
**Transaction ID : SA11A.529209**

Amount of Each Receipt this Period  
250.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	520.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 480 OF 946
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. NEUHOFF, PAUL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2918 MARSHALL BLVD  
 City SULLIVANS ISLAND State SC Zip Code 29482-9637  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GSP MARKETING TECHNOLOGIES INC Occupation (for Individual) CHAIRMAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3000.00

Date of Receipt 12 / 30 / 2017  
**Transaction ID : SA11A.532463**  
 Amount of Each Receipt this Period 250.00  
 Memo Item CONTRIBUTION

**B. NEWELL, SHIRLEY, B., MRS.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5801 SUN LAKES BOULEVARD APT 201  
 City BANNING State CA Zip Code 92220-6507  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 12 / 08 / 2017  
**Transaction ID : SA11A.530162**  
 Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION

**C. NEWKIRK, JACK, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 215 MULBERRY ST  
 City INDEPENDENCE State KS Zip Code 67301-1843  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 25 / 2017  
**Transaction ID : SA11A.525360**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 375.00  
**TOTAL** This Period (last page this line number only)..... ▶



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 481 OF 946
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. NEWKIRK, JACK, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 215 MULBERRY ST  
 City INDEPENDENCE State KS Zip Code 67301-1843  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 11 / 25 / 2017  
**Transaction ID : SA11A.528421**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item  
 CONTRIBUTION

**B. NEWKIRK, JACK, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 215 MULBERRY ST  
 City INDEPENDENCE State KS Zip Code 67301-1843  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 12 / 25 / 2017  
**Transaction ID : SA11A.531564**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item  
 CONTRIBUTION

**C. NG, JOHN, C., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 220 MOHEGAN WAY  
 City FORT LEE State NJ Zip Code 07024-5208  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) THE FORTUNE GROUP Occupation (for Individual) VICE PRESIDENT  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
 10 / 11 / 2017  
**Transaction ID : SA11A.523204**  
 Amount of Each Receipt this Period  
 5000.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	5050.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 482 OF 946  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. NGUYEN, PHUNGANH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9215 SANTAYANA DRIVE  
 City FAIRFAX State VA Zip Code 22031-3068  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 227.00

Date of Receipt 10 / 05 / 2017  
**Transaction ID : SA11A.523112**  
 Amount of Each Receipt this Period - 53.00  
 Memo Item CONTRIBUTION  
 CHARGED BACK

**B. NGUYEN, PHUNGANH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9215 SANTAYANA DRIVE  
 City FAIRFAX State VA Zip Code 22031-3068  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 227.00

Date of Receipt 11 / 30 / 2017  
**Transaction ID : SA11A.529466**  
 Amount of Each Receipt this Period 5.00  
 Memo Item CONTRIBUTION

**C. NGUYEN, PHUNGANH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9215 SANTAYANA DRIVE  
 City FAIRFAX State VA Zip Code 22031-3068  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 227.00

Date of Receipt 12 / 29 / 2017  
**Transaction ID : SA11A.531855**  
 Amount of Each Receipt this Period 5.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ - 43.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 483 OF 946
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. NGUYEN, VIET, DUC, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9414 SHADY LANE CT  
 City HOUSTON State TX Zip Code 77063-1300  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BE  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 25000.00

Date of Receipt **10 / 23 / 2017**  
**Transaction ID : SA11A.524848**  
 Amount of Each Receipt this Period 25000.00  
 Memo Item CONTRIBUTION

**B. NICHOLSON, LAURA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 165 N HIDDENBROOKE DR.  
 City ADVANCE State NC Zip Code 27006-7299  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 225.00

Date of Receipt **12 / 31 / 2017**  
**Transaction ID : SA11A.532261**  
 Amount of Each Receipt this Period 50.00  
 Memo Item CONTRIBUTION

**C. NIENHUIS, JAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1696 HIGH POINTE. DR.  
 City ZEELAND State MI Zip Code 49464-1484  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1200.00

Date of Receipt **10 / 12 / 2017**  
**Transaction ID : SA11A.523906**  
 Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 25150.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 484 OF 946
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. NIENHUIS, JAN, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1696 HIGH POINTE. DR.

City ZEELAND	State MI	Zip Code 49464-1484
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1200.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	12	/	2017

**Transaction ID : SA11A.527349**

Amount of Each Receipt this Period  
100.00

Memo Item CONTRIBUTION

**B. NIENHUIS, JAN, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1696 HIGH POINTE. DR.

City ZEELAND	State MI	Zip Code 49464-1484
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1200.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	12	/	2017

**Transaction ID : SA11A.530794**

Amount of Each Receipt this Period  
100.00

Memo Item CONTRIBUTION

**C. NIMMER, SANDRA, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6717 NE 181ST ST  
201

City KENMORE	State WA	Zip Code 98028-4837
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SELF EMPLOYED	Occupation (for Individual) PROPERTY MANAGEMENT
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
2200.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2017

**Transaction ID : SA11A.526409**

Amount of Each Receipt this Period  
100.00

Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 485 OF 946
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. NIMMER, SANDRA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6717 NE 181ST ST  
 201  
 City KENMORE State WA Zip Code 98028-4837  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) PROPERTY MANAGEMENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 30 / 2017  
**Transaction ID : SA11A.529148**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**B. NIMMER, SANDRA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6717 NE 181ST ST  
 201  
 City KENMORE State WA Zip Code 98028-4837  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) PROPERTY MANAGEMENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2017  
**Transaction ID : SA11A.532238**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**C. NIST, SYLVIA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. BOX 453  
 City MAPLE VALLEY State WA Zip Code 98038-0453  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 07 / 2017  
**Transaction ID : SA11A.523355**  
 Amount of Each Receipt this Period  
 30.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	230.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 486 OF 946  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. NIST, SYLVIA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. BOX 453  
 City MAPLE VALLEY State WA Zip Code 98038-0453  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 07 / 2017  
**Transaction ID : SA11A.526929**  
 Amount of Each Receipt this Period  
 30.00  
 Memo Item  
 CONTRIBUTION

**B. NIST, SYLVIA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. BOX 453  
 City MAPLE VALLEY State WA Zip Code 98038-0453  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 07 / 2017  
**Transaction ID : SA11A.530377**  
 Amount of Each Receipt this Period  
 30.00  
 Memo Item  
 CONTRIBUTION

**C. NORDONE, LAURIE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 51 LINCOLN AVE  
 City PISCATAWAY State NJ Zip Code 08854-4865  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) ONEBEACON INSURANCE GROUP Occupation (for Individual) MANAGEMENT  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 535.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 28 / 2017  
**Transaction ID : SA11A.526166**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....▶ 85.00  
**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 487 OF 946
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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)  
**Team Ryan**

**A. NORDONE, LAURIE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 51 LINCOLN AVE  
 City PISCATAWAY State NJ Zip Code 08854-4865  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) ONEBEACON INSURANCE GROUP Occupation (for Individual) MANAGEMENT  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 535.00

Date of Receipt 11 / 28 / 2017  
**Transaction ID : SA11A.528785**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**B. NORDONE, LAURIE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 51 LINCOLN AVE  
 City PISCATAWAY State NJ Zip Code 08854-4865  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) ONEBEACON INSURANCE GROUP Occupation (for Individual) MANAGEMENT  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 535.00

Date of Receipt 12 / 28 / 2017  
**Transaction ID : SA11A.531775**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**C. NORQUIST, WARREN, E., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5000 FAIRBANKS AVE APT 152  
 City ALEXANDRIA State VA Zip Code 22311-1227  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 750.00

Date of Receipt 11 / 17 / 2017  
**Transaction ID : SA11A.527970**  
 Amount of Each Receipt this Period 500.00  
 Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	550.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 488 OF 946
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. NORTHROP, EDWARD, D., MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 2203 TROWBRIDGE RD  
City ALBANY State GA Zip Code 31721-2136  
FEC ID number of contributing federal political committee. **C**  
Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 11 / 10 / 2017  
**Transaction ID : SA11A.526970**  
Amount of Each Receipt this Period 5000.00  
 Memo Item CONTRIBUTION

**B. NOVAK, PERO, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 9310 AMBERWOOD DR.  
City KIRTLAND State OH Zip Code 44094-8634  
FEC ID number of contributing federal political committee. **C**  
Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 10 / 26 / 2017  
**Transaction ID : SA11A.525596**  
Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION

**C. NOVAK, PERO, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 9310 AMBERWOOD DR.  
City KIRTLAND State OH Zip Code 44094-8634  
FEC ID number of contributing federal political committee. **C**  
Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
Receipt For:  Primary  General  Other (specify)  
Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 11 / 26 / 2017  
**Transaction ID : SA11A.528375**  
Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 5200.00  
**TOTAL** This Period (last page this line number only)..... ▶



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 489 OF 946
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. NOVAK, PERO, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9310 AMBERWOOD DR.

City KIRTLAND	State OH	Zip Code 44094-8634
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1200.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12		26		2017

**Transaction ID : SA11A.531524**

Amount of Each Receipt this Period  
100.00

Memo Item CONTRIBUTION

**B. NUCE, MADONNA, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9879 GARLAND CT

City WESTMINSTER	State CO	Zip Code 80021-4223
---------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
550.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		15		2017

**Transaction ID : SA11A.524177**

Amount of Each Receipt this Period  
50.00

Memo Item CONTRIBUTION

**C. NUCE, MADONNA, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9879 GARLAND CT

City WESTMINSTER	State CO	Zip Code 80021-4223
---------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
550.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11		15		2017

**Transaction ID : SA11A.527794**

Amount of Each Receipt this Period  
50.00

Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	200.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 490 OF 946  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. NUNE, JOHN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11134 ESTANCIA WAY  
 City CARMEL State IN Zip Code 46032-9612  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 10 / 2017  
**Transaction ID : SA11A.523293**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item  
 CONTRIBUTION

**B. NUNE, JOHN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11134 ESTANCIA WAY  
 City CARMEL State IN Zip Code 46032-9612  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 10 / 2017  
**Transaction ID : SA11A.527385**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item  
 CONTRIBUTION

**C. NUNE, JOHN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11134 ESTANCIA WAY  
 City CARMEL State IN Zip Code 46032-9612  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 10 / 2017  
**Transaction ID : SA11A.530695**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....▶ 150.00  
**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 491 OF 946
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. O'BRATE, CECIL, , MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. BOX 399  
 City GARDEN CITY State KS Zip Code 67846-0399  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) AWL Occupation (for Individual) PRESIDENT  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1500.00**

Date of Receipt **12 / 26 / 2017**  
**Transaction ID : SA11A.531250**  
 Amount of Each Receipt this Period **1500.00**  
 Memo Item  
**CONTRIBUTION**

**B. O'CONNOR, DAVID, P., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 223 CANTERBURY RD  
 City WESTFIELD State NJ Zip Code 07090-1904  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) HIGH RISE CAPITAL MGT Occupation (for Individual) PARTNER  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **5000.00**

Date of Receipt **12 / 20 / 2017**  
**Transaction ID : SA11A.531204**  
 Amount of Each Receipt this Period **5000.00**  
 Memo Item  
**CONTRIBUTION**

**C. O'CONNOR, WILLIAM, F., MR., JR.**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO BOX 6410  
 City MONTGOMERY State AL Zip Code 36106-6410  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BES  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **2500.00**

Date of Receipt **12 / 11 / 2017**  
**Transaction ID : SA11A.530395**  
 Amount of Each Receipt this Period **2500.00**  
 Memo Item  
**CONTRIBUTION**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>9000.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 492 OF 946
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. O'DELL, JOHN, F., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3442 AMMA ROAD  
 City AMMA State WV Zip Code 25005-9540  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) GENERAL PIPELINE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 11 / 2017  
**Transaction ID : SA11A.530572**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item  
 CONTRIBUTION

**B. O'HARA, VERA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4 MUSTANG ROAD  
 City RANCHO PALOS VERDE State CA Zip Code 90275-5250  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 18 / 2017  
**Transaction ID : SA11A.524706**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item  
 CONTRIBUTION

**C. O'HARA, VERA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4 MUSTANG ROAD  
 City RANCHO PALOS VERDE State CA Zip Code 90275-5250  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 18 / 2017  
**Transaction ID : SA11A.528092**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1100.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 493 OF 946  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. O'HARA, VERA, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4 MUSTANG ROAD

City RANCHO PALOS VERDE	State CA	Zip Code 90275-5250
----------------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	18	/	2017

**Transaction ID : SA11A.531091**

Amount of Each Receipt this Period  
50.00

Memo Item CONTRIBUTION

**B. OBERG, TERRY, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address P.O. BOX 2574

City MCALLEN	State TX	Zip Code 78502-2574
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	29	/	2017

**Transaction ID : SA11A.526065**

Amount of Each Receipt this Period  
25.00

Memo Item CONTRIBUTION

**C. OBERG, TERRY, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address P.O. BOX 2574

City MCALLEN	State TX	Zip Code 78502-2574
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	29	/	2017

**Transaction ID : SA11A.528942**

Amount of Each Receipt this Period  
25.00

Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	100.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 494 OF 946
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. OBERG, TERRY, , ,**

Mailing Address **P.O. BOX 2574**

City <b>MCALLEN</b>	State <b>TX</b>	Zip Code <b>78502-2574</b>
------------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) <b>NONE</b>	Occupation (for Individual) <b>RETIRED</b>
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  
**12 / 29 / 2017**

**Transaction ID : SA11A.531927**

Amount of Each Receipt this Period  
**25.00**

Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**B. OBREGON, ADELAIDA, E., MS.,**

Mailing Address **5550 COLUMBIA PIKE  
APT 515**

City <b>ARLINGTON</b>	State <b>VA</b>	Zip Code <b>22204-3148</b>
--------------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) <b>INFORMATION REQUESTED PER BEST EFFORTS</b>	Occupation (for Individual) <b>INFORMATION REQUESTED PER BE</b>
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt  
**10 / 27 / 2017**

**Transaction ID : SA11A.525502**

Amount of Each Receipt this Period  
**40.00**

Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**C. OBREGON, ADELAIDA, E., MS.,**

Mailing Address **5550 COLUMBIA PIKE  
APT 515**

City <b>ARLINGTON</b>	State <b>VA</b>	Zip Code <b>22204-3148</b>
--------------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) <b>INFORMATION REQUESTED PER BEST EFFORTS</b>	Occupation (for Individual) <b>INFORMATION REQUESTED PER BE</b>
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt  
**12 / 19 / 2017**

**Transaction ID : SA11A.531189**

Amount of Each Receipt this Period  
**50.00**

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>115.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 495 OF 946
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. ODEA, JOHN, J., MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 820 HIGH RIDGE RD  
B6

City STAMFORD State CT Zip Code 06905-1930

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  
10 / 25 / 2017  
Transaction ID : SA11A.525368

Amount of Each Receipt this Period  
50.00

Memo Item CONTRIBUTION

**B. ODEA, JOHN, J., MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 820 HIGH RIDGE RD  
B6

City STAMFORD State CT Zip Code 06905-1930

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  
11 / 25 / 2017  
Transaction ID : SA11A.528407

Amount of Each Receipt this Period  
50.00

Memo Item CONTRIBUTION

**C. ODEA, JOHN, J., MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 820 HIGH RIDGE RD  
B6

City STAMFORD State CT Zip Code 06905-1930

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  
12 / 25 / 2017  
Transaction ID : SA11A.531563

Amount of Each Receipt this Period  
50.00

Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....▶ 150.00

**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 496 OF 946  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. ODUM, FREIDA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 MYRTLEWOOD DRIVE  
 City SAVANNAH State GA Zip Code 31405-1084  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 10 / 31 / 2017  
**Transaction ID : SA11A.526399**  
 Amount of Each Receipt this Period 50.00  
 Memo Item CONTRIBUTION

**B. ODUM, FREIDA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 MYRTLEWOOD DRIVE  
 City SAVANNAH State GA Zip Code 31405-1084  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 10 / 31 / 2017  
**Transaction ID : SA11A.526400**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**C. ODUM, FREIDA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 MYRTLEWOOD DRIVE  
 City SAVANNAH State GA Zip Code 31405-1084  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 10 / 31 / 2017  
**Transaction ID : SA11A.526401**  
 Amount of Each Receipt this Period 50.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 125.00  
**TOTAL** This Period (last page this line number only)..... ▶



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 497 OF 946
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. ODUM, FREIDA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 MYRTLEWOOD DRIVE  
 City SAVANNAH State GA Zip Code 31405-1084  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 30 / 2017  
**Transaction ID : SA11A.529105**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item  
 CONTRIBUTION

**B. ODUM, FREIDA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 MYRTLEWOOD DRIVE  
 City SAVANNAH State GA Zip Code 31405-1084  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2017  
**Transaction ID : SA11A.532283**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item  
 CONTRIBUTION

**C. ORCE, KENNETH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 22 HEARTHSTONE CIRCLE  
 City SCARSDALE State NY Zip Code 10583-1202  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 07 / 2017  
**Transaction ID : SA11A.530091**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	350.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 498 OF 946
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. ORTEGA-HERRERA, DENYS, , MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4511 JOYCE BLVD  
 City HOUSTON State TX Zip Code 77084-2419  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BE  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 4000.00

Date of Receipt 10 / 23 / 2017  
**Transaction ID : SA11A.524849**  
 Amount of Each Receipt this Period 4000.00  
 Memo Item CONTRIBUTION

**B. ORY, LINDA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 131 HICKORY CREEK DRIVE  
 City BRANDON State FL Zip Code 33511-8059  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CYPREXX SERVICES INC Occupation (for Individual) OWNER  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 12 / 08 / 2017  
**Transaction ID : SA11A.530140**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item CONTRIBUTION

**C. OWEN, KIP, , DR,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5111 N 10TH ST STE 268  
 City MCALLEN State TX Zip Code 78504-2835  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 10 / 23 / 2017  
**Transaction ID : SA11A.525049**  
 Amount of Each Receipt this Period 2000.00  
 Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	7000.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 499 OF 946
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. OWENBY, MATTHEW, D., MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 1114 COUNTRY PL  
City FORTSON State GA Zip Code 31808-6856  
FEC ID number of contributing federal political committee. **C**  
Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BE  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 11 / 29 / 2017  
**Transaction ID : SA11A.528604**  
Amount of Each Receipt this Period 2500.00  
 Memo Item CONTRIBUTION

**B. PALMER, JEFFREY, S., MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 6014 KINGDOM CT  
City MURRYSVILLE State PA Zip Code 15668-2630  
FEC ID number of contributing federal political committee. **C**  
Name of Employer (for Individual) COORDINATED CARE NETWORK Occupation (for Individual) CEO  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 10000.00

Date of Receipt 11 / 20 / 2017  
**Transaction ID : SA11A.527831**  
Amount of Each Receipt this Period 10000.00  
 Memo Item CONTRIBUTION

**C. PALOMO, OSWALDO, , MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 446 STURGES RD  
City FAIRFIELD State CT Zip Code 06824-2851  
FEC ID number of contributing federal political committee. **C**  
Name of Employer (for Individual) PUBLIC SPHERE INC Occupation (for Individual) PRINCIPAL  
Receipt For:  Primary  General  Other (specify) Aggregate Year-to-Date ▼ 10000.00

Date of Receipt 12 / 20 / 2017  
**Transaction ID : SA11A.531270**  
Amount of Each Receipt this Period 2500.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 15000.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 500 OF 946
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. PAPPAS, EMMANUEL, J., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. BOX 1266  
 City WEBSTER State MA Zip Code 01570-4266  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt **12 / 18 / 2017**  
**Transaction ID : SA11A.530982**  
 Amount of Each Receipt this Period 200.00  
 Memo Item CONTRIBUTION

**B. PARFET, WILLIAM, U., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 15570 NORTHWOOD LN  
 City HICKORY CORNERS State MI Zip Code 49060-9562  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) INVICRO Occupation (for Individual) EXECUTIVE CHAIRMAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 100000.00

Date of Receipt **10 / 19 / 2017**  
**Transaction ID : SA11A.524521**  
 Amount of Each Receipt this Period 100000.00  
 Memo Item CONTRIBUTION

**C. PARKER, JESSE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1582 TORRY PINE DR.  
 City YUBA CITY State CA Zip Code 95993-8222  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CHURCH OF GLAD TIDINGS Occupation (for Individual) MINISTER  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt **10 / 19 / 2017**  
**Transaction ID : SA11A.524919**  
 Amount of Each Receipt this Period 50.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....▶ 100250.00  
**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 501 OF 946  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. PARKER, JESSE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1582 TORRY PINE DR.  
 City YUBA CITY State CA Zip Code 95993-8222  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CHURCH OF GLAD TIDINGS Occupation (for Individual) MINISTER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 11 / 19 / 2017  
**Transaction ID : SA11A.528067**  
 Amount of Each Receipt this Period 50.00  
 Memo Item CONTRIBUTION

**B. PARKER, JESSE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1582 TORRY PINE DR.  
 City YUBA CITY State CA Zip Code 95993-8222  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CHURCH OF GLAD TIDINGS Occupation (for Individual) MINISTER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 12 / 19 / 2017  
**Transaction ID : SA11A.531321**  
 Amount of Each Receipt this Period 50.00  
 Memo Item CONTRIBUTION

**C. PARKS, ANN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1226 LAKEWOOD DRIVE  
 City LEXINGTON State KY Zip Code 40502-2528  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 29 / 2017  
**Transaction ID : SA11A.528879**  
 Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 200.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 502 OF 946  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. PARKS, THOMAS, , MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 17009 CROTTERS  
 City SAN JOSE State CA Zip Code 95127-1745  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 26 / 2017  
**Transaction ID : SA11A.525610**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item CONTRIBUTION

**B. PARKS, THOMAS, , MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 17009 CROTTERS  
 City SAN JOSE State CA Zip Code 95127-1745  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 26 / 2017  
**Transaction ID : SA11A.528382**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item CONTRIBUTION

**C. PARKS, THOMAS, , MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 17009 CROTTERS  
 City SAN JOSE State CA Zip Code 95127-1745  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 26 / 2017  
**Transaction ID : SA11A.531539**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 75.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 503 OF 946
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. PARTLOW, JO ANNE, M., MS.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 423 207TH AVE E  
 City LAKE TAPPS State WA Zip Code 98391-5611  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 27 / 2017  
**Transaction ID : SA11A.525780**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item  
 CONTRIBUTION

**B. PARTLOW, JO ANNE, M., MS.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 423 207TH AVE E  
 City LAKE TAPPS State WA Zip Code 98391-5611  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 27 / 2017  
**Transaction ID : SA11A.528362**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item  
 CONTRIBUTION

**C. PARTLOW, JO ANNE, M., MS.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 423 207TH AVE E  
 City LAKE TAPPS State WA Zip Code 98391-5611  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 27 / 2017  
**Transaction ID : SA11A.531653**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	75.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 504 OF 946  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. PARUBI, PAULIN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3794 ETTMAN STREET  
 City SHRUB OAK    State NY    Zip Code 10588-1008  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) JOSEPH GENERAL CONSTRUCTION    Occupation (for Individual) CONSTRUCTION  
 Receipt For:  Primary     General     Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 10 / 27 / 2017  
**Transaction ID : SA11A.525748**  
 Amount of Each Receipt this Period 50.00  
 Memo Item CONTRIBUTION

**B. PARUBI, PAULIN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3794 ETTMAN STREET  
 City SHRUB OAK    State NY    Zip Code 10588-1008  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) JOSEPH GENERAL CONSTRUCTION    Occupation (for Individual) CONSTRUCTION  
 Receipt For:  Primary     General     Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 11 / 27 / 2017  
**Transaction ID : SA11A.528326**  
 Amount of Each Receipt this Period 50.00  
 Memo Item CONTRIBUTION

**C. PARUBI, PAULIN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3794 ETTMAN STREET  
 City SHRUB OAK    State NY    Zip Code 10588-1008  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) JOSEPH GENERAL CONSTRUCTION    Occupation (for Individual) CONSTRUCTION  
 Receipt For:  Primary     General     Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 12 / 27 / 2017  
**Transaction ID : SA11A.531664**  
 Amount of Each Receipt this Period 50.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....▶ 150.00  
**TOTAL** This Period (last page this line number only).....▶



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 505 OF 946
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. PATEL, DINESH, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2017
Mailing Address 4936 MILE HIGH DR.		<b>Transaction ID : SA11A.532246</b>
City SALT LAKE CITY	State UT	Zip Code 84124-4780
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED	<input type="checkbox"/> Memo Item CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. PATIN, FABIAN, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 06 / 2017
Mailing Address 104 RANDY CIR		<b>Transaction ID : SA11A.523232</b>
City LAFAYETTE	State LA	Zip Code 70501-6514
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer (for Individual) SELF EMPLOYED	Occupation (for Individual) ARCHITECT	<input type="checkbox"/> Memo Item CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 425.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. PATIN, FABIAN, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 06 / 2017
Mailing Address 104 RANDY CIR		<b>Transaction ID : SA11A.523233</b>
City LAFAYETTE	State LA	Zip Code 70501-6514
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer (for Individual) SELF EMPLOYED	Occupation (for Individual) ARCHITECT	<input type="checkbox"/> Memo Item CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 425.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	250.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 506 OF 946
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. PATIN, FABIAN, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 104 RANDY CIR

City LAFAYETTE	State LA	Zip Code 70501-6514
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SELF EMPLOYED	Occupation (for Individual) ARCHITECT
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
425.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	03	/	2017

**Transaction ID : SA11A.526723**

Amount of Each Receipt this Period  
100.00

Memo Item CONTRIBUTION

**B. PATTERSON, DAN, E., MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 140627

City DALLAS	State TX	Zip Code 75214-0627
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) TRANSITION CAPITAL	Occupation (for Individual) ATTORNEY
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2700.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	23	/	2017

**Transaction ID : SA11A.524803**

Amount of Each Receipt this Period  
2700.00

Memo Item CONTRIBUTION

**C. PAUL, JORDAN, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1762 WILLARD ST NW #2

City WASHINGTON	State DC	Zip Code 20009-1719
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) MOROCCAN AMERICAN CENTER FOR POLICY	Occupation (for Individual) EXECUTIVE DIRECTOR
--	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	04	/	2017

**Transaction ID : SA11A.523141**

Amount of Each Receipt this Period  
1000.00

Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3800.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 507 OF 946  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. PAYNE, HELEN, B., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5131 SANDYFIELDS LANE  
 City KATY State TX Zip Code 77494-2330  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 10 / 31 / 2017  
**Transaction ID : SA11A.526426**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**B. PAYNE, HELEN, B., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5131 SANDYFIELDS LANE  
 City KATY State TX Zip Code 77494-2330  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 12 / 01 / 2017  
**Transaction ID : SA11A.529358**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**C. PEARCY, JOHN, K., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7979 INWOOD RD STE 225  
 City DALLAS State TX Zip Code 75209-3376  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BES  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2700.00

Date of Receipt 10 / 16 / 2017  
**Transaction ID : SA11A.523980**  
 Amount of Each Receipt this Period 2700.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2750.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 508 OF 946
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. PELAEZ, MARTHA, L., MRS.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 321 EAGLE AVE

City MCALLEN	State TX	Zip Code 78504-2191
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS	Occupation (for Individual) INFORMATION REQUESTED PER BE
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		23		2017

**Transaction ID : SA11A.524840**

Amount of Each Receipt this Period  
2000.00

Memo Item  
CONTRIBUTION

**B. PENA, JOSE, , DR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 401 EAGLE AVE

City MCALLEN	State TX	Zip Code 78504-2020
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SELF EMPLOYED	Occupation (for Individual) PHYSICIAN
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		23		2017

**Transaction ID : SA11A.525050**

Amount of Each Receipt this Period  
1000.00

Memo Item  
CONTRIBUTION

**C. PEREZ, ARVID, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 113

City MCCORMICK	State SC	Zip Code 29835-
-------------------	-------------	--------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		28		2017

**Transaction ID : SA11A.526158**

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3025.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 509 OF 946
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. PEREZ, ARVID, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 113  
City MCCORMICK State SC Zip Code 29835-  
FEC ID number of contributing federal political committee. **C**  
Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
11 / 28 / 2017  
**Transaction ID : SA11A.528780**  
Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**B. PEREZ, ARVID, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 113  
City MCCORMICK State SC Zip Code 29835-  
FEC ID number of contributing federal political committee. **C**  
Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
12 / 28 / 2017  
**Transaction ID : SA11A.531776**  
Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**C. PEREZ, FRANCISCO, , DR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address PO BOX 4858  
City MCALLEN State TX Zip Code 78502-4858  
FEC ID number of contributing federal political committee. **C**  
Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) PHYSICIAN  
Receipt For:  Primary  General  Other (specify)  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
10 / 23 / 2017  
**Transaction ID : SA11A.525051**  
Amount of Each Receipt this Period 250.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....▶ 300.00  
**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 510 OF 946  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. PEREZ, JOSE, G., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 54 HEATHER COURT  
 City SCHERERVILLE State IN Zip Code 46375-1008  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) ARCELORMITTAL USA LLC Occupation (for Individual) OPERATING TECHNICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 645.00

Date of Receipt 10 / 28 / 2017  
**Transaction ID : SA11A.526105**  
 Amount of Each Receipt this Period 10.00  
 Memo Item CONTRIBUTION

**B. PEREZ, WILLIAM, D., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1320 N STATE PKWY  
 City CHICAGO State IL Zip Code 60610-2455  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 100000.00

Date of Receipt 11 / 30 / 2017  
**Transaction ID : SA11A.528816**  
 Amount of Each Receipt this Period 25000.00  
 Memo Item CONTRIBUTION

**C. PERKINS, JUDITH, A., MS.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 936 ANN AVE  
 City KANSAS CITY State KS Zip Code 66101-3106  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 27 / 2017  
**Transaction ID : SA11A.525767**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....▶ 25035.00  
**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 511 OF 946  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. PERKINS, JUDITH, A., MS.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 936 ANN AVE  
 City KANSAS CITY    State KS    Zip Code 66101-3106  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE    Occupation (for Individual) RETIRED  
 Receipt For:  Primary     General  
 Other (specify) ▼    Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 27 / 2017  
**Transaction ID : SA11A.528342**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**B. PERKINS, JUDITH, A., MS.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 936 ANN AVE  
 City KANSAS CITY    State KS    Zip Code 66101-3106  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE    Occupation (for Individual) RETIRED  
 Receipt For:  Primary     General  
 Other (specify) ▼    Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 27 / 2017  
**Transaction ID : SA11A.531671**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**C. PERRY, ADDIE, MITCHELL, MS.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 865 OLD DALTON ROAD NE  
 City ROME    State GA    Zip Code 30165-9096  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE    Occupation (for Individual) RETIRED  
 Receipt For:  Primary     General  
 Other (specify)    Aggregate Year-to-Date ▼ 485.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 27 / 2017  
**Transaction ID : SA11A.525510**  
 Amount of Each Receipt this Period 50.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....▶ 100.00  
**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 512 OF 946
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. PERRY, ADDIE, MITCHELL, MS.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 865 OLD DALTON ROAD NE  
City ROME State GA Zip Code 30165-9096  
FEC ID number of contributing federal political committee. **C**  
Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 485.00

Date of Receipt 12 / 11 / 2017  
**Transaction ID : SA11A.530517**  
Amount of Each Receipt this Period 50.00  
 Memo Item CONTRIBUTION

**B. PESTI-CRUSOE, AGNES, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 41150 FOX RUN, APT WB406  
City NOVI State MI Zip Code 48377-4862  
FEC ID number of contributing federal political committee. **C**  
Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 900.00

Date of Receipt 11 / 06 / 2017  
**Transaction ID : SA11A.526690**  
Amount of Each Receipt this Period 200.00  
 Memo Item CONTRIBUTION

**C. PESTI-CRUSOE, AGNES, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 41150 FOX RUN, APT WB406  
City NOVI State MI Zip Code 48377-4862  
FEC ID number of contributing federal political committee. **C**  
Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
Receipt For:  Primary  General  Other (specify)  
Aggregate Year-to-Date ▼ 900.00

Date of Receipt 12 / 11 / 2017  
**Transaction ID : SA11A.530428**  
Amount of Each Receipt this Period 200.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....▶ 450.00  
**TOTAL** This Period (last page this line number only).....▶



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 513 OF 946  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. PETERSON, JOHN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7 ROBERTS DRIVE  
 City WESTAMPTON   State NJ   Zip Code 08060-4401  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) INFECTIOUS DISEASE PHYSICIANS PA   Occupation (for Individual) PHYSICIAN  
 Receipt For:  Primary    General    Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 10 / 30 / 2017  
**Transaction ID : SA11A.526002**  
 Amount of Each Receipt this Period 50.00  
 Memo Item CONTRIBUTION

**B. PETERSON, JOHN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7 ROBERTS DRIVE  
 City WESTAMPTON   State NJ   Zip Code 08060-4401  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) INFECTIOUS DISEASE PHYSICIANS PA   Occupation (for Individual) PHYSICIAN  
 Receipt For:  Primary    General    Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 11 / 30 / 2017  
**Transaction ID : SA11A.529185**  
 Amount of Each Receipt this Period 50.00  
 Memo Item CONTRIBUTION

**C. PETERSON, JOHN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7 ROBERTS DRIVE  
 City WESTAMPTON   State NJ   Zip Code 08060-4401  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) INFECTIOUS DISEASE PHYSICIANS PA   Occupation (for Individual) PHYSICIAN  
 Receipt For:  Primary    General    Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 12 / 30 / 2017  
**Transaction ID : SA11A.532498**  
 Amount of Each Receipt this Period 50.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 150.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 514 OF 946
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. PETERSON, VERNON, J., MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1222 PRAIRIE ROSE LANE

City GREEN BAY	State WI	Zip Code 54313-9278
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) WEC	Occupation (for Individual) ELECTRIC DISTRIBUTION ASSET MA
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	06	/	2017

**Transaction ID : SA11A.529953**

Amount of Each Receipt this Period  
300.00

Memo Item  
CONTRIBUTION

**B. PHAM, TY, H., ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 10631 FRANCES AVE

City GARDEN GROVE	State CA	Zip Code 92843-2486
----------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS	Occupation (for Individual) INFORMATION REQUESTED PER BE
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	25	/	2017

**Transaction ID : SA11A.525297**

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

**C. PHELPS, CARRIE, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 18300 HENRY COURT

City RAT	State MI	Zip Code 48096-3548
-------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
1200.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	19	/	2017

**Transaction ID : SA11A.524921**

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	500.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 515 OF 946  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. PHELPS, CARRIE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 18300 HENRY COURT  
 City RAT State MI Zip Code 48096-3548  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 19 / 2017  
**Transaction ID : SA11A.528065**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**B. PHELPS, CARRIE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 18300 HENRY COURT  
 City RAT State MI Zip Code 48096-3548  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2017  
**Transaction ID : SA11A.531319**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**C. PICCIOTTI, ANTHONY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. BOX 267  
 City WILLIAMS State AZ Zip Code 86046-0267  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 975.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 28 / 2017  
**Transaction ID : SA11A.526093**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....▶ 300.00  
**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 516 OF 946
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. PICCIOTTI, ANTHONY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. BOX 267  
 City WILLIAMS State AZ Zip Code 86046-0267  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 975.00

Date of Receipt  
 11 / 03 / 2017  
**Transaction ID : SA11A.526713**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item CONTRIBUTION

**B. PICCIOTTI, ANTHONY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. BOX 267  
 City WILLIAMS State AZ Zip Code 86046-0267  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 975.00

Date of Receipt  
 11 / 29 / 2017  
**Transaction ID : SA11A.528918**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item CONTRIBUTION

**C. PICCIOTTI, ANTHONY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. BOX 267  
 City WILLIAMS State AZ Zip Code 86046-0267  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 975.00

Date of Receipt  
 12 / 28 / 2017  
**Transaction ID : SA11A.531716**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 517 OF 946  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. PIERCE, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 36 BATTERY POINT DRIVE  
 City FREDERICKSBURG State VA Zip Code 22406-5471  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) STSLLC Occupation (for Individual) CONSULTANT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 10 / 30 / 2017  
**Transaction ID : SA11A.525997**  
 Amount of Each Receipt this Period 30.00  
 Memo Item CONTRIBUTION

**B. PIERCE, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 36 BATTERY POINT DRIVE  
 City FREDERICKSBURG State VA Zip Code 22406-5471  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) STSLLC Occupation (for Individual) CONSULTANT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 11 / 30 / 2017  
**Transaction ID : SA11A.529123**  
 Amount of Each Receipt this Period 30.00  
 Memo Item CONTRIBUTION

**C. PIERCE, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 36 BATTERY POINT DRIVE  
 City FREDERICKSBURG State VA Zip Code 22406-5471  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) STSLLC Occupation (for Individual) CONSULTANT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 12 / 30 / 2017  
**Transaction ID : SA11A.532508**  
 Amount of Each Receipt this Period 30.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....▶ 90.00  
**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 518 OF 946  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. PILLOW, WILLIAM, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8160 SILK CIRCLE  
 City INDIANAPOLIS State IN Zip Code 46256-4344  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 10 / 17 / 2017  
**Transaction ID : SA11A.524652**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**B. PILLOW, WILLIAM, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8160 SILK CIRCLE  
 City INDIANAPOLIS State IN Zip Code 46256-4344  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 11 / 18 / 2017  
**Transaction ID : SA11A.528088**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**C. PILLOW, WILLIAM, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8160 SILK CIRCLE  
 City INDIANAPOLIS State IN Zip Code 46256-4344  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 11 / 28 / 2017  
**Transaction ID : SA11A.528756**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 75.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 519 OF 946  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. PILLOW, WILLIAM, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8160 SILK CIRCLE  
 City INDIANAPOLIS State IN Zip Code 46256-4344  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 12 / 13 / 2017  
**Transaction ID : SA11A.530842**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**B. PILLOW, WILLIAM, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8160 SILK CIRCLE  
 City INDIANAPOLIS State IN Zip Code 46256-4344  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 12 / 24 / 2017  
**Transaction ID : SA11A.531577**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**C. PILLOW, WILLIAM, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8160 SILK CIRCLE  
 City INDIANAPOLIS State IN Zip Code 46256-4344  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 12 / 28 / 2017  
**Transaction ID : SA11A.531725**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 75.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 520 OF 946
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. PIRANIAN, HERMINEH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4212 CLEAR VALLEY DR  
 City ENCINO State CA Zip Code 91436-3316  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 01 / 2017  
**Transaction ID : SA11A.522742**  
 Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION

**B. PITTS, JAMES, L., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 901 7TH ST NW STE 200  
 City WASHINGTON State DC Zip Code 20001-3883  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NAVIGATORS GLOBAL Occupation (for Individual) FOUNDING PRINCIPAL  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 7500.00

Date of Receipt 10 / 16 / 2017  
**Transaction ID : SA11A.523635**  
 Amount of Each Receipt this Period 2500.00  
 Memo Item CONTRIBUTION

**C. PLAYTIS, ANN, S., MRS.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 15 ETON COURT  
 City WASHINGTON State WV Zip Code 26181-9521  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) HOMEMAKER  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 11 / 09 / 2017  
**Transaction ID : SA11A.526937**  
 Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2700.00  
**TOTAL** This Period (last page this line number only)..... ▶



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 521 OF 946
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. PLUMMER, MICHAELL, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 14541 SW 76 STREET

City MIAMI	State FL	Zip Code 33183-2909
---------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) OUR LADY OF LOURDES CATHOLIC CHURCH	Occupation (for Individual) DIRECTOR CHRISTIAN FORMATION
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		17		2017

**Transaction ID : SA11A.524647**

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

**B. PLUMMER, MICHAELL, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 14541 SW 76 STREET

City MIAMI	State FL	Zip Code 33183-2909
---------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) OUR LADY OF LOURDES CATHOLIC CHURCH	Occupation (for Individual) DIRECTOR CHRISTIAN FORMATION
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11		17		2017

**Transaction ID : SA11A.527968**

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

**C. PLUMMER, MICHAELL, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 14541 SW 76 STREET

City MIAMI	State FL	Zip Code 33183-2909
---------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) OUR LADY OF LOURDES CATHOLIC CHURCH	Occupation (for Individual) DIRECTOR CHRISTIAN FORMATION
--	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12		17		2017

**Transaction ID : SA11A.531128**

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	75.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 522 OF 946
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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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)  
**Team Ryan**

**A. POGELER, CHERI, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 279 COUNTRYHAVEN ROAD  
 City ENCINITAS State CA Zip Code 92024-3106  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) YMCA Occupation (for Individual) FITNESS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 26 / 2017  
**Transaction ID : SA11A.525604**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item  
 CONTRIBUTION

**B. POGELER, CHERI, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 279 COUNTRYHAVEN ROAD  
 City ENCINITAS State CA Zip Code 92024-3106  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) YMCA Occupation (for Individual) FITNESS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 26 / 2017  
**Transaction ID : SA11A.528387**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item  
 CONTRIBUTION

**C. POGELER, CHERI, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 279 COUNTRYHAVEN ROAD  
 City ENCINITAS State CA Zip Code 92024-3106  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) YMCA Occupation (for Individual) FITNESS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 26 / 2017  
**Transaction ID : SA11A.531541**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	150.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 523 OF 946  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. POGUE, BEN, , MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6800 HIGH GATE RD  
 City PLANO State TX Zip Code 75024-7401  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) POGUE CONSTRUCTION Occupation (for Individual) OWNER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 10 / 19 / 2017  
**Transaction ID : SA11A.524681**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item  
 CONTRIBUTION

**B. POHANKA, GEOFFREY, P., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2120 POLO POINTE DR  
 City VIENNA State VA Zip Code 22181-2846  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) POHANKA HONDA Occupation (for Individual) AUTO DEALER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 10000.00

Date of Receipt 10 / 31 / 2017  
**Transaction ID : SA11A.526496**  
 Amount of Each Receipt this Period 10000.00  
 Memo Item  
 CONTRIBUTION

**C. POKORNY, GEROLD, E., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1046 E BUENA VISTA DR  
 City TEMPE State AZ Zip Code 85284-2402  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 10 / 27 / 2017  
**Transaction ID : SA11A.525572**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ► 15250.00  
**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 524 OF 946  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. POLIS, STEPHANIE, STRATEGOS, MS.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5145 TILDEN ST NW  
 City WASHINGTON State DC Zip Code 20016-1961  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 11 / 06 / 2017  
**Transaction ID : SA11A.526828**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item CONTRIBUTION

**B. POLLARD, DICK, O., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6609 NORFOLK AVENUE  
 City LUBBOCK State TX Zip Code 79413-5902  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) POLLARD FRIENDLY FORD Occupation (for Individual) AUTO DEALER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 08 / 2017  
**Transaction ID : SA11A.530170**  
 Amount of Each Receipt this Period 250.00  
 Memo Item CONTRIBUTION

**C. POPA, THOMAS, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8101 EAST KRAIL STREET  
 City SCOTTSDALE State AZ Zip Code 85250-5643  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) THOMAS POPA ASSOCIATES Occupation (for Individual) REAL ESTATE BROKER  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 10 / 08 / 2017  
**Transaction ID : SA11A.523321**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1275.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 525 OF 946  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. POPA, THOMAS, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8101 EAST KRAIL STREET  
 City SCOTTSDALE State AZ Zip Code 85250-5643  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) THOMAS POPA ASSOCIATES Occupation (for Individual) REAL ESTATE BROKER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 11 / 08 / 2017  
**Transaction ID : SA11A.527008**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**B. POPA, THOMAS, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8101 EAST KRAIL STREET  
 City SCOTTSDALE State AZ Zip Code 85250-5643  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) THOMAS POPA ASSOCIATES Occupation (for Individual) REAL ESTATE BROKER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 12 / 08 / 2017  
**Transaction ID : SA11A.530409**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**C. PORTER, HOWARD, J., MR., JR.**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 495 LEE RD 14  
 City AUBURN State AL Zip Code 36830-8081  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BEST EFFORTS  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1250.00

Date of Receipt 12 / 11 / 2017  
**Transaction ID : SA11A.530404**  
 Amount of Each Receipt this Period 1250.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1300.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 526 OF 946
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. POTTER, DENNIS, , MR.,</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 11 / 2017
Mailing Address 6503 BROOKES HILL CT			<b>Transaction ID : SA11A.523227</b>
City BETHESDA	State MD	Zip Code 20816-2501	Amount of Each Receipt this Period 2500.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item CONTRIBUTION
Name of Employer (for Individual) K&L GATES		Occupation (for Individual) GOVERNMENT AFFAIRS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 12500.00		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. POTTER, DENNIS, , MR.,</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 20 / 2017
Mailing Address 6503 BROOKES HILL CT			<b>Transaction ID : SA11A.531272</b>
City BETHESDA	State MD	Zip Code 20816-2501	Amount of Each Receipt this Period 2500.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item CONTRIBUTION
Name of Employer (for Individual) K&L GATES		Occupation (for Individual) GOVERNMENT AFFAIRS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 12500.00		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. POUPKO, VICTORIA, , ,</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 13 / 2017
Mailing Address 20 WASHINGTON ST 241			<b>Transaction ID : SA11A.523923</b>
City BRIGHTON	State MA	Zip Code 02135-7430	Amount of Each Receipt this Period 15.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item CONTRIBUTION
Name of Employer (for Individual) NONE		Occupation (for Individual) RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 390.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	5015.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 527 OF 946
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. POUPKO, VICTORIA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 20 WASHINGTON ST  
 241  
 City BRIGHTON State MA Zip Code 02135-7430  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 28 / 2017  
**Transaction ID : SA11A.526090**  
 Amount of Each Receipt this Period  
 15.00  
 Memo Item CONTRIBUTION

**B. POUPKO, VICTORIA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 20 WASHINGTON ST  
 241  
 City BRIGHTON State MA Zip Code 02135-7430  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 13 / 2017  
**Transaction ID : SA11A.527308**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item CONTRIBUTION

**C. POUPKO, VICTORIA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 20 WASHINGTON ST  
 241  
 City BRIGHTON State MA Zip Code 02135-7430  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 28 / 2017  
**Transaction ID : SA11A.528746**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	65.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 528 OF 946  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. POUPKO, VICTORIA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 20 WASHINGTON ST  
 241  
 City BRIGHTON State MA Zip Code 02135-7430  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 30 / 2017  
**Transaction ID : SA11A.532517**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item CONTRIBUTION

**B. PRATT, HARVEY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4810 S. INCA ST.  
 City ENGLEWOOD State CO Zip Code 80110-6411  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 25 / 2017  
**Transaction ID : SA11A.525357**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item CONTRIBUTION

**C. PRATT, HARVEY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4810 S. INCA ST.  
 City ENGLEWOOD State CO Zip Code 80110-6411  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 25 / 2017  
**Transaction ID : SA11A.528414**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 125.00  
**TOTAL** This Period (last page this line number only)..... ▶



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 529 OF 946  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. PRICE, VIRGINIA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2 POLLEY RD  
 City WESTFORD State MA Zip Code 01886-1857  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 06 / 2017  
**Transaction ID : SA11A.523272**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**B. PRICE, VIRGINIA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2 POLLEY RD  
 City WESTFORD State MA Zip Code 01886-1857  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 11 / 06 / 2017  
**Transaction ID : SA11A.526834**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**C. PRICE, VIRGINIA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2 POLLEY RD  
 City WESTFORD State MA Zip Code 01886-1857  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 12 / 06 / 2017  
**Transaction ID : SA11A.530008**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 75.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 530 OF 946
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. PRITCHETT, FRITZ, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 14499 N LINE POST LN  
 City ORO VALLEY State AZ Zip Code 85755-6664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 10 / 24 / 2017  
**Transaction ID : SA11A.525304**  
 Amount of Each Receipt this Period 75.00  
 Memo Item CONTRIBUTION

**B. PROCTOR, DANIEL, E., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5401 VERNER DR.  
 City LA PALMA State CA Zip Code 90623-2043  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 10 / 30 / 2017  
**Transaction ID : SA11A.525912**  
 Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION

**C. PROCTOR, DANIEL, E., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5401 VERNER DR.  
 City LA PALMA State CA Zip Code 90623-2043  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 11 / 30 / 2017  
**Transaction ID : SA11A.529126**  
 Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 275.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 531 OF 946
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. PROCTOR, DANIEL, E., MR.,**

Mailing Address 5401 VERNER DR.

City LA PALMA	State CA	Zip Code 90623-2043
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	11	/	2017

**Transaction ID : SA11A.530383**

Amount of Each Receipt this Period  
1000.00

Memo Item CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**B. PROSKOVEC, GARY, , ,**

Mailing Address 1831 SAINT ANDREWS PLACE

City LINCOLN	State NE	Zip Code 68512-1822
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
220.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	27	/	2017

**Transaction ID : SA11A.528813**

Amount of Each Receipt this Period  
25.00

Memo Item CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**C. PROUDFIT, NANCY, , ,**

Mailing Address 1411 WILLOWBROOK DRIVE

City WASHINGTON	State PA	Zip Code 15301-5083
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) HOMEMAKER
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	13	/	2017

**Transaction ID : SA11A.530762**

Amount of Each Receipt this Period  
400.00

Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1425.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 532 OF 946
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. PUGH, DALE, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 303 MUSGRAVE STREET

City PITTSBURGH	State PA	Zip Code 15207-1494
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) ALLEGHENY COUNTY SHERIFFS OFFICE	Occupation (for Individual) DEPUTY SHERIFF
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12		21		2017

**Transaction ID : SA11A.531518**

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

**B. PUGH, DALE, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 303 MUSGRAVE STREET

City PITTSBURGH	State PA	Zip Code 15207-1494
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) ALLEGHENY COUNTY SHERIFFS OFFICE	Occupation (for Individual) DEPUTY SHERIFF
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12		29		2017

**Transaction ID : SA11A.531852**

Amount of Each Receipt this Period  
50.00

Memo Item  
CONTRIBUTION

**C. PULLMAN, JOHN, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2914 MANAGUA PL

City CARLSBAD	State CA	Zip Code 92009-7105
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		16		2017

**Transaction ID : SA11A.523921**

Amount of Each Receipt this Period  
- 100.00

Memo Item  
CONTRIBUTION

CHARGED BACK

<b>SUBTOTAL</b> of Receipts This Page (optional).....	▶	- 25.00
<b>TOTAL</b> This Period (last page this line number only).....	▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 533 OF 946
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. PYNE, JOSEPH, H., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3345 DEL MONTE DR  
 City HOUSTON State TX Zip Code 77019-3103  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) KIRBY CORPORATION Occupation (for Individual) CHAIRMAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 23 / 2017  
**Transaction ID : SA11A.524852**  
 Amount of Each Receipt this Period  
 5400.00  
 Memo Item  
 CONTRIBUTION

**B. QUALLS, THOMAS, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 80-173 ROYAL BIRKDALE DR.  
 City INDIO State CA Zip Code 92201-2795  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 16 / 2017  
**Transaction ID : SA11A.524160**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item  
 CONTRIBUTION

**C. QUALLS, THOMAS, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 80-173 ROYAL BIRKDALE DR.  
 City INDIO State CA Zip Code 92201-2795  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 16 / 2017  
**Transaction ID : SA11A.527884**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	5450.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 534 OF 946
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. QUALLS, THOMAS, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 80-173 ROYAL BIRKDALE DR.

City INDIO	State CA	Zip Code 92201-2795
---------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	16	/	2017

**Transaction ID : SA11A.531142**

Amount of Each Receipt this Period  
25.00

Memo Item CONTRIBUTION

**B. QUODOMINE JR., RICHARD, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9598 HALYARDS COURT

City FORT MYERS	State FL	Zip Code 33919-4457
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
355.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	14	/	2017

**Transaction ID : SA11A.524214**

Amount of Each Receipt this Period  
30.00

Memo Item CONTRIBUTION

**C. QUODOMINE JR., RICHARD, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9598 HALYARDS COURT

City FORT MYERS	State FL	Zip Code 33919-4457
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
355.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	14	/	2017

**Transaction ID : SA11A.527620**

Amount of Each Receipt this Period  
30.00

Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	85.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 535 OF 946
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. RACHUNOW, JEREMIE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 250 EAST 54 STREET  
 29B  
 City NEW YORK State NY Zip Code 10022-4810  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 525.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 31 / 2017  
**Transaction ID : SA11A.526423**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item  
 CONTRIBUTION

**B. RACHUNOW, JEREMIE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 250 EAST 54 STREET  
 29B  
 City NEW YORK State NY Zip Code 10022-4810  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 525.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 01 / 2017  
**Transaction ID : SA11A.526563**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item  
 CONTRIBUTION

**C. RACHUNOW, JEREMIE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 250 EAST 54 STREET  
 29B  
 City NEW YORK State NY Zip Code 10022-4810  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 525.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 01 / 2017  
**Transaction ID : SA11A.529354**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	150.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 536 OF 946
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. RADOFF, BRADLEY, L., MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1177 WEST LOOP S  
STE 1625

City HOUSTON State TX Zip Code 77027-9036

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) INVESTMENT MANAGER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2700.00

Date of Receipt 10 / 20 / 2017  
**Transaction ID : SA11A.524889**

Amount of Each Receipt this Period 2700.00

Memo Item CONTRIBUTION

**B. RAGATZ, THOMAS, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 301 SAMUEL DR

City MADISON State WI Zip Code 53717-2142

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 27 / 2017  
**Transaction ID : SA11A.525519**

Amount of Each Receipt this Period 100.00

Memo Item CONTRIBUTION

**C. RAGSDALE, DOUGLAS, E., MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 913 SHINNECOCK HILLS DRIVE

City GEORGETOWN State TX Zip Code 78628-1230

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED

Receipt For:  Primary  General  Other (specify)

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 15 / 2017  
**Transaction ID : SA11A.530864**

Amount of Each Receipt this Period 100.00

Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2900.00

**TOTAL** This Period (last page this line number only)..... ▶



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 537 OF 946  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. RAHAL, EDWARD, M., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4101 CATHEDRAL AVE NW UNIT 707  
 City WASHINGTON State DC Zip Code 20016-3598  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) EM RAHAL & CO Occupation (for Individual) PRESIDENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3000.00

Date of Receipt 12 / 11 / 2017  
**Transaction ID : SA11A.530389**  
 Amount of Each Receipt this Period 2500.00  
 Memo Item CONTRIBUTION

**B. RAHJA, VIRGINIA, H., MS.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2940 E 94TH PLACE APT 1019  
 City TULSA State OK Zip Code 74137-8724  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 265.00

Date of Receipt 12 / 18 / 2017  
**Transaction ID : SA11A.530991**  
 Amount of Each Receipt this Period 65.00  
 Memo Item CONTRIBUTION

**C. RALPH, DONALD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 590 SUWANNEE RD STE 5000  
 City PANAMA CITY State FL Zip Code 32403-5558  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) DELTA AIRLINES Occupation (for Individual) PILOT  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 29 / 2017  
**Transaction ID : SA11A.526043**  
 Amount of Each Receipt this Period 250.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....▶ 2815.00  
**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 538 OF 946
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. RAMBHAROSE, RITA, , MS.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 25781 AMAPOLAS STREET

City LOMA LINDA	State CA	Zip Code 92354-2501
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1700.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		02		2017

**Transaction ID : SA11A.522547**

Amount of Each Receipt this Period  
250.00

Memo Item CONTRIBUTION

**B. RAMBHAROSE, RITA, , MS.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 25781 AMAPOLAS STREET

City LOMA LINDA	State CA	Zip Code 92354-2501
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1700.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		27		2017

**Transaction ID : SA11A.525546**

Amount of Each Receipt this Period  
225.00

Memo Item CONTRIBUTION

**C. RAMBHAROSE, RITA, , MS.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 25781 AMAPOLAS STREET

City LOMA LINDA	State CA	Zip Code 92354-2501
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
1700.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12		07		2017

**Transaction ID : SA11A.530064**

Amount of Each Receipt this Period  
250.00

Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	725.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 539 OF 946  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. RAMME, BRUCE, W., MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address N51W34316 ENCHANTED CT

City OKAUCHEE	State WI	Zip Code 53069-9708
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) WEC	Occupation (for Individual) ENVIRONMENTAL EXECUTIVE
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
12 / 06 / 2017  
**Transaction ID : SA11A.529952**

Amount of Each Receipt this Period  
500.00

Memo Item CONTRIBUTION

**B. RAMSEY, GORDON, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9138 SELBORNE LANE

City PALMETTO	State GA	Zip Code 30268-2268
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
12 / 12 / 2017  
**Transaction ID : SA11A.530584**

Amount of Each Receipt this Period  
250.00

Memo Item CONTRIBUTION

**C. RASCH, KENNETH, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1834 JOHNSON AVE

City FORT DODGE	State IA	Zip Code 50501-8572
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SELF EMPLOYED	Occupation (for Individual) FARMER
--	---------------------------------------

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
325.00

Date of Receipt  
10 / 13 / 2017  
**Transaction ID : SA11A.523971**

Amount of Each Receipt this Period  
25.00

Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	775.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 540 OF 946
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. RASCH, KENNETH, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1834 JOHNSON AVE

City FORT DODGE	State IA	Zip Code 50501-8572
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SELF EMPLOYED	Occupation (for Individual) FARMER
--	---------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
325.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	13	/	2017

**Transaction ID : SA11A.527326**

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

**B. RASCH, KENNETH, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1834 JOHNSON AVE

City FORT DODGE	State IA	Zip Code 50501-8572
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SELF EMPLOYED	Occupation (for Individual) FARMER
--	---------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
325.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	13	/	2017

**Transaction ID : SA11A.530855**

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

**C. REDWINE, LARRY, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1173 FRENCH COURT

City MAINEVILLE	State OH	Zip Code 45039-8001
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SOUTHWEST OHIO LEAGUE LLC	Occupation (for Individual) ATHLETIC ADMINISTRATION
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	03	/	2017

**Transaction ID : SA11A.523117**

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	75.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 541 OF 946
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. REDWINE, LARRY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1173 FRENCH COURT  
 City MAINEVILLE State OH Zip Code 45039-8001  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SOUTHWEST OHIO LEAGUE LLC Occupation (for Individual) ATHLETIC ADMINISTRATION  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 03 / 2017  
**Transaction ID : SA11A.526729**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION

**B. REDWINE, LARRY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1173 FRENCH COURT  
 City MAINEVILLE State OH Zip Code 45039-8001  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SOUTHWEST OHIO LEAGUE LLC Occupation (for Individual) ATHLETIC ADMINISTRATION  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 03 / 2017  
**Transaction ID : SA11A.529782**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION

**C. REEDER, MARTINIQUE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 15690 SE 227TH ST  
 City KENT State WA Zip Code 98042-3723  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) REALTOR  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 03 / 2017  
**Transaction ID : SA11A.523119**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	100.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 542 OF 946
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. REEDER, MARTINIQUE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 15690 SE 227TH ST  
 City KENT State WA Zip Code 98042-3723  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) REALTOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 11 / 03 / 2017  
**Transaction ID : SA11A.526730**  
 Amount of Each Receipt this Period 50.00  
 Memo Item CONTRIBUTION

**B. REEVES, JUDITH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2350 COVENTRY CIR  
 City FULLERTON State CA Zip Code 92833-1269  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 26 / 2017  
**Transaction ID : SA11A.525594**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**C. REEVES, JUDITH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2350 COVENTRY CIR  
 City FULLERTON State CA Zip Code 92833-1269  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 11 / 26 / 2017  
**Transaction ID : SA11A.528374**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....▶ 100.00  
**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 543 OF 946  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. REEVES, JUDITH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2350 COVENTRY CIR  
 City FULLERTON State CA Zip Code 92833-1269  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 26 / 2017  
**Transaction ID : SA11A.531533**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item  
 CONTRIBUTION

**B. REID, CLARK, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 853 THE MASTERS BLVD  
 City SHALIMAR State FL Zip Code 32579-1665  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 825.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 20 / 2017  
**Transaction ID : SA11A.524950**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**C. REID, CLARK, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 853 THE MASTERS BLVD  
 City SHALIMAR State FL Zip Code 32579-1665  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 825.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 31 / 2017  
**Transaction ID : SA11A.526351**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 225.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 544 OF 946
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. REID, CLARK, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 853 THE MASTERS BLVD  
 City SHALIMAR State FL Zip Code 32579-1665  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 825.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 06 / 2017  
**Transaction ID : SA11A.529991**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**B. REID, CLARK, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 853 THE MASTERS BLVD  
 City SHALIMAR State FL Zip Code 32579-1665  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 825.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 21 / 2017  
**Transaction ID : SA11A.531382**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**C. REID, CLARK, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 853 THE MASTERS BLVD  
 City SHALIMAR State FL Zip Code 32579-1665  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 825.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2017  
**Transaction ID : SA11A.532274**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	250.00
<b>TOTAL</b> This Period (last page this line number only).....	



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 545 OF 946
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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)  
**Team Ryan**

**A. REID, CLARK, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 853 THE MASTERS BLVD  
 City SHALIMAR State FL Zip Code 32579-1665  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 825.00

Date of Receipt 12 / 30 / 2017  
**Transaction ID : SA11A.532474**  
 Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION

**B. RENAUD, GILLES, A., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 202 VISTA POINTE COURT  
 City SAINT AUGUSTINE State FL Zip Code 32080-9165  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 12 / 11 / 2017  
**Transaction ID : SA11A.530567**  
 Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION

**C. RESTREPO, GEORGE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2001 MAIN STREET  
 City BUFFALO State NY Zip Code 14208-1035  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CATHOLIC CHURCH Occupation (for Individual) JESUIT PRIEST  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 18 / 2017  
**Transaction ID : SA11A.524719**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	225.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 546 OF 946
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. RESTREPO, GEORGE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2001 MAIN STREET  
 City BUFFALO State NY Zip Code 14208-1035  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CATHOLIC CHURCH Occupation (for Individual) JESUIT PRIEST  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **11 / 18 / 2017**  
**Transaction ID : SA11A.528102**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**B. RESTREPO, GEORGE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2001 MAIN STREET  
 City BUFFALO State NY Zip Code 14208-1035  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CATHOLIC CHURCH Occupation (for Individual) JESUIT PRIEST  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **12 / 18 / 2017**  
**Transaction ID : SA11A.531102**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**C. REYNOLDS, MARGARET, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5901 ROSLYN ST  
 City MCKEESPORT State PA Zip Code 15135-1126  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **10 / 10 / 2017**  
**Transaction ID : SA11A.523289**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	75.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 547 OF 946  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. REYNOLDS, ROLAND, L., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 745 CENTAURI  
 City GRAND JUNCTION State CO Zip Code 81506-1805  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 10 / 09 / 2017  
**Transaction ID : SA11A.523307**  
 Amount of Each Receipt this Period 50.00  
 Memo Item CONTRIBUTION

**B. REYNOLDS, ROLAND, L., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 745 CENTAURI  
 City GRAND JUNCTION State CO Zip Code 81506-1805  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 11 / 09 / 2017  
**Transaction ID : SA11A.527116**  
 Amount of Each Receipt this Period 50.00  
 Memo Item CONTRIBUTION

**C. REYNOLDS, ROLAND, L., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 745 CENTAURI  
 City GRAND JUNCTION State CO Zip Code 81506-1805  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 12 / 09 / 2017  
**Transaction ID : SA11A.530735**  
 Amount of Each Receipt this Period 50.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....▶ 150.00  
**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 548 OF 946
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. RICE, DOUGLAS, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 83 STONEHEDGE LANE SOUTH

City GUILFORD	State CT	Zip Code 06437-2205
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS	Occupation (for Individual) INFORMATION REQUESTED PER BE
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		21		2017

**Transaction ID : SA11A.525195**

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

**B. RICE, DOUGLAS, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 83 STONEHEDGE LANE SOUTH

City GUILFORD	State CT	Zip Code 06437-2205
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS	Occupation (for Individual) INFORMATION REQUESTED PER BE
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11		21		2017

**Transaction ID : SA11A.528154**

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

**C. RICE, DOUGLAS, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 83 STONEHEDGE LANE SOUTH

City GUILFORD	State CT	Zip Code 06437-2205
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS	Occupation (for Individual) INFORMATION REQUESTED PER BE
---	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12		21		2017

**Transaction ID : SA11A.531362**

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	75.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 549 OF 946  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. RICHERT, JOSEPH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 34180 HURON RIVER DRIVE  
 City NEW BOSTON State MI Zip Code 48164-9779  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1250.00

Date of Receipt 10 / 19 / 2017  
**Transaction ID : SA11A.524905**  
 Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION

**B. RICHERT, JOSEPH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 34180 HURON RIVER DRIVE  
 City NEW BOSTON State MI Zip Code 48164-9779  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1250.00

Date of Receipt 11 / 10 / 2017  
**Transaction ID : SA11A.527367**  
 Amount of Each Receipt this Period 50.00  
 Memo Item CONTRIBUTION

**C. RICHERT, JOSEPH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 34180 HURON RIVER DRIVE  
 City NEW BOSTON State MI Zip Code 48164-9779  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1250.00

Date of Receipt 11 / 19 / 2017  
**Transaction ID : SA11A.528051**  
 Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 250.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 550 OF 946  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. RICHERT, JOSEPH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 34180 HURON RIVER DRIVE  
 City NEW BOSTON State MI Zip Code 48164-9779  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 19 / 2017  
**Transaction ID : SA11A.531299**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**B. RICKETTS, MARLENE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO BOX 31519  
 City OMAHA State NE Zip Code 68131-0519  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 100000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 29 / 2017  
**Transaction ID : SA11A.531298**  
 Amount of Each Receipt this Period  
 100000.00  
 Memo Item  
 CONTRIBUTION

**C. RICKERSHAUSER, PETER, J., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 545 ADAMS STREET  
 City DENVER State CO Zip Code 80206-4412  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 31 / 2017  
**Transaction ID : SA11A.526584**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....▶ 100150.00  
**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 551 OF 946  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. RICKERSHAUSER, PETER, J., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 545 ADAMS STREET  
 City DENVER State CO Zip Code 80206-4412  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 31 / 2017  
**Transaction ID : SA11A.532226**  
 Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION

**B. RICKS, DAVID, A., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7550 WASHINGTON BLVD  
 City INDIANAPOLIS State IN Zip Code 46240-2863  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) ELILILLY & CO Occupation (for Individual) CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 12500.00

Date of Receipt 12 / 31 / 2017  
**Transaction ID : SA11A.532117**  
 Amount of Each Receipt this Period 10000.00  
 Memo Item CONTRIBUTION

**C. RIDER, ALAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 12206 QUORN LN  
 City RESTON State VA Zip Code 20191-2627  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1400.00

Date of Receipt 10 / 25 / 2017  
**Transaction ID : SA11A.525359**  
 Amount of Each Receipt this Period 50.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....▶ 10150.00  
**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 552 OF 946
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. RIGBY-HOUSE, GINA JOY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1450 EMERSON AVE  
 505  
 City MCLEAN State VA Zip Code 22101-5747  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) AFLAC Occupation (for Individual) LOBBYIST  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 09 / 2017  
**Transaction ID : SA11A.527120**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item  
 CONTRIBUTION

**B. RILEY, BOB, , MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 700 CR 5  
 City ASHLAND State AL Zip Code 36251-5533  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) CONSULTANT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2700.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 20 / 2017  
**Transaction ID : SA11A.527869**  
 Amount of Each Receipt this Period  
 2700.00  
 Memo Item  
 CONTRIBUTION

**C. RILEY, RUTH, L., MS.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2909 WOODLAMD  
 618  
 City DES MOINES State IA Zip Code 50312-3885  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 16 / 2017  
**Transaction ID : SA11A.524164**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 3725.00  
**TOTAL** This Period (last page this line number only)..... ▶



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 553 OF 946
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. RILEY, RUTH, L., MS.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2909 WOODLAMD  
618

City DES MOINES State IA Zip Code 50312-3885

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
800.00

Date of Receipt  
11 / 16 / 2017  
**Transaction ID : SA11A.527886**

Amount of Each Receipt this Period  
25.00

Memo Item CONTRIBUTION

**B. RILEY, RUTH, L., MS.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2909 WOODLAMD  
618

City DES MOINES State IA Zip Code 50312-3885

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
800.00

Date of Receipt  
12 / 16 / 2017  
**Transaction ID : SA11A.531146**

Amount of Each Receipt this Period  
25.00

Memo Item CONTRIBUTION

**C. RINTALA, KAY, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3501 WILDWOOD CIRCLE

City PLANO State TX Zip Code 75074-4348

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RICHARD RINTALA CPA Occupation (for Individual) CPA

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
10 / 28 / 2017  
**Transaction ID : SA11A.526169**

Amount of Each Receipt this Period  
25.00

Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 75.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 554 OF 946  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. RINTALA, KAY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3501 WILDWOOD CIRCLE  
 City PLANO State TX Zip Code 75074-4348  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RICHARD RINTALA CPA Occupation (for Individual) CPA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 28 / 2017  
**Transaction ID : SA11A.528789**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION

**B. RINTALA, KAY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3501 WILDWOOD CIRCLE  
 City PLANO State TX Zip Code 75074-4348  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RICHARD RINTALA CPA Occupation (for Individual) CPA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 28 / 2017  
**Transaction ID : SA11A.531779**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION

**C. RISING, SUSAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6524 GARNET AVE  
 City PORT ARTHUR State TX Zip Code 77640-1310  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) ACTION RESTORATION INC. Occupation (for Individual) OWNER  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 28 / 2017  
**Transaction ID : SA11A.526168**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....▶ 100.00  
**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 555 OF 946  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. RISING, SUSAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6524 GARNET AVE  
 City PORT ARTHUR State TX Zip Code 77640-1310  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) ACTION RESTORATION INC. Occupation (for Individual) OWNER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 11 / 28 / 2017  
**Transaction ID : SA11A.528799**  
 Amount of Each Receipt this Period 50.00  
 Memo Item CONTRIBUTION

**B. RISING, SUSAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6524 GARNET AVE  
 City PORT ARTHUR State TX Zip Code 77640-1310  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) ACTION RESTORATION INC. Occupation (for Individual) OWNER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 12 / 28 / 2017  
**Transaction ID : SA11A.531762**  
 Amount of Each Receipt this Period 50.00  
 Memo Item CONTRIBUTION

**C. RITCH, PHILIP, E., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 146 KALUAMOO STREET  
 City KAILUA State HI Zip Code 96734-2144  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 365.00

Date of Receipt 10 / 06 / 2017  
**Transaction ID : SA11A.523162**  
 Amount of Each Receipt this Period 40.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 140.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 556 OF 946  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. RITCH, PHILIP, E., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 146 KALUAMOO STREET  
 City KAILUA State HI Zip Code 96734-2144  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.00

Date of Receipt 10 / 27 / 2017  
**Transaction ID : SA11A.525560**  
 Amount of Each Receipt this Period 75.00  
 Memo Item CONTRIBUTION

**B. RIVERA, JULIA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO BOX 607  
 City MERIDIAN State ID Zip Code 83680-0607  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) ES-O-EN MANAGEMENT LLC Occupation (for Individual) HR COMPENSATION  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 10 / 09 / 2017  
**Transaction ID : SA11A.523163**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item CONTRIBUTION

**C. ROACH, DOUGLAS, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 110N ROSEMONT AVENUE  
 City MARTINSBURG State WV Zip Code 25401-2329  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 12 / 12 / 2017  
**Transaction ID : SA11A.530586**  
 Amount of Each Receipt this Period 200.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 5275.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 557 OF 946
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. ROATH, MICHAEL, S., DR., M.D.**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 501 ARNON RIDGE CT  
 City GREAT FALLS State VA Zip Code 22066-3929  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 10 / 28 / 2017  
**Transaction ID : SA11A.526156**  
 Amount of Each Receipt this Period 50.00  
 Memo Item CONTRIBUTION

**B. ROATH, MICHAEL, S., DR., M.D.**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 501 ARNON RIDGE CT  
 City GREAT FALLS State VA Zip Code 22066-3929  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 11 / 28 / 2017  
**Transaction ID : SA11A.528792**  
 Amount of Each Receipt this Period 50.00  
 Memo Item CONTRIBUTION

**C. ROATH, MICHAEL, S., DR., M.D.**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 501 ARNON RIDGE CT  
 City GREAT FALLS State VA Zip Code 22066-3929  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 12 / 28 / 2017  
**Transaction ID : SA11A.531786**  
 Amount of Each Receipt this Period 50.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....▶ 150.00  
**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 558 OF 946  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. ROBBINS, LYNN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1651 LADERA TRAIL  
 City: CENTERVILLE    State: OH    Zip Code: 45459-1401  
 FEC ID number of contributing federal political committee: **C**  
 Name of Employer (for Individual): NONE    Occupation (for Individual): RETIRED  
 Receipt For:  Primary     General     Other (specify) ▼  
 Aggregate Year-to-Date ▼: 450.00

Date of Receipt: 10 / 30 / 2017  
**Transaction ID : SA11A.525990**  
 Amount of Each Receipt this Period: 50.00  
 Memo Item CONTRIBUTION

**B. ROBBINS, LYNN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1651 LADERA TRAIL  
 City: CENTERVILLE    State: OH    Zip Code: 45459-1401  
 FEC ID number of contributing federal political committee: **C**  
 Name of Employer (for Individual): NONE    Occupation (for Individual): RETIRED  
 Receipt For:  Primary     General     Other (specify) ▼  
 Aggregate Year-to-Date ▼: 450.00

Date of Receipt: 11 / 30 / 2017  
**Transaction ID : SA11A.529166**  
 Amount of Each Receipt this Period: 50.00  
 Memo Item CONTRIBUTION

**C. ROBBINS, LYNN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1651 LADERA TRAIL  
 City: CENTERVILLE    State: OH    Zip Code: 45459-1401  
 FEC ID number of contributing federal political committee: **C**  
 Name of Employer (for Individual): NONE    Occupation (for Individual): RETIRED  
 Receipt For:  Primary     General     Other (specify) ▼  
 Aggregate Year-to-Date ▼: 450.00

Date of Receipt: 12 / 30 / 2017  
**Transaction ID : SA11A.532495**  
 Amount of Each Receipt this Period: 50.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....▶ 150.00  
**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 559 OF 946
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. ROBERTS, AILEEN, K., MRS.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 COMCAST CTR  
 City PHILADELPHIA State PA Zip Code 19103-2838  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) HOMEMAKER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 33900.00

Date of Receipt **10 / 16 / 2017**  
**Transaction ID : SA11A.523632**  
 Amount of Each Receipt this Period 33900.00  
 Memo Item CONTRIBUTION

**B. ROBERTS, CHRISS, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. BOX 870  
 City WAGONER State OK Zip Code 74477-0870  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) OSTEOPATHIC PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **11 / 17 / 2017**  
**Transaction ID : SA11A.527942**  
 Amount of Each Receipt this Period 50.00  
 Memo Item CONTRIBUTION

**C. ROBERTS, CHRISS, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. BOX 870  
 City WAGONER State OK Zip Code 74477-0870  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) OSTEOPATHIC PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **12 / 17 / 2017**  
**Transaction ID : SA11A.531127**  
 Amount of Each Receipt this Period 50.00  
 Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	34000.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 560 OF 946
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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)  
**Team Ryan**

**A. ROBERTSON, CORBIN, J., MR., JR.**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1415 LOUISIANA ST  
STE 2400

City HOUSTON State TX Zip Code 77002-7361

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) QUINTANA MINERALS Occupation (for Individual) CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5400.00

Date of Receipt 10 / 23 / 2017  
**Transaction ID : SA11A.524855**

Amount of Each Receipt this Period 5400.00

Memo Item CONTRIBUTION

**B. ROBERTSON, JIM, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6361 S 80TH E AVE  
UNIT H

City TULSA State OK Zip Code 74133-3824

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 305.00

Date of Receipt 10 / 28 / 2017  
**Transaction ID : SA11A.526131**

Amount of Each Receipt this Period 25.00

Memo Item CONTRIBUTION

**C. ROBERTSON, JIM, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6361 S 80TH E AVE  
UNIT H

City TULSA State OK Zip Code 74133-3824

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED

Receipt For:  Primary  General  Other (specify)

Aggregate Year-to-Date ▼ 305.00

Date of Receipt 11 / 28 / 2017  
**Transaction ID : SA11A.528768**

Amount of Each Receipt this Period 25.00

Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 5450.00

**TOTAL** This Period (last page this line number only)..... ▶



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 561 OF 946  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. ROBERTSON, JIM, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6361 S 80TH E AVE  
 UNIT H  
 City TULSA State OK Zip Code 74133-3824  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 305.00

Date of Receipt **12 / 28 / 2017**  
**Transaction ID : SA11A.531750**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**B. ROBERTS, WILLIAM, G., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5701 BURLESON OAKS DRIVE  
 City BURLESON State TX Zip Code 76028-1827  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt **10 / 26 / 2017**  
**Transaction ID : SA11A.525469**  
 Amount of Each Receipt this Period 200.00  
 Memo Item CONTRIBUTION

**C. ROBERTSON, WILLIAM, W., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 124 LAKELAND AVENUE  
 City MOORE State SC Zip Code 29369-9799  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **12 / 11 / 2017**  
**Transaction ID : SA11A.530566**  
 Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 325.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 562 OF 946
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. ROBINSON, JAMES, A., MR., JR.**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 717 LOCUST ST

City WINNETKA	State IL	Zip Code 60093-2013
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) ASTELLAS	Occupation (for Individual) PRESIDENT AMERICAS
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	16	/	2017

**Transaction ID : SA11A.523638**

Amount of Each Receipt this Period  
5000.00

Memo Item  
CONTRIBUTION

**B. ROBINSON, M., RUSS, MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 109 N POST OAK LANE STE 410

City HOUSTON	State TX	Zip Code 77024-7751
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) GLOBAL STEEL DUST	Occupation (for Individual) EXECUTIVE
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
10000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	20	/	2017

**Transaction ID : SA11A.527870**

Amount of Each Receipt this Period  
10000.00

Memo Item  
CONTRIBUTION

**C. ROBINSON, MARYLOU, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5502 W ESCALON AVE

City FRESNO	State CA	Zip Code 93722-3392
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS	Occupation (for Individual) INFORMATION REQUESTED PER BES
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	26	/	2017

**Transaction ID : SA11A.525411**

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	15100.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 563 OF 946
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. ROBINSON, MILLER, P., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2555 OLD RIVER RD  
 City FORTSON State GA Zip Code 31808-2535  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) TROUTMAN SANDERS Occupation (for Individual) ATTORNEY  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 10000.00

Date of Receipt 11 / 10 / 2017  
**Transaction ID : SA11A.526969**  
 Amount of Each Receipt this Period 10000.00  
 Memo Item CONTRIBUTION

**B. ROBINSON, PETE, , MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2555 OLD RIVER RD  
 City FORTSON State GA Zip Code 31808-2535  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) TROUTMAN SANDERS Occupation (for Individual) ATTORNEY  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 11 / 10 / 2017  
**Transaction ID : SA11A.526968**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item CONTRIBUTION

**C. RODGERS, JOANNE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 15287 TOP OF THE HILL CT  
 City LOS GATOS State CA Zip Code 95032-6535  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 10 / 25 / 2017  
**Transaction ID : SA11A.525367**  
 Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....▶ 15100.00  
**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 564 OF 946  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. RODGERS, JOANNE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 15287 TOP OF THE HILL CT  
 City LOS GATOS State CA Zip Code 95032-6535  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt **11 / 25 / 2017**  
**Transaction ID : SA11A.528416**  
 Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION

**B. RODGERS, JOANNE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 15287 TOP OF THE HILL CT  
 City LOS GATOS State CA Zip Code 95032-6535  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt **12 / 25 / 2017**  
**Transaction ID : SA11A.531561**  
 Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION

**C. RODRIGUEZ, EDGAR, A., DR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 112 CONDOR AVE  
 City MCALLEN State TX Zip Code 78504-2219  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) PHYSICIAN  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **10 / 23 / 2017**  
**Transaction ID : SA11A.524817**  
 Amount of Each Receipt this Period 500.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 700.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 565 OF 946  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. ROE, JUDY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 14808 SE 58TH STREET  
 City BELLEVUE State WA Zip Code 98006-4614  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 19 / 2017  
**Transaction ID : SA11A.524897**  
 Amount of Each Receipt this Period 50.00  
 Memo Item CONTRIBUTION

**B. ROE, JUDY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 14808 SE 58TH STREET  
 City BELLEVUE State WA Zip Code 98006-4614  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 03 / 2017  
**Transaction ID : SA11A.526725**  
 Amount of Each Receipt this Period 50.00  
 Memo Item CONTRIBUTION

**C. ROE, JUDY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 14808 SE 58TH STREET  
 City BELLEVUE State WA Zip Code 98006-4614  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 21 / 2017  
**Transaction ID : SA11A.531350**  
 Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 200.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 566 OF 946  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. ROGIER, JAMES, L., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 309 FOREST DR  
 City HUMBOLDT    State TN    Zip Code 38343-3551  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE    Occupation (for Individual) RETIRED  
 Receipt For:  Primary     General     Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 10 / 26 / 2017  
**Transaction ID : SA11A.525425**  
 Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION

**B. ROLFSRUD, ARNOLD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4317 N FOXGLOVE DR. NW  
 City GIG HARBOR    State WA    Zip Code 98332-8028  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE    Occupation (for Individual) RETIRED  
 Receipt For:  Primary     General     Other (specify) ▼  
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 11 / 17 / 2017  
**Transaction ID : SA11A.527923**  
 Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION

**C. ROLFSRUD, ARNOLD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4317 N FOXGLOVE DR. NW  
 City GIG HARBOR    State WA    Zip Code 98332-8028  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE    Occupation (for Individual) RETIRED  
 Receipt For:  Primary     General     Other (specify)  
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 11 / 17 / 2017  
**Transaction ID : SA11A.527925**  
 Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 300.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 567 OF 946
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. ROLFSRUD, ARNOLD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4317 N FOXGLOVE DR. NW  
 City GIG HARBOR State WA Zip Code 98332-8028  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt **12 / 17 / 2017**  
**Transaction ID : SA11A.531133**  
 Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION

**B. RONCA, DAVID, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 276 E MACADA RD  
 City BETHLEHEM State PA Zip Code 18017-2524  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) M F RONCA & SONS Occupation (for Individual) PARTNER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt **10 / 26 / 2017**  
**Transaction ID : SA11A.525242**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item CONTRIBUTION

**C. ROODE, EDNA, L., MRS.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 146 PLANTERS ROW LANE  
 City CAROLINA SHORES State NC Zip Code 28467-2294  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **10 / 29 / 2017**  
**Transaction ID : SA11A.526088**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 5125.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 568 OF 946  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. ROODE, EDNA, L., MRS.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 146 PLANTERS ROW LANE  
 City CAROLINA SHORES    State NC    Zip Code 28467-2294  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE    Occupation (for Individual) RETIRED  
 Receipt For:  Primary     General     Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 11 / 29 / 2017  
**Transaction ID : SA11A.528947**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**B. ROODE, EDNA, L., MRS.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 146 PLANTERS ROW LANE  
 City CAROLINA SHORES    State NC    Zip Code 28467-2294  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE    Occupation (for Individual) RETIRED  
 Receipt For:  Primary     General     Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 12 / 29 / 2017  
**Transaction ID : SA11A.531926**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**C. ROOT, DONALD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2402 NW BLUE RIDGE DRIVE  
 City SEATTLE    State WA    Zip Code 98177-5432  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GM NAMEPLATE    Occupation (for Individual) CHAIRMAN  
 Receipt For:  Primary     General     Other (specify)  
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 10 / 13 / 2017  
**Transaction ID : SA11A.523968**  
 Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 150.00  
**TOTAL** This Period (last page this line number only)..... ▶



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 569 OF 946
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. ROOT, DONALD, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2402 NW BLUE RIDGE DRIVE

City SEATTLE	State WA	Zip Code 98177-5432
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) GM NAMEPLATE	Occupation (for Individual) CHAIRMAN
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1200.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	13	/	2017

**Transaction ID : SA11A.527323**

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

**B. ROOT, DONALD, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2402 NW BLUE RIDGE DRIVE

City SEATTLE	State WA	Zip Code 98177-5432
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) GM NAMEPLATE	Occupation (for Individual) CHAIRMAN
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1200.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	13	/	2017

**Transaction ID : SA11A.530852**

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

**C. ROOZEBOOM, GARY, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1437 WESTVIEW DR.

City KNOXVILLE	State IA	Zip Code 50138-8870
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2017

**Transaction ID : SA11A.526011**

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	225.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 570 OF 946
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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)  
**Team Ryan**

**A. ROOZEBOOM, GARY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1437 WESTVIEW DR.  
 City KNOXVILLE State IA Zip Code 50138-8870  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 11 / 30 / 2017  
**Transaction ID : SA11A.529207**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**B. ROOZEBOOM, GARY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1437 WESTVIEW DR.  
 City KNOXVILLE State IA Zip Code 50138-8870  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 12 / 30 / 2017  
**Transaction ID : SA11A.532550**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**C. ROSENFELD, LEA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7975 W 4TH ST  
 City LOS ANGELES State CA Zip Code 90048-4412  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BEST EFFORTS  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 10 / 27 / 2017  
**Transaction ID : SA11A.525782**  
 Amount of Each Receipt this Period 75.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 125.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 571 OF 946
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. ROSENFELD, LEA, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7975 W 4TH ST

City LOS ANGELES	State CA	Zip Code 90048-4412
---------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS	Occupation (for Individual) INFORMATION REQUESTED PER BE
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
900.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	27	/	2017

**Transaction ID : SA11A.528351**

Amount of Each Receipt this Period  
75.00

Memo Item  
CONTRIBUTION

**B. ROSENFELD, LEA, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7975 W 4TH ST

City LOS ANGELES	State CA	Zip Code 90048-4412
---------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS	Occupation (for Individual) INFORMATION REQUESTED PER BE
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
900.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	27	/	2017

**Transaction ID : SA11A.531682**

Amount of Each Receipt this Period  
75.00

Memo Item  
CONTRIBUTION

**C. ROSS, CHARLES, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 325 CHERRY STREET

City ARKADELPHIA	State AR	Zip Code 71923-5114
---------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
285.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	03	/	2017

**Transaction ID : SA11A.523120**

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	175.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 572 OF 946
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. ROSS, CHARLES, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 325 CHERRY STREET  
 City ARKADELPHIA State AR Zip Code 71923-5114  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 285.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 03 / 2017  
**Transaction ID : SA11A.526735**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**B. ROSS, CHARLES, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 325 CHERRY STREET  
 City ARKADELPHIA State AR Zip Code 71923-5114  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 285.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 03 / 2017  
**Transaction ID : SA11A.529787**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**C. ROSSI, THOMAS, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 579 SAGAMORE AVE UNIT 85  
 City PORTSMOUTH State NH Zip Code 03801-5572  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RD EXCELLENCE LLC Occupation (for Individual) CONSULTANT  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 28 / 2017  
**Transaction ID : SA11A.531734**  
 Amount of Each Receipt this Period 250.00  
 Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 573 OF 946
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. ROTHMAN, RICHARD, B., DR., MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3923 OLD LEE HWY  
 STE 61A  
 City FAIRFAX State VA Zip Code 22030-2428  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) LIFE BRIDGE HEALTH Occupation (for Individual) PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 10 / 12 / 2017  
**Transaction ID : SA11A.523896**  
 Amount of Each Receipt this Period 20.00  
 Memo Item CONTRIBUTION

**B. ROTHMAN, RICHARD, B., DR., MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3923 OLD LEE HWY  
 STE 61A  
 City FAIRFAX State VA Zip Code 22030-2428  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) LIFE BRIDGE HEALTH Occupation (for Individual) PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 11 / 12 / 2017  
**Transaction ID : SA11A.527341**  
 Amount of Each Receipt this Period 20.00  
 Memo Item CONTRIBUTION

**C. ROTHMAN, RICHARD, B., DR., MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3923 OLD LEE HWY  
 STE 61A  
 City FAIRFAX State VA Zip Code 22030-2428  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) LIFE BRIDGE HEALTH Occupation (for Individual) PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 12 / 12 / 2017  
**Transaction ID : SA11A.530783**  
 Amount of Each Receipt this Period 20.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 60.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 574 OF 946
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. ROUGH, RONALD, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 1658 W MILLING ST  
City LANCASTER State CA Zip Code 93534-2838  
FEC ID number of contributing federal political committee. **C**  
Name of Employer (for Individual) LM Occupation (for Individual) SA  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 600.00

Date of Receipt 10 / 27 / 2017  
**Transaction ID : SA11A.525773**  
Amount of Each Receipt this Period 50.00  
 Memo Item  
CONTRIBUTION

**B. ROUNDS, CARLTON, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 2459 FRANCISCAN DRIVE #29  
City CLEARWATER State FL Zip Code 33763-3252  
FEC ID number of contributing federal political committee. **C**  
Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 475.00

Date of Receipt 10 / 13 / 2017  
**Transaction ID : SA11A.523922**  
Amount of Each Receipt this Period 10.00  
 Memo Item  
CONTRIBUTION

**C. ROUNDS, CARLTON, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 2459 FRANCISCAN DRIVE #29  
City CLEARWATER State FL Zip Code 33763-3252  
FEC ID number of contributing federal political committee. **C**  
Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 475.00

Date of Receipt 10 / 15 / 2017  
**Transaction ID : SA11A.524186**  
Amount of Each Receipt this Period 25.00  
 Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 85.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 575 OF 946
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. ROUNDS, CARLTON, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2459 FRANCISCAN DRIVE #29  
 City CLEARWATER State FL Zip Code 33763-3252  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 475.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 25 / 2017  
**Transaction ID : SA11A.525294**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item CONTRIBUTION

**B. ROUNDS, CARLTON, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2459 FRANCISCAN DRIVE #29  
 City CLEARWATER State FL Zip Code 33763-3252  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 475.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 15 / 2017  
**Transaction ID : SA11A.527800**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item CONTRIBUTION

**C. ROUNDS, CARLTON, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2459 FRANCISCAN DRIVE #29  
 City CLEARWATER State FL Zip Code 33763-3252  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 475.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 15 / 2017  
**Transaction ID : SA11A.531053**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	75.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 576 OF 946						
	(check only one)							
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. ROWLEY, JEFFERSON, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y <b>10 / 08 / 2017</b>
Mailing Address <b>530 EAST 89TH STREET</b> <b>2K</b>		<b>Transaction ID : SA11A.523324</b>
City <b>NEW YORK</b>	State <b>NY</b>	Zip Code <b>10128-7900</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>25.00</b>
Name of Employer (for Individual) <b>NORTHWESTERN MUTUAL</b>	Occupation (for Individual) <b>FINANCIAL REPRESENTATIVE</b>	<input type="checkbox"/> Memo Item <b>CONTRIBUTION</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>250.00</b>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. ROWLEY, JEFFERSON, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y <b>11 / 08 / 2017</b>
Mailing Address <b>530 EAST 89TH STREET</b> <b>2K</b>		<b>Transaction ID : SA11A.527011</b>
City <b>NEW YORK</b>	State <b>NY</b>	Zip Code <b>10128-7900</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>25.00</b>
Name of Employer (for Individual) <b>NORTHWESTERN MUTUAL</b>	Occupation (for Individual) <b>FINANCIAL REPRESENTATIVE</b>	<input type="checkbox"/> Memo Item <b>CONTRIBUTION</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>250.00</b>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. ROWLEY, JEFFERSON, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y <b>12 / 08 / 2017</b>
Mailing Address <b>530 EAST 89TH STREET</b> <b>2K</b>		<b>Transaction ID : SA11A.530414</b>
City <b>NEW YORK</b>	State <b>NY</b>	Zip Code <b>10128-7900</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>25.00</b>
Name of Employer (for Individual) <b>NORTHWESTERN MUTUAL</b>	Occupation (for Individual) <b>FINANCIAL REPRESENTATIVE</b>	<input type="checkbox"/> Memo Item <b>CONTRIBUTION</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ <b>250.00</b>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>75.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 577 OF 946
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. RUBINSTEIN, MONA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2003 LAUREL HILL DR  
 City SOUTH EUCLID State OH Zip Code 44121-3757  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RUBINSTEIN LAW FIRM Occupation (for Individual) ATTORNEY  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 21 / 2017  
**Transaction ID : SA11A.525190**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**B. RUHMANN, GAGE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 612 WEST ST CLAIR  
 City FREEBURG State IL Zip Code 62243-1050  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SCHNIEDER NATIONAL Occupation (for Individual) TRUCK DRIVER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 10 / 16 / 2017  
**Transaction ID : SA11A.524166**  
 Amount of Each Receipt this Period 30.00  
 Memo Item CONTRIBUTION

**C. RUHMANN, GAGE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 612 WEST ST CLAIR  
 City FREEBURG State IL Zip Code 62243-1050  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SCHNIEDER NATIONAL Occupation (for Individual) TRUCK DRIVER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 11 / 16 / 2017  
**Transaction ID : SA11A.527885**  
 Amount of Each Receipt this Period 30.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 85.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 578 OF 946  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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)  
**Team Ryan**

**A. RUHMANN, GAGE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 612 WEST ST CLAIR  
 City FREEBURG    State IL    Zip Code 62243-1050  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SCHNIEDER NATIONAL    Occupation (for Individual) TRUCK DRIVER  
 Receipt For:  Primary     General     Other (specify) ▼  
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 12 / 16 / 2017  
**Transaction ID : SA11A.531144**  
 Amount of Each Receipt this Period 30.00  
 Memo Item CONTRIBUTION

**B. RULIFFSON, WAYNE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1100 LAMPLIGHTER LANE  
 City LINCOLN    State NE    Zip Code 68510-4469  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE    Occupation (for Individual) RETIRED  
 Receipt For:  Primary     General     Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 15 / 2017  
**Transaction ID : SA11A.524189**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**C. RULIFFSON, WAYNE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1100 LAMPLIGHTER LANE  
 City LINCOLN    State NE    Zip Code 68510-4469  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE    Occupation (for Individual) RETIRED  
 Receipt For:  Primary     General     Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 11 / 15 / 2017  
**Transaction ID : SA11A.527803**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....▶ 80.00  
**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 579 OF 946
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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)  
**Team Ryan**

**A. RULIFFSON, WAYNE, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1100 LAMPLIGHTER LANE

City LINCOLN	State NE	Zip Code 68510-4469
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
12 / 15 / 2017

**Transaction ID : SA11A.531055**

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

**B. RUTLEDGE, GERALD, , MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1290 BOYCE RD UNIT 212C

City PITTSBURGH	State PA	Zip Code 15241-3921
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) CONSOL ENERGY	Occupation (for Individual) CHEMICAL ENGINEER
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
11 / 30 / 2017

**Transaction ID : SA11A.528815**

Amount of Each Receipt this Period  
500.00

Memo Item  
CONTRIBUTION

**C. RYAN, CHARLES, E., MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 100 FRONT ST  
STE 900

City CONSHOHOCKEN	State PA	Zip Code 19428-2899
----------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) UFG ASSET MANAGEMENT	Occupation (for Individual) CHAIRMAN
---	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
50000.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
11 / 30 / 2017

**Transaction ID : SA11A.528967**

Amount of Each Receipt this Period  
50000.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	50525.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 580 OF 946
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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)  
**Team Ryan**

**A. RYDMAN, JOHN, A., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 15 CRESTWOOD DR  
 City HOUSTON State TX Zip Code 77007-7006  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BE  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 2700.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 23 / 2017  
**Transaction ID : SA11A.524851**  
 Amount of Each Receipt this Period  
 2700.00  
 Memo Item  
 CONTRIBUTION

**B. RYOU, KAP, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9038 LANE  
 City ORLAND PARK State IL Zip Code 60462-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) SELF EMPLOYED  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 550.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 09 / 2017  
**Transaction ID : SA11A.523308**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item  
 CONTRIBUTION

**C. RYOU, KAP, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9038 LANE  
 City ORLAND PARK State IL Zip Code 60462-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) SELF EMPLOYED  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 550.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 09 / 2017  
**Transaction ID : SA11A.527118**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2800.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 581 OF 946
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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)  
**Team Ryan**

**A. SAENZ, GLORIA, E., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 58 25 69TH PL  
 City MASPETH State NY Zip Code 11378-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) THE CITY OF NEW YORK Occupation (for Individual) WRITER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 637.00

Date of Receipt 10 / 02 / 2017  
**Transaction ID : SA11A.522727**  
 Amount of Each Receipt this Period 20.00  
 Memo Item CONTRIBUTION

**B. SAENZ, GLORIA, E., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 58 25 69TH PL  
 City MASPETH State NY Zip Code 11378-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) THE CITY OF NEW YORK Occupation (for Individual) WRITER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 637.00

Date of Receipt 10 / 11 / 2017  
**Transaction ID : SA11A.523914**  
 Amount of Each Receipt this Period 5.00  
 Memo Item CONTRIBUTION

**C. SAENZ, GLORIA, E., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 58 25 69TH PL  
 City MASPETH State NY Zip Code 11378-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) THE CITY OF NEW YORK Occupation (for Individual) WRITER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 637.00

Date of Receipt 10 / 11 / 2017  
**Transaction ID : SA11A.523915**  
 Amount of Each Receipt this Period 5.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....▶ 30.00  
**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 582 OF 946
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. SAENZ, GLORIA, E., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 58 25 69TH PL  
 City MASPETH State NY Zip Code 11378-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) THE CITY OF NEW YORK Occupation (for Individual) WRITER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 637.00

Date of Receipt 10 / 26 / 2017  
**Transaction ID : SA11A.525589**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**B. SAENZ, GLORIA, E., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 58 25 69TH PL  
 City MASPETH State NY Zip Code 11378-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) THE CITY OF NEW YORK Occupation (for Individual) WRITER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 637.00

Date of Receipt 11 / 02 / 2017  
**Transaction ID : SA11A.526665**  
 Amount of Each Receipt this Period 20.00  
 Memo Item CONTRIBUTION

**C. SALCEDO, LEONARDO, , DR,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 100 E RIDGE RD  
 City MCALLEN State TX Zip Code 78503-1345  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) PHYSICIAN  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 23 / 2017  
**Transaction ID : SA11A.524818**  
 Amount of Each Receipt this Period 500.00  
 Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	545.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 583 OF 946  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. SALOMONE, ANTHONY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7470 COACHLIGHT LN  
 City LIVERPOOL State NY Zip Code 13088-4758  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 28 / 2017  
**Transaction ID : SA11A.526132**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item CONTRIBUTION

**B. SALOMONE, ANTHONY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7470 COACHLIGHT LN  
 City LIVERPOOL State NY Zip Code 13088-4758  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 28 / 2017  
**Transaction ID : SA11A.528767**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item CONTRIBUTION

**C. SALOMONE, ANTHONY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7470 COACHLIGHT LN  
 City LIVERPOOL State NY Zip Code 13088-4758  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 28 / 2017  
**Transaction ID : SA11A.531754**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 75.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 584 OF 946
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. SAMUEL, LYNNETTE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 526 MARY KNOLL  
 City TWIN LAKES State WI Zip Code 53181-9402  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NANTBIOSCIENCE Occupation (for Individual) MANAGEMENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 27 / 2017  
**Transaction ID : SA11A.525745**  
 Amount of Each Receipt this Period 50.00  
 Memo Item CONTRIBUTION

**B. SAMUEL, LYNNETTE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 526 MARY KNOLL  
 City TWIN LAKES State WI Zip Code 53181-9402  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NANTBIOSCIENCE Occupation (for Individual) MANAGEMENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 27 / 2017  
**Transaction ID : SA11A.528322**  
 Amount of Each Receipt this Period 50.00  
 Memo Item CONTRIBUTION

**C. SAMUEL, LYNNETTE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 526 MARY KNOLL  
 City TWIN LAKES State WI Zip Code 53181-9402  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NANTBIOSCIENCE Occupation (for Individual) MANAGEMENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 27 / 2017  
**Transaction ID : SA11A.531659**  
 Amount of Each Receipt this Period 50.00  
 Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	150.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 585 OF 946  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. SANDERS, ENAR, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1153 CHARING CROSS DRIVE  
 City CROFTON State MD Zip Code 21114-1358  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 12 / 2017  
**Transaction ID : SA11A.523903**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item  
 CONTRIBUTION

**B. SANDERS, ENAR, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1153 CHARING CROSS DRIVE  
 City CROFTON State MD Zip Code 21114-1358  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 12 / 2017  
**Transaction ID : SA11A.527347**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item  
 CONTRIBUTION

**C. SANDERS, ENAR, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1153 CHARING CROSS DRIVE  
 City CROFTON State MD Zip Code 21114-1358  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 12 / 2017  
**Transaction ID : SA11A.530789**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 75.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 586 OF 946
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. SANDELL, SCOTT, , MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 120 DEER MEADOW LN  
 City PORTOLA VALLEY State CA Zip Code 94028-7608  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NEA Occupation (for Individual) VENTURE CAPITALIST  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 10000.00

Date of Receipt 10 / 16 / 2017  
**Transaction ID : SA11A.523623**  
 Amount of Each Receipt this Period 10000.00  
 Memo Item CONTRIBUTION

**B. SANDOVAL, SALVADOR, , MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 731 EMERSON AVENUE  
 City CALEXICO State CA Zip Code 92231-3101  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 11 / 13 / 2017  
**Transaction ID : SA11A.527126**  
 Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION

**C. SANDOVAL, SALVADOR, , MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 731 EMERSON AVENUE  
 City CALEXICO State CA Zip Code 92231-3101  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 12 / 07 / 2017  
**Transaction ID : SA11A.530073**  
 Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 10200.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 587 OF 946
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. SANTIAGO, FRANCES, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 10 LANGDON ST

City SPRINGFIELD	State MA	Zip Code 01104-1913
---------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) BAYSTATE MEDICAL CENTER	Occupation (for Individual) R.N.
--	-------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
375.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		01		2017

**Transaction ID : SA11A.522746**

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

**B. SAPIENZA, THOMAS, B., ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2209 LAKEHURST RD

City SPICEWOOD	State TX	Zip Code 78669-6895
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
750.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		14		2017

**Transaction ID : SA11A.524203**

Amount of Each Receipt this Period  
250.00

Memo Item  
CONTRIBUTION

**C. SAPIRO, STEPHEN, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 439 MONTGOMERY ST

City SALINAS	State CA	Zip Code 93907-2041
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		20		2017

**Transaction ID : SA11A.524944**

Amount of Each Receipt this Period  
50.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	325.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 588 OF 946
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. SAROFIM, CHRISTOPHER, B., MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 52830

City HOUSTON	State TX	Zip Code 77052-2830
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) FAYEZ SAROFIM & CO.	Occupation (for Individual) VICE CHAIRMAN
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
25000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2017

**Transaction ID : SA11A.526486**

Amount of Each Receipt this Period  
5000.00

Memo Item  
CONTRIBUTION

**B. SAROFIM, COURTNEY, L., MRS.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 52830

City HOUSTON	State TX	Zip Code 77052-2830
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SELF EMPLOYED	Occupation (for Individual) INVESTOR
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2017

**Transaction ID : SA11A.526491**

Amount of Each Receipt this Period  
5000.00

Memo Item  
CONTRIBUTION

**C. SAUNDERS, NANCY, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1032 CORONADO LN

City LYNCHBURG	State VA	Zip Code 24502-1720
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2017

**Transaction ID : SA11A.526281**

Amount of Each Receipt this Period  
50.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	10050.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 589 OF 946  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. SCALES, JOHN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 23 HUNTING COUNTRY ROAD  
 City TRYON State NC Zip Code 28782-9675  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SYNTHETEX LLC Occupation (for Individual) EXECUTIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 29 / 2017  
**Transaction ID : SA11A.526052**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item  
 CONTRIBUTION

**B. SCALES, JOHN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 23 HUNTING COUNTRY ROAD  
 City TRYON State NC Zip Code 28782-9675  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SYNTHETEX LLC Occupation (for Individual) EXECUTIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 29 / 2017  
**Transaction ID : SA11A.528925**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item  
 CONTRIBUTION

**C. SCALES, JOHN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 23 HUNTING COUNTRY ROAD  
 City TRYON State NC Zip Code 28782-9675  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SYNTHETEX LLC Occupation (for Individual) EXECUTIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 29 / 2017  
**Transaction ID : SA11A.531910**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 750.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 590 OF 946
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. SCARBROUGH, BRENT, , MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 155 ROBINSON DR

City FAYETTEVILLE	State GA	Zip Code 30214-6902
----------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS	Occupation (for Individual) INFORMATION REQUESTED PER BE
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
10000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	20	/	2017

**Transaction ID : SA11A.527844**

Amount of Each Receipt this Period  
10000.00

Memo Item  
CONTRIBUTION

**B. SCHELLHAS, ROBERT, J., MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 2639 N ROOSEVELT ST

City ARLINGTON	State VA	Zip Code 22207-1011
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) ERNST & YOUNG	Occupation (for Individual) CONSULTANT
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
10000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	02	/	2017

**Transaction ID : SA11A.522550**

Amount of Each Receipt this Period  
2500.00

Memo Item  
CONTRIBUTION

**C. SCHILDT, GARY, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address W 1454 S SHORE DR.

City EAST TROY	State WI	Zip Code 53120-2102
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	22	/	2017

**Transaction ID : SA11A.525179**

Amount of Each Receipt this Period  
50.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	12550.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 591 OF 946
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. SCHILDT, GARY, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address **W 1454 S SHORE DR.**

City <b>EAST TROY</b>	State <b>WI</b>	Zip Code <b>53120-2102</b>
--------------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) <b>NONE</b>	Occupation (for Individual) <b>RETIRED</b>
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt  
**11 / 22 / 2017**

**Transaction ID : SA11A.528182**

Amount of Each Receipt this Period  
**50.00**

Memo Item CONTRIBUTION

**B. SCHILDT, GARY, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address **W 1454 S SHORE DR.**

City <b>EAST TROY</b>	State <b>WI</b>	Zip Code <b>53120-2102</b>
--------------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) <b>NONE</b>	Occupation (for Individual) <b>RETIRED</b>
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt  
**12 / 22 / 2017**

**Transaction ID : SA11A.531494**

Amount of Each Receipt this Period  
**50.00**

Memo Item CONTRIBUTION

**C. SCHILLINGER, PATRICK, , MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address **714 IRON HORSE WAY**

City <b>GREEN BAY</b>	State <b>WI</b>	Zip Code <b>54311-6946</b>
--------------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) <b>WEC</b>	Occupation (for Individual) <b>STATE AND LOCAL AFFAIRS</b>
---	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt  
**12 / 06 / 2017**

**Transaction ID : SA11A.529957**

Amount of Each Receipt this Period  
**500.00**

Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>600.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 592 OF 946
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. SCHILDKNECHT, RAINER, , MR.,**

Mailing Address 211 WOODLAWN AVE

City WINNETKA	State IL	Zip Code 60093-1552
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SELF EMPLOYED	Occupation (for Individual) ARCHITECT
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
950.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		30		2017

**Transaction ID : SA11A.526006**

Amount of Each Receipt this Period  
75.00

Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**B. SCHILDKNECHT, RAINER, , MR.,**

Mailing Address 211 WOODLAWN AVE

City WINNETKA	State IL	Zip Code 60093-1552
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SELF EMPLOYED	Occupation (for Individual) ARCHITECT
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
950.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11		30		2017

**Transaction ID : SA11A.529100**

Amount of Each Receipt this Period  
75.00

Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**C. SCHILDKNECHT, RAINER, , MR.,**

Mailing Address 211 WOODLAWN AVE

City WINNETKA	State IL	Zip Code 60093-1552
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SELF EMPLOYED	Occupation (for Individual) ARCHITECT
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
950.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12		30		2017

**Transaction ID : SA11A.532482**

Amount of Each Receipt this Period  
75.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	225.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 593 OF 946  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. SCHMIDT, CARL, A., MR., JR.**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 56 WAVE STREET  
 City BEACHWOOD State NJ Zip Code 08722-3839  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 545.00

Date of Receipt 10 / 17 / 2017  
**Transaction ID : SA11A.524624**  
 Amount of Each Receipt this Period 50.00  
 Memo Item CONTRIBUTION

**B. SCHMIDT, CARL, A., MR., JR.**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 56 WAVE STREET  
 City BEACHWOOD State NJ Zip Code 08722-3839  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 545.00

Date of Receipt 10 / 30 / 2017  
**Transaction ID : SA11A.525949**  
 Amount of Each Receipt this Period 50.00  
 Memo Item CONTRIBUTION

**C. SCHMIDT, CARL, A., MR., JR.**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 56 WAVE STREET  
 City BEACHWOOD State NJ Zip Code 08722-3839  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 545.00

Date of Receipt 11 / 29 / 2017  
**Transaction ID : SA11A.528919**  
 Amount of Each Receipt this Period 50.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 150.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 594 OF 946
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. SCHMIDT, CARL, A., MR., JR.**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 56 WAVE STREET

City BEACHWOOD	State NJ	Zip Code 08722-3839
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
545.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	27	/	2017

**Transaction ID : SA11A.531643**

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

**B. SCHMIDT, CHRISTOPHER, R., MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8024 WESTCHESTER PL

City MONTGOMERY	State AL	Zip Code 36117-5146
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS	Occupation (for Individual) INFORMATION REQUESTED PER BE
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	11	/	2017

**Transaction ID : SA11A.530401**

Amount of Each Receipt this Period  
1250.00

Memo Item  
CONTRIBUTION

**C. SCHMIDT, LISA, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 388 GARDENS AVENUE

City ATCO	State NJ	Zip Code 08004-1543
--------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) HEARTLAND HOSPICE	Occupation (for Individual) REGISTERED NURSE
--	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	19	/	2017

**Transaction ID : SA11A.524925**

Amount of Each Receipt this Period  
50.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1325.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 595 OF 946
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. SCHMIDT, LISA, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 388 GARDENS AVENUE

City ATCO	State NJ	Zip Code 08004-1543
--------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) HEARTLAND HOSPICE	Occupation (for Individual) REGISTERED NURSE
--	---

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	19	/	2017

**Transaction ID : SA11A.528071**

Amount of Each Receipt this Period  
50.00

Memo Item  
CONTRIBUTION

**B. SCHMIDT, LISA, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 388 GARDENS AVENUE

City ATCO	State NJ	Zip Code 08004-1543
--------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) HEARTLAND HOSPICE	Occupation (for Individual) REGISTERED NURSE
--	---

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	19	/	2017

**Transaction ID : SA11A.531310**

Amount of Each Receipt this Period  
50.00

Memo Item  
CONTRIBUTION

**C. SCHNEIDER, HERBERT, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2808 SW 45TH ST

City CAPE CORAL	State FL	Zip Code 33914-6025
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	07	/	2017

**Transaction ID : SA11A.523354**

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	125.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 596 OF 946
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. SCHNEIDER, HERBERT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2808 SW 45TH ST  
 City CAPE CORAL State FL Zip Code 33914-6025  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 11 / 07 / 2017  
**Transaction ID : SA11A.526924**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**B. SCHNEIDER, HERBERT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2808 SW 45TH ST  
 City CAPE CORAL State FL Zip Code 33914-6025  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 12 / 07 / 2017  
**Transaction ID : SA11A.530373**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**C. SCHNITZER, KENNETH, LEE, MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2021 MCKINNEY AVE STE 420  
 City DALLAS State TX Zip Code 75201-7629  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) PARK PLACE DEALERSHIP Occupation (for Individual) AUTO DEALER  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 35000.00

Date of Receipt 10 / 11 / 2017  
**Transaction ID : SA11A.523223**  
 Amount of Each Receipt this Period 25000.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 25050.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 597 OF 946
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. SCHOEN, KENNETH, A., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 721 PINE LN SW  
 City GARFIELD State MN Zip Code 56332-8237  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 25 / 2017  
**Transaction ID : SA11A.525119**  
 Amount of Each Receipt this Period 500.00  
 Memo Item CONTRIBUTION

**B. SCHULTZ, ROBERT, , MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 13840 N DESERT DR. 372  
 City PEORIA State AZ Zip Code 85381-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 10 / 21 / 2017  
**Transaction ID : SA11A.525205**  
 Amount of Each Receipt this Period 50.00  
 Memo Item CONTRIBUTION

**C. SCHULTZ, ROBERT, , MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 13840 N DESERT DR. 372  
 City PEORIA State AZ Zip Code 85381-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 11 / 21 / 2017  
**Transaction ID : SA11A.528138**  
 Amount of Each Receipt this Period 50.00  
 Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	600.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 598 OF 946
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. SCHOULTZ, ROBERT, , MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 13840 N DESERT DR.  
372

City PEORIA State AZ Zip Code 85381-

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 12 / 21 / 2017  
**Transaction ID : SA11A.531380**

Amount of Each Receipt this Period 50.00

Memo Item CONTRIBUTION

**B. SCHREIBEL, THOMAS, B., MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address N80W28196 ADAMS RD

City HARTLAND State WI Zip Code 53029-9561

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 11 / 10 / 2017  
**Transaction ID : SA11A.526943**

Amount of Each Receipt this Period 1000.00

Memo Item CONTRIBUTION

**C. SCHROEDER, TERESE, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2106 ELMHURST AVE

City ROYAL OAK State MI Zip Code 48073-3858

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) FCA Occupation (for Individual) COLOR DESIGNER

Receipt For:  Primary  General  Other (specify)

Aggregate Year-to-Date ▼ 275.00

Date of Receipt 10 / 28 / 2017  
**Transaction ID : SA11A.526135**

Amount of Each Receipt this Period 25.00

Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....▶ 1075.00

**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 599 OF 946
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. SCHROEDER, TERESE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2106 ELMHURST AVE  
 City ROYAL OAK State MI Zip Code 48073-3858  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FCA Occupation (for Individual) COLOR DESIGNER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 11 / 28 / 2017  
**Transaction ID : SA11A.528769**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**B. SCHROEDER, TERESE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2106 ELMHURST AVE  
 City ROYAL OAK State MI Zip Code 48073-3858  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FCA Occupation (for Individual) COLOR DESIGNER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 12 / 28 / 2017  
**Transaction ID : SA11A.531759**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**C. SCHUBILSKE, JAMES, A., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7342 S CAMBRIDGE DR  
 City FRANKLIN State WI Zip Code 53132-1975  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WEC Occupation (for Individual) TREASURER  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 12 / 06 / 2017  
**Transaction ID : SA11A.529960**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1050.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 600 OF 946  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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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)  
**Team Ryan**

**A. SCHULKIN, PETER, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address P.O. BOX 36

City CAMBRIA	State CA	Zip Code 93428-0036
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	09	/	2017

**Transaction ID : SA11A.527109**

Amount of Each Receipt this Period  
50.00

Memo Item CONTRIBUTION

**B. SCHULKIN, PETER, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address P.O. BOX 36

City CAMBRIA	State CA	Zip Code 93428-0036
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	23	/	2017

**Transaction ID : SA11A.531606**

Amount of Each Receipt this Period  
50.00

Memo Item CONTRIBUTION

**C. SCHUSTER, TODD, A., MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 64 HOLLAND RD

City CATAULA	State GA	Zip Code 31804-3306
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS	Occupation (for Individual) INFORMATION REQUESTED PER BES
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
15000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	20	/	2017

**Transaction ID : SA11A.527855**

Amount of Each Receipt this Period  
15000.00

Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	15100.00
<b>TOTAL</b> This Period (last page this line number only).....	



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 601 OF 946
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. SCHWAB, LOWELL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6255 MOHAWK DR  
 City CORCORAN State MN Zip Code 55340-9708  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 28 / 2017  
**Transaction ID : SA11A.526130**  
 Amount of Each Receipt this Period 50.00  
 Memo Item CONTRIBUTION

**B. SCHWENDINGER, RONALD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 64 RIVERA PLACE  
 City CHULA VISTA State CA Zip Code 91911-5218  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 28 / 2017  
**Transaction ID : SA11A.526149**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**C. SCHWENDINGER, RONALD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 64 RIVERA PLACE  
 City CHULA VISTA State CA Zip Code 91911-5218  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 11 / 28 / 2017  
**Transaction ID : SA11A.528778**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....▶ 100.00  
**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 602 OF 946
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. SCHWENDINGER, RONALD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 64 RIVERA PLACE  
 City CHULA VISTA State CA Zip Code 91911-5218  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 12 / 28 / 2017  
**Transaction ID : SA11A.531761**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**B. SCOFIELD, JOHN, , MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 227 C ST SE  
 City WASHINGTON State DC Zip Code 20003-1910  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) S-3 GROUP Occupation (for Individual) PARTNER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 12 / 21 / 2017  
**Transaction ID : SA11A.531274**  
 Amount of Each Receipt this Period 2500.00  
 Memo Item CONTRIBUTION

**C. SCOTT, CINDY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 408 SHERRILL 7 # 7  
 City GREENSBORO State NC Zip Code 27403-1431  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) AETNA Occupation (for Individual) ELIGIBILITY CONSULTANT  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 30 / 2017  
**Transaction ID : SA11A.525979**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2550.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 603 OF 946
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. SCOTT, CINDY, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 408 SHERRILL 7 # 7

City GREENSBORO State NC Zip Code 27403-1431

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) AETNA Occupation (for Individual) ELIGIBILITY CONSULTANT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 11 / 30 / 2017  
**Transaction ID : SA11A.529155**

Amount of Each Receipt this Period 25.00

Memo Item CONTRIBUTION

**B. SCOTT, CINDY, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 408 SHERRILL 7 # 7

City GREENSBORO State NC Zip Code 27403-1431

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) AETNA Occupation (for Individual) ELIGIBILITY CONSULTANT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 12 / 30 / 2017  
**Transaction ID : SA11A.532543**

Amount of Each Receipt this Period 25.00

Memo Item CONTRIBUTION

**C. SCOTT, DAVID, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address P.O. BOX 1902

City BOCA GRANDE State FL Zip Code 33921-1902

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) COMCAST SPECTACOR Occupation (for Individual) PRESIDENT & CEO

Receipt For:  Primary  General  Other (specify)

Aggregate Year-to-Date ▼ 5300.00

Date of Receipt 12 / 22 / 2017  
**Transaction ID : SA11A.531478**

Amount of Each Receipt this Period 5300.00

Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 5350.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 604 OF 946  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. SCOTT, ROBERT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7820 ACCOTINK PL  
 City ALEXANDRIA State VA Zip Code 22308-1226  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 26 / 2017  
**Transaction ID : SA11A.525588**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item  
 CONTRIBUTION

**B. SCOTT, ROBERT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7820 ACCOTINK PL  
 City ALEXANDRIA State VA Zip Code 22308-1226  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 26 / 2017  
**Transaction ID : SA11A.528370**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item  
 CONTRIBUTION

**C. SCOTT, ROBERT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7820 ACCOTINK PL  
 City ALEXANDRIA State VA Zip Code 22308-1226  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 26 / 2017  
**Transaction ID : SA11A.531526**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 75.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 605 OF 946
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. SEE, RICHARD, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 18017 - 157TH AVE NE

City WOODINVILLE	State WA	Zip Code 98072-9238
---------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	22	/	2017

**Transaction ID : SA11A.525169**

Amount of Each Receipt this Period  
25.00

Memo Item CONTRIBUTION

**B. SEE, RICHARD, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 18017 - 157TH AVE NE

City WOODINVILLE	State WA	Zip Code 98072-9238
---------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	22	/	2017

**Transaction ID : SA11A.528164**

Amount of Each Receipt this Period  
25.00

Memo Item CONTRIBUTION

**C. SEIDEL, CAROLYN, H., MS.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 20 STURBRIDGE LN

City CHESTERBROOK	State PA	Zip Code 19087-5800
----------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	16	/	2017

**Transaction ID : SA11A.523634**

Amount of Each Receipt this Period  
2500.00

Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2550.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 606 OF 946
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. SELLECK, JEFFREY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7037 WILLOW CREEK RD  
 City EDEN PRAIRIE State MN Zip Code 55344-3223  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) TALLSALES Occupation (for Individual) SALES  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 10 / 03 / 2017  
**Transaction ID : SA11A.523115**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
**CONTRIBUTION**

**B. SELLECK, JEFFREY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7037 WILLOW CREEK RD  
 City EDEN PRAIRIE State MN Zip Code 55344-3223  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) TALLSALES Occupation (for Individual) SALES  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 11 / 03 / 2017  
**Transaction ID : SA11A.526734**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
**CONTRIBUTION**

**C. SELLECK, JEFFREY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7037 WILLOW CREEK RD  
 City EDEN PRAIRIE State MN Zip Code 55344-3223  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) TALLSALES Occupation (for Individual) SALES  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 12 / 03 / 2017  
**Transaction ID : SA11A.529784**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
**CONTRIBUTION**

**SUBTOTAL** of Receipts This Page (optional).....▶ 150.00  
**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 607 OF 946
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. SHACKLEY, DOUGLAS, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3408 STREAMSIDE CIR

City PLEASANTON	State CA	Zip Code 94588-4173
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) PACIFIC AUXILIARY FIRE ALARM CO.	Occupation (for Individual) OWNER
---	--------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
475.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		18		2017

**Transaction ID : SA11A.524688**

Amount of Each Receipt this Period  
50.00

Memo Item  
CONTRIBUTION

**B. SHACKLEY, DOUGLAS, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3408 STREAMSIDE CIR

City PLEASANTON	State CA	Zip Code 94588-4173
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) PACIFIC AUXILIARY FIRE ALARM CO.	Occupation (for Individual) OWNER
---	--------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
475.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		17		2017

**Transaction ID : SA11A.524738**

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

**C. SHACKLEY, DOUGLAS, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3408 STREAMSIDE CIR

City PLEASANTON	State CA	Zip Code 94588-4173
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) PACIFIC AUXILIARY FIRE ALARM CO.	Occupation (for Individual) OWNER
---	--------------------------------------

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
475.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2017

**Transaction ID : SA11A.526393**

Amount of Each Receipt this Period  
75.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	150.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 608 OF 946
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. SHAW, ALAN, J., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5 HAMBLETONIAN DRIVE  
 City COLTS NECK State NJ Zip Code 07722-2121  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1300.00

Date of Receipt 10 / 04 / 2017  
**Transaction ID : SA11A.523146**  
 Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION

**B. SHAW, ALAN, J., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5 HAMBLETONIAN DRIVE  
 City COLTS NECK State NJ Zip Code 07722-2121  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1300.00

Date of Receipt 11 / 04 / 2017  
**Transaction ID : SA11A.526852**  
 Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION

**C. SHAW, ALAN, J., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5 HAMBLETONIAN DRIVE  
 City COLTS NECK State NJ Zip Code 07722-2121  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1300.00

Date of Receipt 12 / 04 / 2017  
**Transaction ID : SA11A.529561**  
 Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 609 OF 946
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. SHAW, RANDY, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3815 S 6TH ST  
STE 110

City KLAMATH FALLS State OR Zip Code 97603-4759

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) COLDWELL BANKER HOLMAN PREMIER REALTY Occupation (for Individual) OWNER

Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 10 / 10 / 2017  
**Transaction ID : SA11A.523287**

Amount of Each Receipt this Period 250.00

Memo Item CONTRIBUTION

**B. SHAY, MATTHEW, , MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4441 33RD ST N

City ARLINGTON State VA Zip Code 22207-4465

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NATIONAL RETAIL FOUNDATION Occupation (for Individual) ASSOCIATION EXECUTIVE

Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 10000.00

Date of Receipt 10 / 26 / 2017  
**Transaction ID : SA11A.525282**

Amount of Each Receipt this Period 10000.00

Memo Item CONTRIBUTION

**C. SHEARER, JAMES, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4733 TORRANCE BLVD493  
# 493

City TORRANCE State CA Zip Code 90503-4100

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED

Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 01 / 2017  
**Transaction ID : SA11A.522761**

Amount of Each Receipt this Period 25.00

Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....▶ 10275.00

**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 610 OF 946  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. SHEARER, JAMES, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4733 TORRANCE BLVD493 # 493  
 City TORRANCE State CA Zip Code 90503-4100  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 11 / 01 / 2017  
**Transaction ID : SA11A.526561**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**B. SHEARER, JAMES, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4733 TORRANCE BLVD493 # 493  
 City TORRANCE State CA Zip Code 90503-4100  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 12 / 01 / 2017  
**Transaction ID : SA11A.529381**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**C. SHEARMAN, KATE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 99 POMEORY RD  
 City MADISON State NJ Zip Code 07940-2639  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) UMS GROUP Occupation (for Individual) EXECUTIVE  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt 10 / 29 / 2017  
**Transaction ID : SA11A.526087**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 75.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 611 OF 946
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. SHEARMAN, KATE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 99 POMEORY RD  
 City MADISON State NJ Zip Code 07940-2639  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) UMS GROUP Occupation (for Individual) EXECUTIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt 11 / 29 / 2017  
**Transaction ID : SA11A.528939**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**B. SHEARMAN, KATE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 99 POMEORY RD  
 City MADISON State NJ Zip Code 07940-2639  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) UMS GROUP Occupation (for Individual) EXECUTIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt 12 / 29 / 2017  
**Transaction ID : SA11A.531917**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**C. SHEPHERD, MARIAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 120 6TH AV N  
 City WINIFRED State MT Zip Code 59489-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 10 / 26 / 2017  
**Transaction ID : SA11A.525603**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	75.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 612 OF 946
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<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. SHEPHERD, MARIAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 120 6TH AV N  
 City WINIFRED State MT Zip Code 59489-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 26 / 2017  
**Transaction ID : SA11A.528379**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION

**B. SHEPHERD, MARIAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 120 6TH AV N  
 City WINIFRED State MT Zip Code 59489-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 26 / 2017  
**Transaction ID : SA11A.531535**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION

**C. SHEPLER, JACK, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 174 APPLLEDALE LANE  
 City INDIANA State PA Zip Code 15701-6357  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 27 / 2017  
**Transaction ID : SA11A.525765**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....▶ 100.00  
**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 613 OF 946
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. SHEPLER, JACK, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 174 APPLEDALE LANE  
 City INDIANA State PA Zip Code 15701-6357  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt  
 11 / 27 / 2017  
**Transaction ID : SA11A.528343**  
 Amount of Each Receipt this Period 50.00  
 Memo Item CONTRIBUTION

**B. SHEPLER, JACK, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 174 APPLEDALE LANE  
 City INDIANA State PA Zip Code 15701-6357  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt  
 12 / 27 / 2017  
**Transaction ID : SA11A.531673**  
 Amount of Each Receipt this Period 50.00  
 Memo Item CONTRIBUTION

**C. SHERRY, CHRISTOPHER, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1260 CANDLEWOOD COURT  
 City DOWNERS GROVE State IL Zip Code 60515-1400  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SAF-T-LOK INTERNATIONAL Occupation (for Individual) MANAGEMENT  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 12 / 01 / 2017  
**Transaction ID : SA11A.529319**  
 Amount of Each Receipt this Period 250.00  
 Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	350.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 614 OF 946  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. SHIEDS, FRANK, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 320 PIEDMONT AVE  
 City ROCKY MOUNT    State NC    Zip Code 27803-1823  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CAPITAL INVESTMENT    Occupation (for Individual) INVESTMENT REPRESENTATIVE  
 Receipt For:  Primary     General     Other (specify) ▼  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt **10 / 31 / 2017**  
**Transaction ID : SA11A.526412**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
**CONTRIBUTION**

**B. SHIEDS, FRANK, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 320 PIEDMONT AVE  
 City ROCKY MOUNT    State NC    Zip Code 27803-1823  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CAPITAL INVESTMENT    Occupation (for Individual) INVESTMENT REPRESENTATIVE  
 Receipt For:  Primary     General     Other (specify) ▼  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt **11 / 30 / 2017**  
**Transaction ID : SA11A.529157**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
**CONTRIBUTION**

**C. SHIEDS, FRANK, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 320 PIEDMONT AVE  
 City ROCKY MOUNT    State NC    Zip Code 27803-1823  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CAPITAL INVESTMENT    Occupation (for Individual) INVESTMENT REPRESENTATIVE  
 Receipt For:  Primary     General     Other (specify) ▼  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt **12 / 31 / 2017**  
**Transaction ID : SA11A.532388**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
**CONTRIBUTION**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 75.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 615 OF 946
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. SHINKAY, SEAN, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 11946 N ST RD 26

City FORT ATKINSON	State WI	Zip Code 53538-9403
-----------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SELF EMPLOYED	Occupation (for Individual) RESTAURANT OWNER
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		10		2017

**Transaction ID : SA11A.523294**

Amount of Each Receipt this Period  
50.00

Memo Item  
CONTRIBUTION

**B. SHINKAY, SEAN, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 11946 N ST RD 26

City FORT ATKINSON	State WI	Zip Code 53538-9403
-----------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SELF EMPLOYED	Occupation (for Individual) RESTAURANT OWNER
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11		10		2017

**Transaction ID : SA11A.527384**

Amount of Each Receipt this Period  
50.00

Memo Item  
CONTRIBUTION

**C. SHINKAY, SEAN, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 11946 N ST RD 26

City FORT ATKINSON	State WI	Zip Code 53538-9403
-----------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SELF EMPLOYED	Occupation (for Individual) RESTAURANT OWNER
--	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12		10		2017

**Transaction ID : SA11A.530696**

Amount of Each Receipt this Period  
50.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	150.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 616 OF 946
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. SHORT, JERRY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 600 WEST LANCASTER RD  
 City HAYDEN State ID Zip Code 83835-8601  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) JERRY SHORT CABINETS & MILLWORK INC. Occupation (for Individual) CABINETMAKER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1764.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 27 / 2017  
**Transaction ID : SA11A.525751**  
 Amount of Each Receipt this Period  
 147.00  
 Memo Item  
 CONTRIBUTION

**B. SHORT, JERRY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 600 WEST LANCASTER RD  
 City HAYDEN State ID Zip Code 83835-8601  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) JERRY SHORT CABINETS & MILLWORK INC. Occupation (for Individual) CABINETMAKER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1764.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 27 / 2017  
**Transaction ID : SA11A.528332**  
 Amount of Each Receipt this Period  
 147.00  
 Memo Item  
 CONTRIBUTION

**C. SHORT, JERRY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 600 WEST LANCASTER RD  
 City HAYDEN State ID Zip Code 83835-8601  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) JERRY SHORT CABINETS & MILLWORK INC. Occupation (for Individual) CABINETMAKER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1764.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 27 / 2017  
**Transaction ID : SA11A.531665**  
 Amount of Each Receipt this Period  
 147.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	441.00
<b>TOTAL</b> This Period (last page this line number only).....	



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 617 OF 946
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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)  
**Team Ryan**

**A. SHOTWELL, DONNA, JEAN, MS.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1261 PINE CREEK WAY  
APT B

City CONCORD State CA Zip Code 94520-3645

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
203.00

Date of Receipt  
10 / 26 / 2017  
**Transaction ID : SA11A.525455**

Amount of Each Receipt this Period  
45.00

Memo Item CONTRIBUTION

**B. SHUAIB, TAWHID, , DR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 400 BURNS S

City MCALLEN State TX Zip Code 78503-

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2700.00

Date of Receipt  
12 / 04 / 2017  
**Transaction ID : SA11A.529305**

Amount of Each Receipt this Period  
2700.00

Memo Item CONTRIBUTION

**C. SIEGEL, LINDA, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 569 3RD COURT FI

City FOX ISLAND State WA Zip Code 98333-9761

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) MULTICARE HEALTH SYSTEM Occupation (for Individual) REGISTERED NURSE

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
12 / 03 / 2017  
**Transaction ID : SA11A.529579**

Amount of Each Receipt this Period  
250.00

Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2995.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 618 OF 946
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. SIGAL, REGINA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 649 TERRACE AVE  
 City HALF MOON BAY State CA Zip Code 94019-1549  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 30 / 2017  
**Transaction ID : SA11A.526000**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item  
 CONTRIBUTION

**B. SIGAL, REGINA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 649 TERRACE AVE  
 City HALF MOON BAY State CA Zip Code 94019-1549  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 30 / 2017  
**Transaction ID : SA11A.529179**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item  
 CONTRIBUTION

**C. SIGAL, REGINA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 649 TERRACE AVE  
 City HALF MOON BAY State CA Zip Code 94019-1549  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 30 / 2017  
**Transaction ID : SA11A.532537**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	75.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 619 OF 946
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. SIGLER, CHERYL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 842 VAN BUREN ROAD  
 City MAURERTOWN State VA Zip Code 22644-1820  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 245.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 31 / 2017  
**Transaction ID : SA11A.526331**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item  
 CONTRIBUTION

**B. SIGLER, CHERYL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 842 VAN BUREN ROAD  
 City MAURERTOWN State VA Zip Code 22644-1820  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 245.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 30 / 2017  
**Transaction ID : SA11A.529425**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item  
 CONTRIBUTION

**C. SIGLER, CHERYL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 842 VAN BUREN ROAD  
 City MAURERTOWN State VA Zip Code 22644-1820  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 245.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 30 / 2017  
**Transaction ID : SA11A.532519**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	75.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 620 OF 946
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. SILVERMAN, RICHARD, , MR.,**

Mailing Address 301 E 64TH ST  
APT 4F

City NEW YORK State NY Zip Code 10065-6773

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) SALES

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
598.00

Date of Receipt  
10 / 26 / 2017  
**Transaction ID : SA11A.525457**

Amount of Each Receipt this Period  
299.00

Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**B. SIMONS, JOHN, , ,**

Mailing Address 1602 W KIOWA

City COLORADO SPRINGS State CO Zip Code 80904-3530

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) COLORADO COLLEGE Occupation (for Individual) PROFESSOR

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  
10 / 07 / 2017  
**Transaction ID : SA11A.523350**

Amount of Each Receipt this Period  
50.00

Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**C. SIMONS, JOHN, , ,**

Mailing Address 1602 W KIOWA

City COLORADO SPRINGS State CO Zip Code 80904-3530

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) COLORADO COLLEGE Occupation (for Individual) PROFESSOR

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  
11 / 07 / 2017  
**Transaction ID : SA11A.526931**

Amount of Each Receipt this Period  
50.00

Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 399.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 621 OF 946
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. SIMONS, JOHN, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 1602 W KIOWA

City COLORADO SPRINGS	State CO	Zip Code 80904-3530
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer (for Individual) COLORADO COLLEGE		Occupation (for Individual) PROFESSOR
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <b>600.00</b>

Date of Receipt  
**12 / 07 / 2017**  
**Transaction ID : SA11A.530378**

Amount of Each Receipt this Period  
**50.00**

Memo Item  
CONTRIBUTION

**B. SIMS, MARK, , MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address PO BOX 135

City ONEONTA	State AL	Zip Code 35121-0003
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS		Occupation (for Individual) INFORMATION REQUESTED PER BE
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <b>2500.00</b>

Date of Receipt  
**12 / 11 / 2017**  
**Transaction ID : SA11A.530393**

Amount of Each Receipt this Period  
**2500.00**

Memo Item  
CONTRIBUTION

**C. SKAGGS, JOHN, R., MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address P.O. BOX 2905

City AMARILLO	State TX	Zip Code 79105-2905
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer (for Individual) NONE		Occupation (for Individual) RETIRED
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ <b>730.00</b>

Date of Receipt  
**10 / 23 / 2017**  
**Transaction ID : SA11A.524877**

Amount of Each Receipt this Period  
**35.00**

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>2585.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 622 OF 946
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. SKAGGS, JOHN, R., MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address P.O. BOX 2905

City AMARILLO	State TX	Zip Code 79105-2905
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
730.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	08	/	2017

**Transaction ID : SA11A.530133**

Amount of Each Receipt this Period  
150.00

Memo Item  
CONTRIBUTION

**B. SKIPPER, THOMAS, G., MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address PO BOX 891

City GROVE HILL	State AL	Zip Code 36451-0891
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS	Occupation (for Individual) INFORMATION REQUESTED PER BE
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	20	/	2017

**Transaction ID : SA11A.527840**

Amount of Each Receipt this Period  
1000.00

Memo Item  
CONTRIBUTION

**C. SKOOG, PAUL, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 8825 34TH AVE NE L150 # L-150

City TULALIP	State WA	Zip Code 98271-8085
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	26	/	2017

**Transaction ID : SA11A.525608**

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1175.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 623 OF 946
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. SKOOG, PAUL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8825 34TH AVE NE L150 # L-150  
 City TULALIP State WA Zip Code 98271-8085  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 26 / 2017  
**Transaction ID : SA11A.528381**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**B. SKOOG, PAUL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8825 34TH AVE NE L150 # L-150  
 City TULALIP State WA Zip Code 98271-8085  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 26 / 2017  
**Transaction ID : SA11A.531536**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**C. SLOTH, SELMA, K., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1425 10TH AVE S 460  
 City MINNEAPOLIS State MN Zip Code 55404-1309  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 205.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 31 / 2017  
**Transaction ID : SA11A.526264**  
 Amount of Each Receipt this Period 20.00  
 Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	70.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 624 OF 946
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. SLOTH, SELMA, K., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1425 10TH AVE S  
 460  
 City MINNEAPOLIS State MN Zip Code 55404-1309  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 205.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2017  
**Transaction ID : SA11A.532307**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item  
 CONTRIBUTION

**B. SMAJLI, MARIO, , MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1422 MURPHY DR  
 City ROCKWALL State TX Zip Code 75087-4644  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 23 / 2017  
**Transaction ID : SA11A.524799**  
 Amount of Each Receipt this Period  
 2000.00  
 Memo Item  
 CONTRIBUTION

**C. SMIALEK, ANDREW, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6487 HEDGE CROFT AVE S  
 City COTTAGE GROVE State MN Zip Code 55016-6000  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) S3 Occupation (for Individual) CONSULTANT  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 19 / 2017  
**Transaction ID : SA11A.524924**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2050.00
<b>TOTAL</b> This Period (last page this line number only).....	



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 625 OF 946
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. SMIALEK, ANDREW, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6487 HEDGE CROFT AVE S

City COTTAGE GROVE	State MN	Zip Code 55016-6000
-----------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) S3	Occupation (for Individual) CONSULTANT
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
11 / 19 / 2017  
**Transaction ID : SA11A.528066**

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

**B. SMIALEK, ANDREW, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6487 HEDGE CROFT AVE S

City COTTAGE GROVE	State MN	Zip Code 55016-6000
-----------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) S3	Occupation (for Individual) CONSULTANT
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
12 / 19 / 2017  
**Transaction ID : SA11A.531313**

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

**C. SMITH, CECE, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3710 SHENANDOAH ST

City DALLAS	State TX	Zip Code 75205-2121
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
5400.00

Date of Receipt  
10 / 16 / 2017  
**Transaction ID : SA11A.523979**

Amount of Each Receipt this Period  
5400.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	5450.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 626 OF 946  
 (check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. SMITH, DANIEL, R., MR.,**

Mailing Address 240 SEMINOLE LA

City GREEN BAY    State WI    Zip Code 54313-4950

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE    Occupation (for Individual) RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 30 / 2017

**Transaction ID : SA11A.525983**

Amount of Each Receipt this Period  
 100.00

Memo Item CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**B. SMITH, DANIEL, R., MR.,**

Mailing Address 240 SEMINOLE LA

City GREEN BAY    State WI    Zip Code 54313-4950

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE    Occupation (for Individual) RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 30 / 2017

**Transaction ID : SA11A.529158**

Amount of Each Receipt this Period  
 100.00

Memo Item CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**C. SMITH, DANIEL, R., MR.,**

Mailing Address 240 SEMINOLE LA

City GREEN BAY    State WI    Zip Code 54313-4950

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE    Occupation (for Individual) RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 30 / 2017

**Transaction ID : SA11A.532477**

Amount of Each Receipt this Period  
 100.00

Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 300.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 627 OF 946
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. SMITH, HARRIS, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 15230 SW BULL MTN RD

City PORTLAND	State OR	Zip Code 97224-1225
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	24	/	2017

**Transaction ID : SA11A.525322**

Amount of Each Receipt this Period  
20.00

Memo Item  
CONTRIBUTION

**B. SMITH, HARRIS, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 15230 SW BULL MTN RD

City PORTLAND	State OR	Zip Code 97224-1225
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	24	/	2017

**Transaction ID : SA11A.528224**

Amount of Each Receipt this Period  
20.00

Memo Item  
CONTRIBUTION

**C. SMITH, HARRIS, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 15230 SW BULL MTN RD

City PORTLAND	State OR	Zip Code 97224-1225
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	24	/	2017

**Transaction ID : SA11A.531592**

Amount of Each Receipt this Period  
20.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	60.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 628 OF 946
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. SMITH, VERONICA, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 21118 DUSTYGLEN LN

City SPRING	State TX	Zip Code 77379-8227
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		23		2017

**Transaction ID : SA11A.525141**

Amount of Each Receipt this Period  
150.00

Memo Item CONTRIBUTION

**B. SMITH, VERONICA, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 21118 DUSTYGLEN LN

City SPRING	State TX	Zip Code 77379-8227
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11		29		2017

**Transaction ID : SA11A.529240**

Amount of Each Receipt this Period  
25.00

Memo Item CONTRIBUTION

**C. SMITH, VERONICA, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 21118 DUSTYGLEN LN

City SPRING	State TX	Zip Code 77379-8227
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12		29		2017

**Transaction ID : SA11A.531890**

Amount of Each Receipt this Period  
25.00

Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	200.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 629 OF 946
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. SNITH, TOM, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 919 MILAN SUITE 1960  
STE 1960

City HOUSTON State TX Zip Code 77002-5350

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) HIGH ISLAND OIL Occupation (for Individual) LANDMAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 11 / 21 / 2017  
**Transaction ID : SA11A.528134**

Amount of Each Receipt this Period 100.00

Memo Item CONTRIBUTION

**B. SNITH, TOM, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 919 MILAN SUITE 1960  
STE 1960

City HOUSTON State TX Zip Code 77002-5350

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) HIGH ISLAND OIL Occupation (for Individual) LANDMAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 12 / 21 / 2017  
**Transaction ID : SA11A.531370**

Amount of Each Receipt this Period 100.00

Memo Item CONTRIBUTION

**C. SNYDER, PETER, A., MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2105 WAKEFIELD CT

City ALEXANDRIA State VA Zip Code 22307-1153

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:  Primary  General  Other (specify)

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 11 / 30 / 2017  
**Transaction ID : SA11A.528969**

Amount of Each Receipt this Period 2500.00

Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2700.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 630 OF 946
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. SOLIS, RENEE, E., ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 10422 HUEBNER ROAD  
APT 2903

City SAN ANTONIO State TX Zip Code 78240-1394

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) VETERAN ADMINISTRATION Occupation (for Individual) PHARMACIST

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 460.00

Date of Receipt 11 / 09 / 2017  
**Transaction ID : SA11A.526939**

Amount of Each Receipt this Period 100.00

Memo Item CONTRIBUTION

**B. SOLIS, RENEE, E., ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 10422 HUEBNER ROAD  
APT 2903

City SAN ANTONIO State TX Zip Code 78240-1394

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) VETERAN ADMINISTRATION Occupation (for Individual) PHARMACIST

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 460.00

Date of Receipt 12 / 03 / 2017  
**Transaction ID : SA11A.529710**

Amount of Each Receipt this Period 50.00

Memo Item CONTRIBUTION

**C. SORENSON, JIM, , MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1776 S DEVONSHIRE DR

City SALT LAKE CITY State UT Zip Code 84108-2500

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SORENSON CAPITAL Occupation (for Individual) CO-FOUNDER

Receipt For:  Primary  General  Other (specify)

Aggregate Year-to-Date ▼ 25000.00

Date of Receipt 11 / 29 / 2017  
**Transaction ID : SA11A.528599**

Amount of Each Receipt this Period 25000.00

Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 25150.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 631 OF 946
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. SPATOLA, LISA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 93 SURREY DR  
 City WAYNE State NJ Zip Code 07470-5222  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 10 / 19 / 2017  
**Transaction ID : SA11A.524933**  
 Amount of Each Receipt this Period - 30.00  
 Memo Item  
 CONTRIBUTION  
 CHARGED BACK

**B. SPEECE, JEAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5840 ROBERT E LEE DRIVE  
 City NASHVILLE State TN Zip Code 37215-5238  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt 10 / 20 / 2017  
**Transaction ID : SA11A.524955**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION

**C. SPEECE, JEAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5840 ROBERT E LEE DRIVE  
 City NASHVILLE State TN Zip Code 37215-5238  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt 11 / 20 / 2017  
**Transaction ID : SA11A.528041**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....▶ 20.00  
**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 632 OF 946
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. SPEECE, JEAN, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5840 ROBERT E LEE DRIVE

City NASHVILLE	State TN	Zip Code 37215-5238
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
325.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	20	/	2017

**Transaction ID : SA11A.531326**

Amount of Each Receipt this Period  
25.00

Memo Item CONTRIBUTION

**B. SPRINKLE, ALBERT, L., DR., III**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 453 QUARTER MOUNTAIN RD

City HARVEST	State AL	Zip Code 35749-8417
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) VALLEY PSYCHIATRIC ASSOCIATES	Occupation (for Individual) PHYSICIAN
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5400.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2017

**Transaction ID : SA11A.526495**

Amount of Each Receipt this Period  
5400.00

Memo Item CONTRIBUTION

**C. ST. GEORGE, NICHOLAS, J., MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 971 GEORGIA AVE

City WINTER PARK	State FL	Zip Code 32789-2606
---------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	26	/	2017

**Transaction ID : SA11A.525484**

Amount of Each Receipt this Period  
500.00

Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	5925.00
<b>TOTAL</b> This Period (last page this line number only).....	



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 633 OF 946  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. STALEY, ROBERT, N., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 405 HUTCHINSON AVENUE  
 City IOWA CITY    State IA    Zip Code 52246-2409  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE    Occupation (for Individual) RETIRED  
 Receipt For:  Primary     General     Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 21 / 2017  
**Transaction ID : SA11A.525194**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**B. STALEY, ROBERT, N., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 405 HUTCHINSON AVENUE  
 City IOWA CITY    State IA    Zip Code 52246-2409  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE    Occupation (for Individual) RETIRED  
 Receipt For:  Primary     General     Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 11 / 21 / 2017  
**Transaction ID : SA11A.528133**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**C. STALEY, ROBERT, N., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 405 HUTCHINSON AVENUE  
 City IOWA CITY    State IA    Zip Code 52246-2409  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE    Occupation (for Individual) RETIRED  
 Receipt For:  Primary     General     Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 12 / 21 / 2017  
**Transaction ID : SA11A.531367**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 75.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 634 OF 946  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. STANTONHICKS, MICHAEL, , MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11405 CLEARFIELD LANE  
 City CHARDON State OH Zip Code 44024-9051  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt 10 / 15 / 2017  
**Transaction ID : SA11A.524190**  
 Amount of Each Receipt this Period 50.00  
 Memo Item CONTRIBUTION

**B. STANTONHICKS, MICHAEL, , MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11405 CLEARFIELD LANE  
 City CHARDON State OH Zip Code 44024-9051  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt 11 / 15 / 2017  
**Transaction ID : SA11A.527801**  
 Amount of Each Receipt this Period 50.00  
 Memo Item CONTRIBUTION

**C. STANTONHICKS, MICHAEL, , MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11405 CLEARFIELD LANE  
 City CHARDON State OH Zip Code 44024-9051  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt 12 / 15 / 2017  
**Transaction ID : SA11A.531054**  
 Amount of Each Receipt this Period 50.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....▶ 150.00  
**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 635 OF 946  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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)  
**Team Ryan**

**A. STAROSTOVIC, ED, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2620 MARILYN DR.  
 City STOUGHTON    State WI    Zip Code 53589-4147  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE    Occupation (for Individual) RETIRED  
 Receipt For:  Primary     General     Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 04 / 2017  
**Transaction ID : SA11A.523149**  
 Amount of Each Receipt this Period 50.00  
 Memo Item CONTRIBUTION

**B. STAROSTOVIC, ED, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2620 MARILYN DR.  
 City STOUGHTON    State WI    Zip Code 53589-4147  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE    Occupation (for Individual) RETIRED  
 Receipt For:  Primary     General     Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 11 / 04 / 2017  
**Transaction ID : SA11A.526856**  
 Amount of Each Receipt this Period 50.00  
 Memo Item CONTRIBUTION

**C. STAROSTOVIC, ED, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2620 MARILYN DR.  
 City STOUGHTON    State WI    Zip Code 53589-4147  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE    Occupation (for Individual) RETIRED  
 Receipt For:  Primary     General     Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 12 / 04 / 2017  
**Transaction ID : SA11A.529565**  
 Amount of Each Receipt this Period 50.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 150.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 636 OF 946  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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)  
**Team Ryan**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. STEELE, MARJORIE, , ,**

Mailing Address 1926 ELECTRIC AVE

City BELLINGHAM    State WA    Zip Code 98229-4517

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SELF EMPLOYED    Occupation (for Individual) MANAGEMENT CONSULTANT

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 10 / 20 / 2017

**Transaction ID : SA11A.524943**

Amount of Each Receipt this Period  
25.00

Memo Item CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**B. STEELE, MARJORIE, , ,**

Mailing Address 1926 ELECTRIC AVE

City BELLINGHAM    State WA    Zip Code 98229-4517

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SELF EMPLOYED    Occupation (for Individual) MANAGEMENT CONSULTANT

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 11 / 20 / 2017

**Transaction ID : SA11A.528046**

Amount of Each Receipt this Period  
25.00

Memo Item CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**C. STEELE, MARJORIE, , ,**

Mailing Address 1926 ELECTRIC AVE

City BELLINGHAM    State WA    Zip Code 98229-4517

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SELF EMPLOYED    Occupation (for Individual) MANAGEMENT CONSULTANT

Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 11 / 30 / 2017

**Transaction ID : SA11A.528983**

Amount of Each Receipt this Period  
25.00

Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 75.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 637 OF 946  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. STEELE, MARJORIE, , ,**

Mailing Address 1926 ELECTRIC AVE

City BELLINGHAM	State WA	Zip Code 98229-4517
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SELF EMPLOYED	Occupation (for Individual) MANAGEMENT CONSULTANT
--	--

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12		11		2017

**Transaction ID : SA11A.530664**

Amount of Each Receipt this Period  
25.00

Memo Item CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**B. STEELE, MARJORIE, , ,**

Mailing Address 1926 ELECTRIC AVE

City BELLINGHAM	State WA	Zip Code 98229-4517
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SELF EMPLOYED	Occupation (for Individual) MANAGEMENT CONSULTANT
--	--

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12		11		2017

**Transaction ID : SA11A.530665**

Amount of Each Receipt this Period  
25.00

Memo Item CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**C. STEELE, MARJORIE, , ,**

Mailing Address 1926 ELECTRIC AVE

City BELLINGHAM	State WA	Zip Code 98229-4517
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SELF EMPLOYED	Occupation (for Individual) MANAGEMENT CONSULTANT
--	--

Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12		20		2017

**Transaction ID : SA11A.531331**

Amount of Each Receipt this Period  
25.00

Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	75.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 638 OF 946
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. STEIVANG, TOBIAS, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address N 2013 N LAKE SHORE DR.  
 City FONTANA State WI Zip Code 53125-1179  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **11 / 28 / 2017**  
**Transaction ID : SA11A.528749**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item CONTRIBUTION

**B. STEPHENS, JOHN, J., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6422 LUPTON DRIVE  
 City DALLAS State TX Zip Code 75225-2321  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) AT&T MANAGEMENT SERVICES LP Occupation (for Individual) SEVP & CFO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3000.00

Date of Receipt **12 / 08 / 2017**  
**Transaction ID : SA11A.530183**  
 Amount of Each Receipt this Period 2000.00  
 Memo Item CONTRIBUTION

**C. STEVENS, MARK, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO BOX 450  
 City SPRINGDALE State UT Zip Code 84767-0450  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt **10 / 26 / 2017**  
**Transaction ID : SA11A.525408**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	4000.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 639 OF 946  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. STEWART, VIRGINIA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3201 WESTCREEK CIRCLE  
 City COLUMBIA State MO Zip Code 65203-0903  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 10 / 29 / 2017  
**Transaction ID : SA11A.526077**  
 Amount of Each Receipt this Period 50.00  
 Memo Item CONTRIBUTION

**B. STEWART, VIRGINIA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3201 WESTCREEK CIRCLE  
 City COLUMBIA State MO Zip Code 65203-0903  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 11 / 29 / 2017  
**Transaction ID : SA11A.528951**  
 Amount of Each Receipt this Period 50.00  
 Memo Item CONTRIBUTION

**C. STEWART, VIRGINIA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3201 WESTCREEK CIRCLE  
 City COLUMBIA State MO Zip Code 65203-0903  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 12 / 29 / 2017  
**Transaction ID : SA11A.531920**  
 Amount of Each Receipt this Period 50.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....▶ 150.00  
**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 640 OF 946
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. STOFFEL, PAUL, T., MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5949 SHERRY LN  
STE 1465

City DALLAS State TX Zip Code 75225-8010

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) INVESTMENTS

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
75000.00

Date of Receipt  
10 / 19 / 2017  
**Transaction ID : SA11A.524522**

Amount of Each Receipt this Period  
25000.00

Memo Item  
CONTRIBUTION

**B. STOMBRES, STEVE, , MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 10092 DANIELS RUN WAY

City FAIRFAX State VA Zip Code 22030-2448

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) HARBINGER STRATEGIES Occupation (for Individual) PARTNER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3500.00

Date of Receipt  
10 / 13 / 2017  
**Transaction ID : SA11A.523932**

Amount of Each Receipt this Period  
2500.00

Memo Item  
CONTRIBUTION

**C. STRICKLIN, ELIZABETH, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 231 E DUNOON PLACE

City SHELTON State WA Zip Code 98584-7505

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
10 / 22 / 2017  
**Transaction ID : SA11A.525167**

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 27525.00

**TOTAL** This Period (last page this line number only)..... ▶



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 641 OF 946
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. STRICKLIN, ELIZABETH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 231 E DUNOON PLACE  
 City SHELTON State WA Zip Code 98584-7505  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 10 / 30 / 2017  
**Transaction ID : SA11A.525904**  
 Amount of Each Receipt this Period 50.00  
 Memo Item CONTRIBUTION

**B. STRICKLIN, ELIZABETH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 231 E DUNOON PLACE  
 City SHELTON State WA Zip Code 98584-7505  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 11 / 22 / 2017  
**Transaction ID : SA11A.528167**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**C. STRICKLIN, ELIZABETH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 231 E DUNOON PLACE  
 City SHELTON State WA Zip Code 98584-7505  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 11 / 29 / 2017  
**Transaction ID : SA11A.529303**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	100.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 642 OF 946
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. STRICKLIN, ELIZABETH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 231 E DUNOON PLACE  
 City SHELTON State WA Zip Code 98584-7505  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 12 / 22 / 2017  
**Transaction ID : SA11A.531489**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**B. STROBEL, JACQUELINE, M., MS.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8397 UPHILL ROAD  
 City JOSHUA TREE State CA Zip Code 92252-5003  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt 12 / 12 / 2017  
**Transaction ID : SA11A.530606**  
 Amount of Each Receipt this Period 300.00  
 Memo Item CONTRIBUTION

**C. STROUP, MARY, ELLEN, MS.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5719 BLANDFORD RD  
 City BLOOMFIELD HILLS State MI Zip Code 48302-4011  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) VOLUNTEER  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 205.00

Date of Receipt 10 / 27 / 2017  
**Transaction ID : SA11A.525507**  
 Amount of Each Receipt this Period 35.00  
 Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	360.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 643 OF 946  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. STUKES, BETH, T., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1405 VALLEY RD  
 City JASPER State AL Zip Code 35501-4932  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 20 / 2017  
**Transaction ID : SA11A.527973**  
 Amount of Each Receipt this Period  
 5000.00  
 Memo Item  
 CONTRIBUTION

**B. STYSLINGER, LEE, J., MR., III**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2826 BALMORAL RD  
 City BIRMINGHAM State AL Zip Code 35223-1236  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) ALTEC Occupation (for Individual) CHAIRMAN AND CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 29 / 2017  
**Transaction ID : SA11A.528611**  
 Amount of Each Receipt this Period  
 5000.00  
 Memo Item  
 CONTRIBUTION

**C. SU, BRIAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2405 ROSEWELL POINT  
 City SPRINGFIELD State IL Zip Code 62711-6739  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) ARTISAN BUSINESS GROUP, INC. Occupation (for Individual) CEO  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 20 / 2017  
**Transaction ID : SA11A.528040**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 11000.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 644 OF 946
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. SU, YU-TANG, , DR,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 508 S 1ST ST  
 City MCALLEN State TX Zip Code 78501-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) PHYSICIAN  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 500.00

Date of Receipt 10 / 23 / 2017  
**Transaction ID : SA11A.525052**  
 Amount of Each Receipt this Period 500.00  
 Memo Item CONTRIBUTION

**B. SUBKO, JEFFREY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1203 BLUEGRASS LANE  
 City SHENANDOAH State IA Zip Code 51601-2511  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 600.00

Date of Receipt 10 / 11 / 2017  
**Transaction ID : SA11A.523443**  
 Amount of Each Receipt this Period 50.00  
 Memo Item CONTRIBUTION

**C. SUBKO, JEFFREY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1203 BLUEGRASS LANE  
 City SHENANDOAH State IA Zip Code 51601-2511  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 600.00

Date of Receipt 11 / 11 / 2017  
**Transaction ID : SA11A.527357**  
 Amount of Each Receipt this Period 50.00  
 Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	600.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 645 OF 946  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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)  
**Team Ryan**

**A. SUBKO, JEFFREY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1203 BLUEGRASS LANE  
 City SHENANDOAH State IA Zip Code 51601-2511  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 12 / 11 / 2017  
**Transaction ID : SA11A.530670**  
 Amount of Each Receipt this Period 50.00  
 Memo Item CONTRIBUTION

**B. SURBER, KENNETH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3281 PRESTON SHORE DR.  
 City HARRISONBURG State VA Zip Code 22801-4918  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) EDWARD JONES Occupation (for Individual) STOCKBROKER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2750.00

Date of Receipt 10 / 18 / 2017  
**Transaction ID : SA11A.524720**  
 Amount of Each Receipt this Period 250.00  
 Memo Item CONTRIBUTION

**C. SURBER, KENNETH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3281 PRESTON SHORE DR.  
 City HARRISONBURG State VA Zip Code 22801-4918  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) EDWARD JONES Occupation (for Individual) STOCKBROKER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2750.00

Date of Receipt 11 / 18 / 2017  
**Transaction ID : SA11A.528103**  
 Amount of Each Receipt this Period 250.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 550.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 646 OF 946  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. SUTTON, JANIS, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 360 AZALEA DR.  
 City GADSDEN State AL Zip Code 35901-5675  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) DONALD W SUTTON DMD PA Occupation (for Individual) BOOKKEEPER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 18 / 2017  
**Transaction ID : SA11A.524709**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**B. SUTTON, JANIS, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 360 AZALEA DR.  
 City GADSDEN State AL Zip Code 35901-5675  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) DONALD W SUTTON DMD PA Occupation (for Individual) BOOKKEEPER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 11 / 18 / 2017  
**Transaction ID : SA11A.528094**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**C. SUTTON, JANIS, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 360 AZALEA DR.  
 City GADSDEN State AL Zip Code 35901-5675  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) DONALD W SUTTON DMD PA Occupation (for Individual) BOOKKEEPER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 12 / 18 / 2017  
**Transaction ID : SA11A.531089**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 75.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 647 OF 946
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. SWANSON, BARBARA, , ,**

Mailing Address 7724 YORK LN N

City BROOKLYN PARK	State MN	Zip Code 55443-2891
-----------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
275.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		22		2017

**Transaction ID : SA11A.525168**

Amount of Each Receipt this Period  
25.00

Memo Item CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**B. SWANSON, BARBARA, , ,**

Mailing Address 7724 YORK LN N

City BROOKLYN PARK	State MN	Zip Code 55443-2891
-----------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
275.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11		22		2017

**Transaction ID : SA11A.528168**

Amount of Each Receipt this Period  
25.00

Memo Item CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**C. SWANSON, BARBARA, , ,**

Mailing Address 7724 YORK LN N

City BROOKLYN PARK	State MN	Zip Code 55443-2891
-----------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
275.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12		22		2017

**Transaction ID : SA11A.531484**

Amount of Each Receipt this Period  
25.00

Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	75.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 648 OF 946
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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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)  
**Team Ryan**

**A. SWIFT, CHARLOTTE, G., MRS.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 30 CARA DRIVE  
 City NANUET State NY Zip Code 10954-3701  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MONTALBANO, CONDON & FRANK, P.C. Occupation (for Individual) ATTORNEY  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 10 / 26 / 2017  
**Transaction ID : SA11A.525611**  
 Amount of Each Receipt this Period 50.00  
 Memo Item CONTRIBUTION

**B. SWIFT, CHARLOTTE, G., MRS.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 30 CARA DRIVE  
 City NANUET State NY Zip Code 10954-3701  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MONTALBANO, CONDON & FRANK, P.C. Occupation (for Individual) ATTORNEY  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 11 / 26 / 2017  
**Transaction ID : SA11A.528383**  
 Amount of Each Receipt this Period 50.00  
 Memo Item CONTRIBUTION

**C. SWIFT, CHARLOTTE, G., MRS.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 30 CARA DRIVE  
 City NANUET State NY Zip Code 10954-3701  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MONTALBANO, CONDON & FRANK, P.C. Occupation (for Individual) ATTORNEY  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 12 / 26 / 2017  
**Transaction ID : SA11A.531537**  
 Amount of Each Receipt this Period 50.00  
 Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	150.00
<b>TOTAL</b> This Period (last page this line number only).....	



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 649 OF 946
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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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)  
**Team Ryan**

**A. SWITZER, ROBERT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2100 COUNTRY CLUB RD  
 APT 1200  
 City JACKSONVILLE State NC Zip Code 28546-3224  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 24 / 2017  
**Transaction ID : SA11A.525040**  
 Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION

**B. SZEGLIN, CHARLES, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 73 PARK AVENUE  
 City BLUE POINT State NY Zip Code 11715-1040  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) KC Occupation (for Individual) MANAGER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1800.00

Date of Receipt 10 / 13 / 2017  
**Transaction ID : SA11A.523969**  
 Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION

**C. SZEGLIN, CHARLES, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 73 PARK AVENUE  
 City BLUE POINT State NY Zip Code 11715-1040  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) KC Occupation (for Individual) MANAGER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1800.00

Date of Receipt 10 / 17 / 2017  
**Transaction ID : SA11A.524637**  
 Amount of Each Receipt this Period 50.00  
 Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	250.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 650 OF 946
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. SZEGLIN, CHARLES, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 73 PARK AVENUE

City BLUE POINT	State NY	Zip Code 11715-1040
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) KC	Occupation (for Individual) MANAGER
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1800.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
11	/	13	/	2017

**Transaction ID : SA11A.527325**

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

**B. SZEGLIN, CHARLES, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 73 PARK AVENUE

City BLUE POINT	State NY	Zip Code 11715-1040
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) KC	Occupation (for Individual) MANAGER
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1800.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
11	/	17	/	2017

**Transaction ID : SA11A.527960**

Amount of Each Receipt this Period  
50.00

Memo Item  
CONTRIBUTION

**C. SZEGLIN, CHARLES, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 73 PARK AVENUE

City BLUE POINT	State NY	Zip Code 11715-1040
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) KC	Occupation (for Individual) MANAGER
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
1800.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
12	/	13	/	2017

**Transaction ID : SA11A.530853**

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	250.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 651 OF 946
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. SZEGLIN, CHARLES, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 73 PARK AVENUE

City BLUE POINT	State NY	Zip Code 11715-1040
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) KC	Occupation (for Individual) MANAGER
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1800.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	17	/	2017

**Transaction ID : SA11A.531116**

Amount of Each Receipt this Period  
50.00

Memo Item  
CONTRIBUTION

**B. TABB, MARVIN, N., MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 12171 KELLY SANDS WAY  
APT 1573

City FORT MYERS	State FL	Zip Code 33908-5944
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	08	/	2017

**Transaction ID : SA11A.523317**

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

**C. TABB, MARVIN, N., MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 12171 KELLY SANDS WAY  
APT 1573

City FORT MYERS	State FL	Zip Code 33908-5944
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	24	/	2017

**Transaction ID : SA11A.525010**

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	250.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 652 OF 946  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. TABB, MARVIN, N., MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 12171 KELLY SANDS WAY  
APT 1573

City FORT MYERS State FL Zip Code 33908-5944

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
12 / 11 / 2017

**Transaction ID : SA11A.530525**

Amount of Each Receipt this Period  
100.00

Memo Item CONTRIBUTION

**B. TALARICO, FIORE, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6710 AUDEN STREET

City HOUSTON State TX Zip Code 77005-4306

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
10 / 26 / 2017

**Transaction ID : SA11A.525613**

Amount of Each Receipt this Period  
50.00

Memo Item CONTRIBUTION

**C. TALARICO, FIORE, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6710 AUDEN STREET

City HOUSTON State TX Zip Code 77005-4306

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
11 / 26 / 2017

**Transaction ID : SA11A.528392**

Amount of Each Receipt this Period  
50.00

Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 200.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 653 OF 946  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. TALARICO, FIORE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6710 AUDEN STREET  
 City HOUSTON State TX Zip Code 77005-4306  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 12 / 26 / 2017  
**Transaction ID : SA11A.531543**  
 Amount of Each Receipt this Period 50.00  
 Memo Item CONTRIBUTION

**B. TALBOTT, WARREN, W., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 625 N WILLOW STREET  
 City DAYTON State WA Zip Code 99328-1057  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) TALBOTT INC Occupation (for Individual) FARM MANAGER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 12 / 12 / 2017  
**Transaction ID : SA11A.530616**  
 Amount of Each Receipt this Period 50.00  
 Memo Item CONTRIBUTION

**C. TAMASI, DAVID, , MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5435 30TH PL NW  
 City WASHINGTON State DC Zip Code 20015-1251  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RASKY BAERLEIN Occupation (for Individual) GOVERNMENT RELATIONS  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 10000.00

Date of Receipt 10 / 04 / 2017  
**Transaction ID : SA11A.523130**  
 Amount of Each Receipt this Period 2500.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2600.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 654 OF 946  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. TANG, GUANGWEN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 14 RIDGE ROAD  
 City LEXINGTON State MA Zip Code 02420-2244  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 384.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 30 / 2017  
**Transaction ID : SA11A.525965**  
 Amount of Each Receipt this Period  
 32.00  
 Memo Item  
 CONTRIBUTION

**B. TANG, GUANGWEN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 14 RIDGE ROAD  
 City LEXINGTON State MA Zip Code 02420-2244  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 384.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 30 / 2017  
**Transaction ID : SA11A.529137**  
 Amount of Each Receipt this Period  
 32.00  
 Memo Item  
 CONTRIBUTION

**C. TANG, GUANGWEN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 14 RIDGE ROAD  
 City LEXINGTON State MA Zip Code 02420-2244  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 384.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 30 / 2017  
**Transaction ID : SA11A.532506**  
 Amount of Each Receipt this Period  
 32.00  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 96.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 655 OF 946
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. TAYLOR, ANDREW, C., MR.,**

Mailing Address 1147 LOG CABIN LN

City SAINT LOUIS	State MO	Zip Code 63124-1519
---------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) ENTERPRISE HOLDINGS	Occupation (for Individual) CHAIRMAN
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
88600.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	16	/	2017

**Transaction ID : SA11A.523624**

Amount of Each Receipt this Period  
44300.00

Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**B. TAYLOR, ANDREW, C., MR.,**

Mailing Address 1147 LOG CABIN LN

City SAINT LOUIS	State MO	Zip Code 63124-1519
---------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) ENTERPRISE HOLDINGS	Occupation (for Individual) CHAIRMAN
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
88600.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	13	/	2017

**Transaction ID : SA11A.530738**

Amount of Each Receipt this Period  
44300.00

Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**C. TAYLOR, CALVIN, , ,**

Mailing Address 2681 W HWY 5

City WHITESBURG	State GA	Zip Code 30185-3318
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
1200.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	29	/	2017

**Transaction ID : SA11A.526082**

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	88700.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 656 OF 946
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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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)  
**Team Ryan**

**A. TAYLOR, CALVIN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2681 W HWY 5  
 City WHITESBURG State GA Zip Code 30185-3318  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 29 / 2017  
**Transaction ID : SA11A.528952**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**B. TAYLOR, CALVIN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2681 W HWY 5  
 City WHITESBURG State GA Zip Code 30185-3318  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 29 / 2017  
**Transaction ID : SA11A.531922**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**C. TAYLOR, CAROL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 310 JASMINE AVE  
 City NEWPORT BEACH State CA Zip Code 92625-3001  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 30 / 2017  
**Transaction ID : SA11A.525980**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	250.00
<b>TOTAL</b> This Period (last page this line number only).....	



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 657 OF 946  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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)  
**Team Ryan**

**A. TAYLOR, HARRY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1008 IRONSIDES AVE.  
 City MELBOURNE    State FL    Zip Code 32940-6732  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE    Occupation (for Individual) RETIRED  
 Receipt For:  Primary     General     Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 16 / 2017  
**Transaction ID : SA11A.524162**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**B. TAYLOR, HARRY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1008 IRONSIDES AVE.  
 City MELBOURNE    State FL    Zip Code 32940-6732  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE    Occupation (for Individual) RETIRED  
 Receipt For:  Primary     General     Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 16 / 2017  
**Transaction ID : SA11A.527892**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**C. TAYLOR, HARRY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1008 IRONSIDES AVE.  
 City MELBOURNE    State FL    Zip Code 32940-6732  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE    Occupation (for Individual) RETIRED  
 Receipt For:  Primary     General     Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 16 / 2017  
**Transaction ID : SA11A.531150**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 75.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 658 OF 946
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. TAYLOR, SCOTT, , MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3066 E PINE VALLEY RD NW

City ATLANTA	State GA	Zip Code 30305-1954
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS	Occupation (for Individual) INFORMATION REQUESTED PER BE
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
10000.00

Date of Receipt  
MM / DD / YYYY  
11 / 20 / 2017

**Transaction ID : SA11A.527842**

Amount of Each Receipt this Period  
10000.00

Memo Item  
CONTRIBUTION

**B. TELL, KAREN, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 100 ROYAL PALM WAY  
3G

City PALM BEACH	State FL	Zip Code 33480-4213
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3000.00

Date of Receipt  
MM / DD / YYYY  
10 / 01 / 2017

**Transaction ID : SA11A.52753**

Amount of Each Receipt this Period  
250.00

Memo Item  
CONTRIBUTION

**C. TELL, KAREN, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 100 ROYAL PALM WAY  
3G

City PALM BEACH	State FL	Zip Code 33480-4213
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
3000.00

Date of Receipt  
MM / DD / YYYY  
11 / 01 / 2017

**Transaction ID : SA11A.526557**

Amount of Each Receipt this Period  
250.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	10500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 659 OF 946
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. TELL, KAREN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 100 ROYAL PALM WAY  
 3G  
 City PALM BEACH State FL Zip Code 33480-4213  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 01 / 2017  
**Transaction ID : SA11A.529378**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item  
 CONTRIBUTION

**B. THAYER, J., P., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO BOX 1992  
 City COLUMBUS State GA Zip Code 31902-1992  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 20 / 2017  
**Transaction ID : SA11A.527854**  
 Amount of Each Receipt this Period  
 5000.00  
 Memo Item  
 CONTRIBUTION

**C. THIEMAN, TOM, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 100 GILBERG ST  
 City NEW BREMEN State OH Zip Code 45869-1286  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 31 / 2017  
**Transaction ID : SA11A.526382**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	5350.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 660 OF 946  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. THIEMAN, TOM, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 100 GILBERG ST  
 City NEW BREMEN State OH Zip Code 45869-1286  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 11 / 30 / 2017  
**Transaction ID : SA11A.529037**  
 Amount of Each Receipt this Period 250.00  
 Memo Item CONTRIBUTION

**B. THOMAS, MARY, J., MRS.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7750 SMITH FARM ROAD  
 City CUMMING State GA Zip Code 30028-3188  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 10 / 27 / 2017  
**Transaction ID : SA11A.525570**  
 Amount of Each Receipt this Period 50.00  
 Memo Item CONTRIBUTION

**C. THOMAS, MICHAEL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1083 STAFFORD LANE  
 City WESTVILLE State FL Zip Code 32464-8108  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 10 / 29 / 2017  
**Transaction ID : SA11A.526051**  
 Amount of Each Receipt this Period 50.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....▶ 350.00  
**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 661 OF 946
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. THOMAS, MICHAEL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1083 STAFFORD LANE  
 City WESTVILLE State FL Zip Code 32464-8108  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
 11 / 29 / 2017  
**Transaction ID : SA11A.528930**  
 Amount of Each Receipt this Period 50.00  
 Memo Item CONTRIBUTION

**B. THOMAS, MICHAEL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1083 STAFFORD LANE  
 City WESTVILLE State FL Zip Code 32464-8108  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
 12 / 29 / 2017  
**Transaction ID : SA11A.531911**  
 Amount of Each Receipt this Period 50.00  
 Memo Item CONTRIBUTION

**C. THOMPSON, ED, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4851 BONITA BAY BLVD 2004  
 City BONITA SPRINGS State FL Zip Code 34134-1623  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
 10 / 26 / 2017  
**Transaction ID : SA11A.525599**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	125.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 662 OF 946
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. THOMPSON, ED, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4851 BONITA BAY BLVD  
2004

City BONITA SPRINGS State FL Zip Code 34134-1623

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 26 / 2017

**Transaction ID : SA11A.528377**

Amount of Each Receipt this Period  
25.00

Memo Item CONTRIBUTION

**B. THOMPSON, ED, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4851 BONITA BAY BLVD  
2004

City BONITA SPRINGS State FL Zip Code 34134-1623

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 26 / 2017

**Transaction ID : SA11A.531532**

Amount of Each Receipt this Period  
25.00

Memo Item CONTRIBUTION

**C. THOMPSON, GARY, J., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 19874 FESTIVAL LOOP

City PRINCETON State MO Zip Code 64673-9827

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 29 / 2017

**Transaction ID : SA11A.528886**

Amount of Each Receipt this Period  
250.00

Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	300.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 663 OF 946
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. THOMPSON, JAMES, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3251 S HILL RD

City TIMMONSVILLE	State SC	Zip Code 29161-8520
----------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		29		2017

**Transaction ID : SA11A.526055**

Amount of Each Receipt this Period  
25.00

Memo Item CONTRIBUTION

**B. THOMPSON, JAMES, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3251 S HILL RD

City TIMMONSVILLE	State SC	Zip Code 29161-8520
----------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11		29		2017

**Transaction ID : SA11A.528933**

Amount of Each Receipt this Period  
25.00

Memo Item CONTRIBUTION

**C. THOMPSON, JAMES, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3251 S HILL RD

City TIMMONSVILLE	State SC	Zip Code 29161-8520
----------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12		29		2017

**Transaction ID : SA11A.531905**

Amount of Each Receipt this Period  
25.00

Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	75.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 664 OF 946  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. THOMPSON, WILLIAM, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 204 MANDALAY  
 City SAN MARCOS State TX Zip Code 78666-3631  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) CONSULTANT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 22 / 2017  
**Transaction ID : SA11A.525172**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
**CONTRIBUTION**

**B. THOMPSON, WILLIAM, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 204 MANDALAY  
 City SAN MARCOS State TX Zip Code 78666-3631  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) CONSULTANT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 22 / 2017  
**Transaction ID : SA11A.528171**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
**CONTRIBUTION**

**C. THOMPSON, WILLIAM, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 204 MANDALAY  
 City SAN MARCOS State TX Zip Code 78666-3631  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) CONSULTANT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 22 / 2017  
**Transaction ID : SA11A.531491**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
**CONTRIBUTION**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 300.00  
**TOTAL** This Period (last page this line number only)..... ▶



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 665 OF 946  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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)  
**Team Ryan**

**A. THOMSEN, CHRISTINE, M., MRS.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1515 TIERNEY DR  
 City WAUNAKEE State WI Zip Code 53597-2347  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 11 / 2017  
**Transaction ID : SA11A.523216**  
 Amount of Each Receipt this Period 250.00  
 Memo Item CONTRIBUTION

**B. THOMSEN, THOMAS, H., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1515 TIERNEY DR  
 City WAUNAKEE State WI Zip Code 53597-2347  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 11 / 2017  
**Transaction ID : SA11A.523206**  
 Amount of Each Receipt this Period 250.00  
 Memo Item CONTRIBUTION

**C. THORNTON, PATRICK, J., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 624 N ARLINGTON HTS RD  
 City ARLINGTON HTS State IL Zip Code 60004-5662  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) PAT MOONEY INC Occupation (for Individual) EXECUTIVE  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 3000.00

Date of Receipt 10 / 26 / 2017  
**Transaction ID : SA11A.525616**  
 Amount of Each Receipt this Period 250.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 750.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 666 OF 946
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. THORNTON, PATRICK, J., MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 624 N ARLINGTON HTS RD  
City ARLINGTON HTS State IL Zip Code 60004-5662  
FEC ID number of contributing federal political committee. **C**  
Name of Employer (for Individual) PAT MOONEY INC Occupation (for Individual) EXECUTIVE  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 3000.00

Date of Receipt 11 / 26 / 2017  
**Transaction ID : SA11A.528391**  
Amount of Each Receipt this Period 250.00  
 Memo Item CONTRIBUTION

**B. THORNTON, PATRICK, J., MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 624 N ARLINGTON HTS RD  
City ARLINGTON HTS State IL Zip Code 60004-5662  
FEC ID number of contributing federal political committee. **C**  
Name of Employer (for Individual) PAT MOONEY INC Occupation (for Individual) EXECUTIVE  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 3000.00

Date of Receipt 12 / 26 / 2017  
**Transaction ID : SA11A.531542**  
Amount of Each Receipt this Period 250.00  
 Memo Item CONTRIBUTION

**C. THORNTON, STEVEN, L., MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 5404 PANORAMA DR SE  
City HUNTSVILLE State AL Zip Code 35801-1134  
FEC ID number of contributing federal political committee. **C**  
Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BEST EFFORTS  
Receipt For:  Primary  General  Other (specify)  
Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 11 / 20 / 2017  
**Transaction ID : SA11A.527838**  
Amount of Each Receipt this Period 5000.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 5500.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 667 OF 946
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. TIERNEY, BRIAN, P., MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1020 ROCK CREEK RD

City BRYN MAWR	State PA	Zip Code 19010-1925
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS	Occupation (for Individual) INFORMATION REQUESTED PER BE
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  
10 / 19 / 2017  
**Transaction ID : SA11A.524527**

Amount of Each Receipt this Period  
2500.00

Memo Item  
CONTRIBUTION

**B. TIGANI JR., JAMES, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 940 N LAKE WAY

City PALM BEACH	State FL	Zip Code 33480-3323
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  
10 / 19 / 2017  
**Transaction ID : SA11A.524929**

Amount of Each Receipt this Period  
50.00

Memo Item  
CONTRIBUTION

**C. TIGANI JR., JAMES, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 940 N LAKE WAY

City PALM BEACH	State FL	Zip Code 33480-3323
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  
11 / 19 / 2017  
**Transaction ID : SA11A.528074**

Amount of Each Receipt this Period  
50.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2600.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 668 OF 946
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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)  
**Team Ryan**

**A. TIGANI JR., JAMES, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 940 N LAKE WAY  
 City PALM BEACH State FL Zip Code 33480-3323  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2017  
**Transaction ID : SA11A.531316**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item  
 CONTRIBUTION

**B. TIGNER, WARREN, F., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2203 MILLER ROAD  
 City ROSHARON State TX Zip Code 77583-4533  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 910.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 24 / 2017  
**Transaction ID : SA11A.525222**  
 Amount of Each Receipt this Period  
 200.00  
 Memo Item  
 CONTRIBUTION

**C. TIGNER, WARREN, F., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2203 MILLER ROAD  
 City ROSHARON State TX Zip Code 77583-4533  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 910.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 11 / 2017  
**Transaction ID : SA11A.530385**  
 Amount of Each Receipt this Period  
 200.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	450.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 669 OF 946
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. TILLMAN, AUDREY, B., MRS.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1450 MILLINGTON RD

City COLUMBUS	State GA	Zip Code 31904-1945
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS	Occupation (for Individual) INFORMATION REQUESTED PER BE
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	29	/	2017

**Transaction ID : SA11A.528606**

Amount of Each Receipt this Period  
2500.00

Memo Item  
CONTRIBUTION

**B. TIMBERS, VIOLA, M., MS.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2330 5TH AVENUE, APT 16P  
APT 16P

City NEW YORK	State NY	Zip Code 10037-1620
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
335.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2017

**Transaction ID : SA11A.525631**

Amount of Each Receipt this Period  
50.00

Memo Item  
CONTRIBUTION

**C. TIMBERS, VIOLA, M., MS.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2330 5TH AVENUE, APT 16P  
APT 16P

City NEW YORK	State NY	Zip Code 10037-1620
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
335.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	19	/	2017

**Transaction ID : SA11A.531184**

Amount of Each Receipt this Period  
50.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2600.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 670 OF 946  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. TOLLETTE, HENRY, , MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 940 45TH ST  
 City SACRAMENTO State CA Zip Code 95819-3410  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 10 / 24 / 2017  
**Transaction ID : SA11A.525311**  
 Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION

**B. TOLLETTE, HENRY, , MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 940 45TH ST  
 City SACRAMENTO State CA Zip Code 95819-3410  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 11 / 24 / 2017  
**Transaction ID : SA11A.528217**  
 Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION

**C. TOLLETTE, HENRY, , MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 940 45TH ST  
 City SACRAMENTO State CA Zip Code 95819-3410  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 12 / 24 / 2017  
**Transaction ID : SA11A.531586**  
 Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 300.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 671 OF 946
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. TOMAI, DANIEL, E., MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 101 OCEANIC AVE

City STATEN ISLAND	State NY	Zip Code 10312-6513
-----------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SELF EMPLOYED	Occupation (for Individual) CONSTRUCTION WORKER
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		30		2017

**Transaction ID : SA11A.525657**

Amount of Each Receipt this Period  
1000.00

Memo Item  
CONTRIBUTION

**B. TOMLINSON, PHIL, , MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7498 ROLLING BEND RD

City COLUMBUS	State GA	Zip Code 31904-1802
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS	Occupation (for Individual) INFORMATION REQUESTED PER BE
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11		20		2017

**Transaction ID : SA11A.527849**

Amount of Each Receipt this Period  
2500.00

Memo Item  
CONTRIBUTION

**C. TOTH, MIKLOS, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 45 E 89TH ST

City NEW YORK	State NY	Zip Code 10128-1251
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
1150.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		04		2017

**Transaction ID : SA11A.523150**

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3600.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 672 OF 946
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. TOTH, MIKLOS, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 45 E 89TH ST

City NEW YORK	State NY	Zip Code 10128-1251
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1150.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
11		04		2017

**Transaction ID : SA11A.526855**

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

**B. TRAN, DAN, , MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 566 CITRUS AVE

City IMPERIAL BEACH	State CA	Zip Code 91932-1112
------------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
10		07		2017

**Transaction ID : SA11A.523349**

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

**C. TRAN, DAN, , MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 566 CITRUS AVE

City IMPERIAL BEACH	State CA	Zip Code 91932-1112
------------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
10		21		2017

**Transaction ID : SA11A.525191**

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	150.00
<b>TOTAL</b> This Period (last page this line number only).....	



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 673 OF 946
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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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)  
**Team Ryan**

**A. TRAN, DAN, , MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 566 CITRUS AVE  
 City IMPERIAL BEACH State CA Zip Code 91932-1112  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 07 / 2017  
**Transaction ID : SA11A.526930**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item CONTRIBUTION

**B. TRAN, DAN, , MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 566 CITRUS AVE  
 City IMPERIAL BEACH State CA Zip Code 91932-1112  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 21 / 2017  
**Transaction ID : SA11A.528125**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item CONTRIBUTION

**C. TRAN, DAN, , MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 566 CITRUS AVE  
 City IMPERIAL BEACH State CA Zip Code 91932-1112  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 07 / 2017  
**Transaction ID : SA11A.530370**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	75.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 674 OF 946
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. TRAN, DAN, , MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 566 CITRUS AVE

City IMPERIAL BEACH	State CA	Zip Code 91932-1112
------------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	21	/	2017

**Transaction ID : SA11A.531354**

Amount of Each Receipt this Period  
25.00

Memo Item CONTRIBUTION

**B. TRATE, DEBORAH, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9 HOOVER RD

City WILLIAMSPORT	State PA	Zip Code 17701-9612
----------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) HCR MANORCARE INC	Occupation (for Individual) R.N.
--	-------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
360.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	24	/	2017

**Transaction ID : SA11A.525318**

Amount of Each Receipt this Period  
30.00

Memo Item CONTRIBUTION

**C. TRATE, DEBORAH, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9 HOOVER RD

City WILLIAMSPORT	State PA	Zip Code 17701-9612
----------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) HCR MANORCARE INC	Occupation (for Individual) R.N.
--	-------------------------------------

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
360.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	24	/	2017

**Transaction ID : SA11A.528227**

Amount of Each Receipt this Period  
30.00

Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	85.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 675 OF 946
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. TRATE, DEBORAH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9 HOOVER RD  
 City WILLIAMSPORT State PA Zip Code 17701-9612  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) HCR MANORCARE INC Occupation (for Individual) R.N.  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 12 / 24 / 2017  
**Transaction ID : SA11A.531590**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
**CONTRIBUTION**

**B. TRAYLOR, MARK, , MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1602 MORRIS AVE  
 City OPELIKA State AL Zip Code 36801-2126  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1250.00

Date of Receipt 12 / 11 / 2017  
**Transaction ID : SA11A.530396**  
 Amount of Each Receipt this Period 1250.00  
 Memo Item  
**CONTRIBUTION**

**C. TRENT, CARLA, M., MS.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 324 CHESTNUT HILL COURT APT. 16  
 City THOUSAND OAKS State CA Zip Code 91360-3893  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 10 / 30 / 2017  
**Transaction ID : SA11A.525642**  
 Amount of Each Receipt this Period 200.00  
 Memo Item  
**CONTRIBUTION**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1480.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 676 OF 946
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. TRILLICH, BARBARA, D., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 155 CHERRY TREE BEND RD  
 City PORT MURRAY State NJ Zip Code 07865-4112  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 30 / 2017  
**Transaction ID : SA11A.525649**  
 Amount of Each Receipt this Period 500.00  
 Memo Item CONTRIBUTION

**B. TROUTT, KENNY, A., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10595 STRAIT LN  
 City DALLAS State TX Zip Code 75229-5424  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MT. VERNON INVESTMENTS Occupation (for Individual) OWNER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 75000.00

Date of Receipt 10 / 11 / 2017  
**Transaction ID : SA11A.523212**  
 Amount of Each Receipt this Period 75000.00  
 Memo Item CONTRIBUTION

**C. TROUTT, LISA, C., MRS.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10595 STRAIT LN  
 City DALLAS State TX Zip Code 75229-5424  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) HOMEMAKER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 75000.00

Date of Receipt 10 / 11 / 2017  
**Transaction ID : SA11A.523213**  
 Amount of Each Receipt this Period 75000.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 150500.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 677 OF 946
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. TRYSLA, TIMOTHY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 208 W WALNUT ST  
 City ALEXANDRIA State VA Zip Code 22301-2534  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) ALSTON & BIRD Occupation (for Individual) ATTORNEY  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 04 / 2017  
**Transaction ID : SA11A.523142**  
 Amount of Each Receipt this Period  
 2500.00  
 Memo Item  
**CONTRIBUTION**

**B. TUCKER, BRYAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3746 SCARLET OAK  
 City CORPUS CHRISTI State TX Zip Code 78418-9127  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) ONLINE DIRECTIONAL Occupation (for Individual) CONSTRUCTION  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 28 / 2017  
**Transaction ID : SA11A.526143**  
 Amount of Each Receipt this Period  
 75.00  
 Memo Item  
**CONTRIBUTION**

**C. TUCKER, BRYAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3746 SCARLET OAK  
 City CORPUS CHRISTI State TX Zip Code 78418-9127  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) ONLINE DIRECTIONAL Occupation (for Individual) CONSTRUCTION  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 28 / 2017  
**Transaction ID : SA11A.528782**  
 Amount of Each Receipt this Period  
 75.00  
 Memo Item  
**CONTRIBUTION**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2650.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 678 OF 946
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. TUCKER, BRYAN, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 28 / 2017
Mailing Address 3746 SCARLET OAK		<b>Transaction ID : SA11A.531771</b>
City CORPUS CHRISTI	State TX	Zip Code 78418-9127
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 75.00
Name of Employer (for Individual) ONLINE DIRECTIONAL	Occupation (for Individual) CONSTRUCTION	<input type="checkbox"/> Memo Item CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. TUN, LEORA, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2017
Mailing Address 11317 MIGHTY OAK CT		<b>Transaction ID : SA11A.525860</b>
City ORLANDO	State FL	Zip Code 32821-5553
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 53.00
Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS	Occupation (for Individual) INFORMATION REQUESTED PER BE	<input type="checkbox"/> Memo Item CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 247.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. TURENNE, TAMMY, , MRS.,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 11 / 2017
Mailing Address 1320 BARGANIER RD		<b>Transaction ID : SA11A.530398</b>
City CECIL	State AL	Zip Code 36013-3710
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2500.00
Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS	Occupation (for Individual) INFORMATION REQUESTED PER BES	<input type="checkbox"/> Memo Item CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 2500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2628.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 679 OF 946  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. TURLEY, JOHN, L., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO BOX 10226  
 City KNOXVILLE    State TN    Zip Code 37939-0226  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF EMPLOYED    Occupation (for Individual) DEVELOPER  
 Receipt For:  Primary     General     Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 10 / 11 / 2017  
**Transaction ID : SA11A.523209**  
 Amount of Each Receipt this Period 2500.00  
 Memo Item  
 CONTRIBUTION

**B. TURNER, JOHN, T., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO BOX 140  
 City COLUMBUS    State GA    Zip Code 31902-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS    Occupation (for Individual) INFORMATION REQUESTED PER BE  
 Receipt For:  Primary     General     Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 11 / 20 / 2017  
**Transaction ID : SA11A.527864**  
 Amount of Each Receipt this Period 2500.00  
 Memo Item  
 CONTRIBUTION

**C. TURNER, THOMAS, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 848 CENTRAL DR.  
 City ODESSA    State TX    Zip Code 79761-4202  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) TURNER EYE CLINIC    Occupation (for Individual) PHYSICIAN  
 Receipt For:  Primary     General     Other (specify)  
 Aggregate Year-to-Date ▼ 1572.00

Date of Receipt 10 / 30 / 2017  
**Transaction ID : SA11A.526004**  
 Amount of Each Receipt this Period 131.00  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 5131.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 680 OF 946  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)  
**Team Ryan**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. TURNER, THOMAS, , ,**

Mailing Address **848 CENTRAL DR.**

City <b>ODESSA</b>	State <b>TX</b>	Zip Code <b>79761-4202</b>
-----------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) <b>TURNER EYE CLINIC</b>	Occupation (for Individual) <b>PHYSICIAN</b>
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Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**1572.00**

Date of Receipt  
**11 / 30 / 2017**

**Transaction ID : SA11A.529191**

Amount of Each Receipt this Period  
**131.00**

Memo Item CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**B. TURNER, THOMAS, , ,**

Mailing Address **848 CENTRAL DR.**

City <b>ODESSA</b>	State <b>TX</b>	Zip Code <b>79761-4202</b>
-----------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) <b>TURNER EYE CLINIC</b>	Occupation (for Individual) <b>PHYSICIAN</b>
---	---

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**1572.00**

Date of Receipt  
**12 / 30 / 2017**

**Transaction ID : SA11A.532464**

Amount of Each Receipt this Period  
**131.00**

Memo Item CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**C. TWEED, AMY, , ,**

Mailing Address **4315 N GLENVIEW**

City <b>RAPID CITY</b>	State <b>SD</b>	Zip Code <b>57702-6823</b>
---------------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) <b>RCCSS</b>	Occupation (for Individual) <b>TEACHER</b>
---	---

Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼  
**3000.00**

Date of Receipt  
**10 / 11 / 2017**

**Transaction ID : SA11A.523444**

Amount of Each Receipt this Period  
**250.00**

Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>512.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 681 OF 946
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. TWEED, AMY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4315 N GLENVIEW  
 City RAPID CITY State SD Zip Code 57702-6823  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RCCSS Occupation (for Individual) TEACHER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3000.00

Date of Receipt 11 / 11 / 2017  
**Transaction ID : SA11A.527358**  
 Amount of Each Receipt this Period 250.00  
 Memo Item CONTRIBUTION

**B. TWEED, AMY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4315 N GLENVIEW  
 City RAPID CITY State SD Zip Code 57702-6823  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RCCSS Occupation (for Individual) TEACHER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3000.00

Date of Receipt 12 / 11 / 2017  
**Transaction ID : SA11A.530671**  
 Amount of Each Receipt this Period 250.00  
 Memo Item CONTRIBUTION

**C. TYRE, SCOTT, P., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 22 E MIFFLIN ST STE 1010  
 City MADISON State WI Zip Code 53703-4247  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CAPITOL NAVIGATORS, INC Occupation (for Individual) EXECUTIVE  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 16 / 2017  
**Transaction ID : SA11A.523625**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1500.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 682 OF 946
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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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)  
**Team Ryan**

**A. TYROCH, HENRY, A., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7400 CLAREWOOD DR  
 APT 724  
 City HOUSTON State TX Zip Code 77036-4340  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 11 / 20 / 2017  
**Transaction ID : SA11A.527975**  
 Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION

**B. UBER, TOM, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1260 BARKER DRIVE  
 City RANDLEMAN State NC Zip Code 27317-7872  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 19 / 2017  
**Transaction ID : SA11A.524913**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**C. UBER, TOM, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1260 BARKER DRIVE  
 City RANDLEMAN State NC Zip Code 27317-7872  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 11 / 19 / 2017  
**Transaction ID : SA11A.528061**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	150.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 683 OF 946
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. UBER, TOM, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1260 BARKER DRIVE

City RANDLEMAN	State NC	Zip Code 27317-7872
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	19	/	2017

**Transaction ID : SA11A.531307**

Amount of Each Receipt this Period  
25.00

Memo Item CONTRIBUTION

**B. URSTADT, ELINOR, F., MRS.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6 BEECHWOOD ROAD

City BRONXVILLE	State NY	Zip Code 10708-3202
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
13500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	03	/	2017

**Transaction ID : SA11A.523122**

Amount of Each Receipt this Period  
100.00

Memo Item CONTRIBUTION

**C. URSTADT, ELINOR, F., MRS.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6 BEECHWOOD ROAD

City BRONXVILLE	State NY	Zip Code 10708-3202
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
13500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	03	/	2017

**Transaction ID : SA11A.526736**

Amount of Each Receipt this Period  
100.00

Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	225.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 684 OF 946
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. URSTADT, ELINOR, F., MRS.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6 BEECHWOOD ROAD

City BRONXVILLE	State NY	Zip Code 10708-3202
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
13500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12		03		2017

**Transaction ID : SA11A.529785**

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

**B. USSERY, RICHARD, W., MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1 MOUNTAIN RIDGE CT

City COLUMBUS	State GA	Zip Code 31904-1968
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS	Occupation (for Individual) INFORMATION REQUESTED PER BE
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11		20		2017

**Transaction ID : SA11A.527848**

Amount of Each Receipt this Period  
5000.00

Memo Item  
CONTRIBUTION

**C. VALLAR, SCOTT, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1530 LONDON ROAD

City CHARLOTTESVILLE	State VA	Zip Code 22901-8880
-------------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) GUARD HILL ADVISORS	Occupation (for Individual) INVESTMENT ADVISOR
--	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
1500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		14		2017

**Transaction ID : SA11A.524207**

Amount of Each Receipt this Period  
150.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	5250.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 685 OF 946
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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)  
**Team Ryan**

**A. VALLAR, SCOTT, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1530 LONDON ROAD

City CHARLOTTESVILLE	State VA	Zip Code 22901-8880
-------------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) GUARD HILL ADVISORS	Occupation (for Individual) INVESTMENT ADVISOR
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	14	/	2017

**Transaction ID : SA11A.527611**

Amount of Each Receipt this Period  
150.00

Memo Item CONTRIBUTION

**B. VALLAR, SCOTT, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1530 LONDON ROAD

City CHARLOTTESVILLE	State VA	Zip Code 22901-8880
-------------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) GUARD HILL ADVISORS	Occupation (for Individual) INVESTMENT ADVISOR
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	14	/	2017

**Transaction ID : SA11A.530932**

Amount of Each Receipt this Period  
150.00

Memo Item CONTRIBUTION

**C. VAN HOOSE, MADELINE, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2420 SILVERTHORN CT

City FORT WORTH	State TX	Zip Code 76177-7322
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
210.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	06	/	2017

**Transaction ID : SA11A.523262**

Amount of Each Receipt this Period  
5.00

Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	305.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 686 OF 946  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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)  
**Team Ryan**

**A. VAN HOOSE, MADELINE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2420 SILVERTHORN CT  
 City FORT WORTH State TX Zip Code 76177-7322  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 12 / 2017  
**Transaction ID : SA11A.523879**  
 Amount of Each Receipt this Period 5.00  
 Memo Item CONTRIBUTION

**B. VAN HOOSE, MADELINE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2420 SILVERTHORN CT  
 City FORT WORTH State TX Zip Code 76177-7322  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 21 / 2017  
**Transaction ID : SA11A.525212**  
 Amount of Each Receipt this Period 5.00  
 Memo Item CONTRIBUTION

**C. VAN HOOSE, MADELINE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2420 SILVERTHORN CT  
 City FORT WORTH State TX Zip Code 76177-7322  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 31 / 2017  
**Transaction ID : SA11A.526435**  
 Amount of Each Receipt this Period 5.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....▶ 15.00  
**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 687 OF 946  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. VAN HOOSE, MADELINE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2420 SILVERTHORN CT  
 City FORT WORTH State TX Zip Code 76177-7322  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 11 / 08 / 2017  
**Transaction ID : SA11A.527006**  
 Amount of Each Receipt this Period 5.00  
 Memo Item CONTRIBUTION

**B. VAN HOOSE, MADELINE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2420 SILVERTHORN CT  
 City FORT WORTH State TX Zip Code 76177-7322  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 11 / 13 / 2017  
**Transaction ID : SA11A.527307**  
 Amount of Each Receipt this Period 5.00  
 Memo Item CONTRIBUTION

**C. VAN HOOSE, MADELINE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2420 SILVERTHORN CT  
 City FORT WORTH State TX Zip Code 76177-7322  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 11 / 12 / 2017  
**Transaction ID : SA11A.527336**  
 Amount of Each Receipt this Period 5.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 15.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 688 OF 946
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. VAN HOOSE, MADELINE, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2420 SILVERTHORN CT

City FORT WORTH	State TX	Zip Code 76177-7322
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
210.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	10	/	2017

**Transaction ID : SA11A.527362**

Amount of Each Receipt this Period  
5.00

Memo Item CONTRIBUTION

**B. VAN HOOSE, MADELINE, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2420 SILVERTHORN CT

City FORT WORTH	State TX	Zip Code 76177-7322
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
210.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	08	/	2017

**Transaction ID : SA11A.530416**

Amount of Each Receipt this Period  
5.00

Memo Item CONTRIBUTION

**C. VAN HOOSE, MADELINE, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2420 SILVERTHORN CT

City FORT WORTH	State TX	Zip Code 76177-7322
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
210.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	12	/	2017

**Transaction ID : SA11A.530780**

Amount of Each Receipt this Period  
5.00

Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	15.00
<b>TOTAL</b> This Period (last page this line number only).....	



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 689 OF 946  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. VAN HOOSE, MADELINE, , ,**

Mailing Address 2420 SILVERTHORN CT

City FORT WORTH    State TX    Zip Code 76177-7322

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE    Occupation (for Individual) RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
210.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 20 / 2017

**Transaction ID : SA11A.531427**

Amount of Each Receipt this Period  
5.00

Memo Item CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**B. VAN HOOSE, MADELINE, , ,**

Mailing Address 2420 SILVERTHORN CT

City FORT WORTH    State TX    Zip Code 76177-7322

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE    Occupation (for Individual) RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
210.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 20 / 2017

**Transaction ID : SA11A.531428**

Amount of Each Receipt this Period  
5.00

Memo Item CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**C. VAN HOOSE, MADELINE, , ,**

Mailing Address 2420 SILVERTHORN CT

City FORT WORTH    State TX    Zip Code 76177-7322

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE    Occupation (for Individual) RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
210.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 30 / 2017

**Transaction ID : SA11A.532521**

Amount of Each Receipt this Period  
25.00

Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 35.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 690 OF 946
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. VAN NESS PHILIP, PETER, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 49 MAPLE STREET  
 APT 223  
 City MANCHESTER CENTER State VT Zip Code 05255-4478  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BE  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 30 / 2017  
**Transaction ID : SA11A.525656**  
 Amount of Each Receipt this Period 50.00  
 Memo Item CONTRIBUTION

**B. VAN THORRE, JAMES, L., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 14595 W ROCKLAND RD  
 City LIBERTYVILLE State IL Zip Code 60048-9722  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 263.00

Date of Receipt 10 / 23 / 2017  
**Transaction ID : SA11A.524861**  
 Amount of Each Receipt this Period 263.00  
 Memo Item CONTRIBUTION

**C. VANDERPOOL, JOHN, P., DR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3 COMPASS CIR  
 City GALVESTON State TX Zip Code 77554-2919  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 450.00

Date of Receipt 10 / 30 / 2017  
**Transaction ID : SA11A.525655**  
 Amount of Each Receipt this Period 200.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 513.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 691 OF 946
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. VILLACORTE, HAROLD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4564 NEWTON ST  
APT B

City DENVER	State CO	Zip Code 80211-1386
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) ROBERT HALF	Occupation (for Individual) DEVELOPER
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
325.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 29 / 2017

**Transaction ID : SA11A.526032**

Amount of Each Receipt this Period  
25.00

Memo Item CONTRIBUTION

**B. VILLACORTE, HAROLD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4564 NEWTON ST  
APT B

City DENVER	State CO	Zip Code 80211-1386
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) ROBERT HALF	Occupation (for Individual) DEVELOPER
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
325.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 28 / 2017

**Transaction ID : SA11A.526162**

Amount of Each Receipt this Period  
25.00

Memo Item CONTRIBUTION

**C. VILLACORTE, HAROLD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4564 NEWTON ST  
APT B

City DENVER	State CO	Zip Code 80211-1386
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) ROBERT HALF	Occupation (for Individual) DEVELOPER
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
325.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 29 / 2017

**Transaction ID : SA11A.528920**

Amount of Each Receipt this Period  
25.00

Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	75.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 692 OF 946
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. VILLACORTE, HAROLD, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4564 NEWTON ST  
APT B

City DENVER State CO Zip Code 80211-1386

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) ROBERT HALF Occupation (for Individual) DEVELOPER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt 12 / 29 / 2017  
**Transaction ID : SA11A.531888**

Amount of Each Receipt this Period 25.00

Memo Item CONTRIBUTION

**B. VILLAREAL, MACEDONIA, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4815 RILEY WAY LANE

City SUGARLAND State TX Zip Code 77479-

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) PTG Occupation (for Individual) PRESIDENT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5200.00

Date of Receipt 10 / 23 / 2017  
**Transaction ID : SA11A.524814**

Amount of Each Receipt this Period 2500.00

Memo Item CONTRIBUTION

**C. VINEY, WILLIAM, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 25723 MEADOWHOUSE CT

City CHANTILLY State VA Zip Code 20152-2588

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) BGR GOVERNMENT AFFAIRS Occupation (for Individual) PRINCIPAL

Receipt For:  Primary  General  Other (specify)

Aggregate Year-to-Date ▼ 10000.00

Date of Receipt 10 / 12 / 2017  
**Transaction ID : SA11A.523429**

Amount of Each Receipt this Period 2500.00

Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 5025.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 693 OF 946
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. VISWAMITRA, SAROJA, , DR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 101 CONDOR AVE

City MCALLEN	State TX	Zip Code 78504-2220
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) VALLEY PM&R SPECIALISTS	Occupation (for Individual) PHYSICIAN
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		23		2017

**Transaction ID : SA11A.524815**

Amount of Each Receipt this Period  
500.00

Memo Item  
CONTRIBUTION

**B. VOLLBRACHT, WILLIAM, , MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3033 E 1ST AVE STE 600  
STE 600

City DENVER	State CO	Zip Code 80206-5620
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) LAND TITLE GUARANTEE COMPANY	Occupation (for Individual) ENTREPRENEUR
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
60000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		27		2017

**Transaction ID : SA11A.525746**

Amount of Each Receipt this Period  
5000.00

Memo Item  
CONTRIBUTION

**C. VOLLBRACHT, WILLIAM, , MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3033 E 1ST AVE STE 600  
STE 600

City DENVER	State CO	Zip Code 80206-5620
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) LAND TITLE GUARANTEE COMPANY	Occupation (for Individual) ENTREPRENEUR
---	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
60000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11		27		2017

**Transaction ID : SA11A.528323**

Amount of Each Receipt this Period  
5000.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	10500.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 694 OF 946  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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)  
**Team Ryan**

**A. VOLLBRACHT, WILLIAM, , MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3033 E 1ST AVE STE 600  
 STE 600  
 City DENVER State CO Zip Code 80206-5620  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) LAND TITLE GUARANTEE COMPANY Occupation (for Individual) ENTREPRENEUR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 60000.00

Date of Receipt 12 / 27 / 2017  
**Transaction ID : SA11A.531660**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item CONTRIBUTION

**B. WACHTEL, ED, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 51 EAST 90TH STREET  
 APT 7D  
 City NEW YORK State NY Zip Code 10128-1205  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) DEVELOPER Occupation (for Individual) FINANCE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 10 / 07 / 2017  
**Transaction ID : SA11A.523358**  
 Amount of Each Receipt this Period 50.00  
 Memo Item CONTRIBUTION

**C. WACHTEL, ED, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 51 EAST 90TH STREET  
 APT 7D  
 City NEW YORK State NY Zip Code 10128-1205  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) DEVELOPER Occupation (for Individual) FINANCE  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 10 / 30 / 2017  
**Transaction ID : SA11A.525959**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 5075.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 695 OF 946
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. WACHTEL, ED, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 51 EAST 90TH STREET  
 APT 7D  
 City NEW YORK State NY Zip Code 10128-1205  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) DEVELOPER Occupation (for Individual) FINANCE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 07 / 2017  
**Transaction ID : SA11A.526920**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item  
 CONTRIBUTION

**B. WACHTEL, ED, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 51 EAST 90TH STREET  
 APT 7D  
 City NEW YORK State NY Zip Code 10128-1205  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) DEVELOPER Occupation (for Individual) FINANCE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 30 / 2017  
**Transaction ID : SA11A.529133**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item  
 CONTRIBUTION

**C. WAGNER, HEIDI, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6331 OLD CHESERBROOK RD.  
 City MCLEAN State VA Zip Code 22101-4714  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) ALEXION PHARMACEUTICALS Occupation (for Individual) GOVERNMENT AFFAIRS  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 04 / 2017  
**Transaction ID : SA11A.529553**  
 Amount of Each Receipt this Period  
 2500.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2575.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 696 OF 946
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. WAGNER, JOAN, C., MS.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 321 E WAYNE STREET  
 City MAUMEE State OH Zip Code 43537-3305  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 08 / 2017  
**Transaction ID : SA11A.530151**  
 Amount of Each Receipt this Period 300.00  
 Memo Item CONTRIBUTION

**B. WAHL, LEO, T., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. BOX 6359  
 City ROUND ROCK State TX Zip Code 78683-6359  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) THIRD GENERATION FINANCIAL Occupation (for Individual) INVESTOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 12 / 15 / 2017  
**Transaction ID : SA11A.530875**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item CONTRIBUTION

**C. WALIZER, ELERY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. BOX 63  
 City ULYSSES State PA Zip Code 16948-0063  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 11 / 02 / 2017  
**Transaction ID : SA11A.526527**  
 Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1400.00
<b>TOTAL</b> This Period (last page this line number only).....	



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 697 OF 946
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. WALIZER, ELERY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. BOX 63  
 City ULYSSES State PA Zip Code 16948-0063  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 12 / 18 / 2017  
**Transaction ID : SA11A.530977**  
 Amount of Each Receipt this Period 150.00  
 Memo Item CONTRIBUTION

**B. WALKER, JIM, , MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2109 CALDWELL MILL TRACE  
 City BIRMINGHAM State AL Zip Code 35243-1755  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 12 / 11 / 2017  
**Transaction ID : SA11A.530400**  
 Amount of Each Receipt this Period 2500.00  
 Memo Item CONTRIBUTION

**C. WALKER, MEREDITH, M., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5820 DEER PARK LN  
 City PLANO State TX Zip Code 75093-4732  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MMW RESEARCH Occupation (for Individual) PRINCIPAL  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 23 / 2017  
**Transaction ID : SA11A.524804**  
 Amount of Each Receipt this Period 500.00  
 Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3150.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 698 OF 946
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. WALKER, ROBERT, S., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 609 WILLOW GRIN  
 City LITITZ State PA Zip Code 17543-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WEXLER WALKER Occupation (for Individual) EXECUTIVE CHAIRMAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 11 / 2017  
**Transaction ID : SA11A.523200**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item CONTRIBUTION

**B. WALKER, W DANFORTH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8403 ABINGDON COURT  
 City UNIVERSITY PARK State FL Zip Code 34201-2026  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 26 / 2017  
**Transaction ID : SA11A.525478**  
 Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION

**C. WALKER, W DANFORTH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8403 ABINGDON COURT  
 City UNIVERSITY PARK State FL Zip Code 34201-2026  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 12 / 28 / 2017  
**Transaction ID : SA11A.531719**  
 Amount of Each Receipt this Period 200.00  
 Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1300.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 699 OF 946
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. WALL, KATHALEEN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO BOX 667  
 City HOUSTON State TX Zip Code 77001-0667  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) HOMEMAKER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 30000.00

Date of Receipt 10 / 31 / 2017  
**Transaction ID : SA11A.526488**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item CONTRIBUTION

**B. WALLACH, MORTON, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 187 LEDGEWOOD RD 407  
 City GROTON State CT Zip Code 06340-6618  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) PEL ASSOCIATES LLC Occupation (for Individual) PRESIDENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 10 / 21 / 2017  
**Transaction ID : SA11A.525215**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**C. WALLACH, MORTON, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 187 LEDGEWOOD RD 407  
 City GROTON State CT Zip Code 06340-6618  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) PEL ASSOCIATES LLC Occupation (for Individual) PRESIDENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 11 / 21 / 2017  
**Transaction ID : SA11A.528149**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 5050.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 700 OF 946
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. WALLACH, MORTON, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 187 LEDGEWOOD RD  
 407  
 City GROTON State CT Zip Code 06340-6618  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 PEL ASSOCIATES LLC PRESIDENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 03 / 2017  
**Transaction ID : SA11A.529758**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item  
 CONTRIBUTION

**B. WALLACH, MORTON, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 187 LEDGEWOOD RD  
 407  
 City GROTON State CT Zip Code 06340-6618  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 PEL ASSOCIATES LLC PRESIDENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 21 / 2017  
**Transaction ID : SA11A.531358**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item  
 CONTRIBUTION

**C. WALLACE, PATTI, E., MS.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 100 PERRY HILL RD  
 City MONTGOMERY State AL Zip Code 36109-3630  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BES  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 11 / 2017  
**Transaction ID : SA11A.530397**  
 Amount of Each Receipt this Period  
 1250.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1300.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 701 OF 946
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. WALTER, W. HOWARD, , MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2205 FINK AVENUE  
 City WILLIAMSPORT State PA Zip Code 17701-1215  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 12 / 14 / 2017  
**Transaction ID : SA11A.530829**  
 Amount of Each Receipt this Period 200.00  
 Memo Item CONTRIBUTION

**B. WALTERS, WILLIAM, B., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4612 AMHERST ROAD  
 City COLLEGE PARK State MD Zip Code 20740-3624  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) UNIV OF MARYLAND Occupation (for Individual) TEACHER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 12 / 04 / 2017  
**Transaction ID : SA11A.529314**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item CONTRIBUTION

**C. WANTY, MARILYN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 304 WOODLAND DRIVE  
 City CHELSEA State MI Zip Code 48118-2115  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 10 / 30 / 2017  
**Transaction ID : SA11A.525996**  
 Amount of Each Receipt this Period 50.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1250.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 702 OF 946
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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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)  
**Team Ryan**

**A. WANTY, MARILYN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 304 WOODLAND DRIVE  
 City CHELSEA State MI Zip Code 48118-2115  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 30 / 2017  
**Transaction ID : SA11A.529173**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item  
 CONTRIBUTION

**B. WANTY, MARILYN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 304 WOODLAND DRIVE  
 City CHELSEA State MI Zip Code 48118-2115  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 30 / 2017  
**Transaction ID : SA11A.532496**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item  
 CONTRIBUTION

**C. WARD, NANCY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3222 29TH AVE NE  
 City MINNEAPOLIS State MN Zip Code 55418-3241  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 08 / 2017  
**Transaction ID : SA11A.527003**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	150.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 703 OF 946
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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)  
**Team Ryan**

**A. WARD, NANCY, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3222 29TH AVE NE

City MINNEAPOLIS	State MN	Zip Code 55418-3241
---------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2017

**Transaction ID : SA11A.529073**

Amount of Each Receipt this Period  
50.00

Memo Item CONTRIBUTION

**B. WAY, MERLE, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 473 LAKEVIEW BLVD

City NEW BRAUNFELS	State TX	Zip Code 78130-5231
-----------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	01	/	2017

**Transaction ID : SA11A.522762**

Amount of Each Receipt this Period  
50.00

Memo Item CONTRIBUTION

**C. WEBER, INES, , MS.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 881 CHATTANOOGA AVE

City PACIFIC PALISADES	State CA	Zip Code 90272-2326
---------------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS	Occupation (for Individual) INFORMATION REQUESTED PER BES
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
640.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	23	/	2017

**Transaction ID : SA11A.525155**

Amount of Each Receipt this Period  
20.00

Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	120.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 704 OF 946  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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)  
**Team Ryan**

**A. WEBER, INES, , MS.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 881 CHATTANOOGA AVE  
 City PACIFIC PALISADES State CA Zip Code 90272-2326  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 640.00

Date of Receipt 10 / 26 / 2017  
**Transaction ID : SA11A.525615**  
 Amount of Each Receipt this Period 20.00  
 Memo Item CONTRIBUTION

**B. WEBER, INES, , MS.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 881 CHATTANOOGA AVE  
 City PACIFIC PALISADES State CA Zip Code 90272-2326  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 640.00

Date of Receipt 10 / 30 / 2017  
**Transaction ID : SA11A.526016**  
 Amount of Each Receipt this Period 20.00  
 Memo Item CONTRIBUTION

**C. WEBER, INES, , MS.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 881 CHATTANOOGA AVE  
 City PACIFIC PALISADES State CA Zip Code 90272-2326  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 640.00

Date of Receipt 10 / 28 / 2017  
**Transaction ID : SA11A.526109**  
 Amount of Each Receipt this Period 20.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....▶ 60.00  
**TOTAL** This Period (last page this line number only).....▶



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 705 OF 946
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. WEBER, INES, , MS.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 881 CHATTANOOGA AVE  
 City PACIFIC PALISADES State CA Zip Code 90272-2326  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 640.00

Date of Receipt 11 / 23 / 2017  
**Transaction ID : SA11A.528245**  
 Amount of Each Receipt this Period 20.00  
 Memo Item CONTRIBUTION

**B. WEBER, INES, , MS.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 881 CHATTANOOGA AVE  
 City PACIFIC PALISADES State CA Zip Code 90272-2326  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 640.00

Date of Receipt 11 / 26 / 2017  
**Transaction ID : SA11A.528390**  
 Amount of Each Receipt this Period 20.00  
 Memo Item CONTRIBUTION

**C. WEBER, INES, , MS.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 881 CHATTANOOGA AVE  
 City PACIFIC PALISADES State CA Zip Code 90272-2326  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 640.00

Date of Receipt 11 / 28 / 2017  
**Transaction ID : SA11A.528779**  
 Amount of Each Receipt this Period 20.00  
 Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	60.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 706 OF 946
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. WEBER, INES, , MS.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 881 CHATTANOOGA AVE  
 City PACIFIC PALISADES State CA Zip Code 90272-2326  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 640.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 30 / 2017  
**Transaction ID : SA11A.529199**  
 Amount of Each Receipt this Period  
 20.00  
 Memo Item  
 CONTRIBUTION

**B. WEBER, INES, , MS.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 881 CHATTANOOGA AVE  
 City PACIFIC PALISADES State CA Zip Code 90272-2326  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 640.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 26 / 2017  
**Transaction ID : SA11A.531547**  
 Amount of Each Receipt this Period  
 20.00  
 Memo Item  
 CONTRIBUTION

**C. WEBER, INES, , MS.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 881 CHATTANOOGA AVE  
 City PACIFIC PALISADES State CA Zip Code 90272-2326  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 640.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 23 / 2017  
**Transaction ID : SA11A.531611**  
 Amount of Each Receipt this Period  
 20.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	60.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 707 OF 946
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. WEBER, INES, , MS.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 881 CHATTANOOGA AVE

City PACIFIC PALISADES	State CA	Zip Code 90272-2326
---------------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS	Occupation (for Individual) INFORMATION REQUESTED PER BE
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
640.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	28	/	2017

**Transaction ID : SA11A.531755**

Amount of Each Receipt this Period  
20.00

Memo Item  
CONTRIBUTION

**B. WEBER, INES, , MS.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 881 CHATTANOOGA AVE

City PACIFIC PALISADES	State CA	Zip Code 90272-2326
---------------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS	Occupation (for Individual) INFORMATION REQUESTED PER BE
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
640.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	30	/	2017

**Transaction ID : SA11A.532557**

Amount of Each Receipt this Period  
20.00

Memo Item  
CONTRIBUTION

**C. WEEKLEY, RICHARD, W., MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1111 N POST OAK RD

City HOUSTON	State TX	Zip Code 77055-7310
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SELF EMPLOYED	Occupation (for Individual) DEVELOPER
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	19	/	2017

**Transaction ID : SA11A.524515**

Amount of Each Receipt this Period  
5000.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	5040.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 708 OF 946
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. WEHRHEIM, NANCY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address CENTER OAK DR.  
 City PGH State PA Zip Code 15237-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 430.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 08 / 2017  
**Transaction ID : SA11A.523329**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item  
 CONTRIBUTION

**B. WEHRHEIM, NANCY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address CENTER OAK DR.  
 City PGH State PA Zip Code 15237-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 430.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 30 / 2017  
**Transaction ID : SA11A.525963**  
 Amount of Each Receipt this Period  
 30.00  
 Memo Item  
 CONTRIBUTION

**C. WEHRHEIM, NANCY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address CENTER OAK DR.  
 City PGH State PA Zip Code 15237-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 430.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 08 / 2017  
**Transaction ID : SA11A.527012**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	80.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 709 OF 946
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. WEHRHEIM, NANCY, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address **CENTER OAK DR.**

City PGH	State PA	Zip Code 15237-
-------------	-------------	--------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
430.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2017

**Transaction ID : SA11A.529136**

Amount of Each Receipt this Period  
30.00

Memo Item  
CONTRIBUTION

**B. WEHRHEIM, NANCY, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address **CENTER OAK DR.**

City PGH	State PA	Zip Code 15237-
-------------	-------------	--------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
430.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	08	/	2017

**Transaction ID : SA11A.530418**

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

**C. WERNER, GEORGE, C., MR., III**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address **311 CLAGHORNE PL**

City CAPE MAY	State NJ	Zip Code 08204-1429
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) JEFFERIES & COMPANY	Occupation (for Individual) MANAGING DIRECTOR
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	26	/	2017

**Transaction ID : SA11A.525243**

Amount of Each Receipt this Period  
1000.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1055.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 710 OF 946
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. WEST, DONALD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1161 STRAWBRIDGE DR  
 City NEWMAN State CA Zip Code 95360-2404  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **10 / 18 / 2017**  
**Transaction ID : SA11A.524710**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**B. WESTON, APPLETON, O., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 114 RYAN AVE  
 City MOBILE State AL Zip Code 36607-3228  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **11 / 20 / 2017**  
**Transaction ID : SA11A.527839**  
 Amount of Each Receipt this Period 250.00  
 Memo Item CONTRIBUTION

**C. WHITE, BEVERLY, A., MS.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9176 SYDNEY LANE  
 City BRENTWOOD State TN Zip Code 37027-8149  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt **10 / 16 / 2017**  
**Transaction ID : SA11A.524161**  
 Amount of Each Receipt this Period 50.00  
 Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	325.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 711 OF 946
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. WHITE, BEVERLY, A., MS.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9176 SYDNEY LANE

City BRENTWOOD	State TN	Zip Code 37027-8149
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
11		16		2017

**Transaction ID : SA11A.527887**

Amount of Each Receipt this Period  
50.00

Memo Item CONTRIBUTION

**B. WHITE, BEVERLY, A., MS.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9176 SYDNEY LANE

City BRENTWOOD	State TN	Zip Code 37027-8149
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
12		16		2017

**Transaction ID : SA11A.531143**

Amount of Each Receipt this Period  
50.00

Memo Item CONTRIBUTION

**C. WHITE, LETITIA, H., MS.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 13901 PISCATAWAY DR

City FT WASHINGTON	State MD	Zip Code 20744-6639
-----------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS	Occupation (for Individual) INFORMATION REQUESTED PER BES
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
11		10		2017

**Transaction ID : SA11A.526948**

Amount of Each Receipt this Period  
5000.00

Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	5100.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 712 OF 946
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. WHITE, MARTHA, J., MS.,</b>		Date of Receipt MM / DD / YYYY 11 / 29 / 2017
Mailing Address 334 W MEADOW DR		<b>Transaction ID : SA11A.528527</b>
City MECHANICSBURG	State PA	Zip Code 17055-5153
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2500.00
Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS	Occupation (for Individual) INFORMATION REQUESTED PER BE	<input type="checkbox"/> Memo Item CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. WHITE, TERESA, L., MRS.,</b>		Date of Receipt MM / DD / YYYY 11 / 29 / 2017
Mailing Address 7625 GRAND RIDGE RD		<b>Transaction ID : SA11A.528605</b>
City COLUMBUS	State GA	Zip Code 31904-1990
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2500.00
Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS	Occupation (for Individual) INFORMATION REQUESTED PER BE	<input type="checkbox"/> Memo Item CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. WICKETT, JAMES, M., MR.,</b>		Date of Receipt MM / DD / YYYY 11 / 30 / 2017
Mailing Address 3014 O ST NW		<b>Transaction ID : SA11A.528966</b>
City WASHINGTON	State DC	Zip Code 20007-3107
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer (for Individual) HOGAN LOVELLS US LLP	Occupation (for Individual) PARTNER	<input type="checkbox"/> Memo Item CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	5500.00
<b>TOTAL</b> This Period (last page this line number only).....	



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 713 OF 946
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. WILEY, DOUGLAS, M., MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 295 HUCKLEBERRY LANE

City SAVANNAH	State TN	Zip Code 38372-7913
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
450.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	08	/	2017

**Transaction ID : SA11A.530117**

Amount of Each Receipt this Period  
125.00

Memo Item CONTRIBUTION

**B. WILKINSON, PATSY, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 281 BROADWAY AVENUE

City OAK RIDGE	State TN	Zip Code 37830-6507
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) COVENANT HEALTH	Occupation (for Individual) PHARMACIST
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1100.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	01	/	2017

**Transaction ID : SA11A.522766**

Amount of Each Receipt this Period  
100.00

Memo Item CONTRIBUTION

**C. WILKINSON, PATSY, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 281 BROADWAY AVENUE

City OAK RIDGE	State TN	Zip Code 37830-6507
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) COVENANT HEALTH	Occupation (for Individual) PHARMACIST
--	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
1100.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	01	/	2017

**Transaction ID : SA11A.526550**

Amount of Each Receipt this Period  
100.00

Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	325.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 714 OF 946
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. WILKINSON, PATSY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 281 BROADWAY AVENUE  
 City OAK RIDGE State TN Zip Code 37830-6507  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) COVENANT HEALTH Occupation (for Individual) PHARMACIST  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt **12 / 01 / 2017**  
**Transaction ID : SA11A.529372**  
 Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION

**B. WILLIAMS, DAVID, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2001 HALLUM ST  
 City CLOVIS State NM Zip Code 88101-8685  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WILLIAMS INSURANCE LLC Occupation (for Individual) INSURANCE AGENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt **10 / 14 / 2017**  
**Transaction ID : SA11A.524205**  
 Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION

**C. WILLIAMS, DAVID, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2001 HALLUM ST  
 City CLOVIS State NM Zip Code 88101-8685  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WILLIAMS INSURANCE LLC Occupation (for Individual) INSURANCE AGENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt **11 / 14 / 2017**  
**Transaction ID : SA11A.527610**  
 Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	300.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 715 OF 946
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. WILLIAMS, DAVID, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2001 HALLUM ST  
 City CLOVIS State NM Zip Code 88101-8685  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WILLIAMS INSURANCE LLC Occupation (for Individual) INSURANCE AGENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 14 / 2017  
**Transaction ID : SA11A.530930**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
**CONTRIBUTION**

**B. WILLIAMS, EVELYN, N., MRS.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 701 BARNES RD  
 City SAINT LOUIS State MO Zip Code 63124-1639  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 12500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 31 / 2017  
**Transaction ID : SA11A.525854**  
 Amount of Each Receipt this Period  
 10000.00  
 Memo Item  
**CONTRIBUTION**

**C. WILLIAMS, JOHN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3126 GRACEFIELD RD  
 City SILVER SPRING State MD Zip Code 20904-5821  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 11 / 2017  
**Transaction ID : SA11A.523446**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item  
**CONTRIBUTION**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	10125.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 716 OF 946  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. WILLIAMS, JOHN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. BOX 150  
 City CHANNELVIEW State TX Zip Code 77530-0150  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 27 / 2017  
**Transaction ID : SA11A.525775**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**B. WILLIAMS, JOHN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. BOX 150  
 City CHANNELVIEW State TX Zip Code 77530-0150  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 11 / 27 / 2017  
**Transaction ID : SA11A.528348**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**C. WILLIAMS, JOHN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. BOX 150  
 City CHANNELVIEW State TX Zip Code 77530-0150  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 12 / 27 / 2017  
**Transaction ID : SA11A.531647**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 75.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 717 OF 946  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. WILLIAMS, LINDA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4678 E FOOTHILL DR.  
 City PARADISE VALLEY    State AZ    Zip Code 85253-2916  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) LYONESS    Occupation (for Individual) NETWORK MRKG  
 Receipt For:  Primary     General  
 Other (specify) ▼    Aggregate Year-to-Date ▼ 475.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 31 / 2017  
**Transaction ID : SA11A.526197**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**B. WILLIAMS, LINDA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4678 E FOOTHILL DR.  
 City PARADISE VALLEY    State AZ    Zip Code 85253-2916  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) LYONESS    Occupation (for Individual) NETWORK MRKG  
 Receipt For:  Primary     General  
 Other (specify) ▼    Aggregate Year-to-Date ▼ 475.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 30 / 2017  
**Transaction ID : SA11A.529121**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**C. WILLIAMS, LINDA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4678 E FOOTHILL DR.  
 City PARADISE VALLEY    State AZ    Zip Code 85253-2916  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) LYONESS    Occupation (for Individual) NETWORK MRKG  
 Receipt For:  Primary     General  
 Other (specify)    Aggregate Year-to-Date ▼ 475.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 03 / 2017  
**Transaction ID : SA11A.529698**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 250.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 718 OF 946
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. WILLIAMS, LINDA, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4678 E FOOTHILL DR.

City PARADISE VALLEY	State AZ	Zip Code 85253-2916
-------------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) LYONESS	Occupation (for Individual) NETWORK MRKG
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
475.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	03	/	2017

**Transaction ID : SA11A.529699**

Amount of Each Receipt this Period  
50.00

Memo Item CONTRIBUTION

**B. WILLIS, LLOY, T., ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 12039 STONE CROSSING CIRCLE

City TAMPA	State FL	Zip Code 33635-6228
---------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2017

**Transaction ID : SA11A.526367**

Amount of Each Receipt this Period  
50.00

Memo Item CONTRIBUTION

**C. WILLIS, LLOY, T., ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 12039 STONE CROSSING CIRCLE

City TAMPA	State FL	Zip Code 33635-6228
---------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2017

**Transaction ID : SA11A.532264**

Amount of Each Receipt this Period  
50.00

Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	150.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 719 OF 946
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. WILLIAMS, MARVIN, B., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7426 ASPEN COURT  
 City PLEASANTON State CA Zip Code 94588-4810  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FOUNDATION CONSTRUCTORS INC. Occupation (for Individual) FOUNDATION CONSTRUCTORS INC.  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 10 / 13 / 2017  
**Transaction ID : SA11A.523940**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**B. WILLIAMS, MARVIN, B., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7426 ASPEN COURT  
 City PLEASANTON State CA Zip Code 94588-4810  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FOUNDATION CONSTRUCTORS INC. Occupation (for Individual) FOUNDATION CONSTRUCTORS INC.  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 10 / 20 / 2017  
**Transaction ID : SA11A.524959**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**C. WILLIAMS, MARVIN, B., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7426 ASPEN COURT  
 City PLEASANTON State CA Zip Code 94588-4810  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FOUNDATION CONSTRUCTORS INC. Occupation (for Individual) FOUNDATION CONSTRUCTORS INC.  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 11 / 20 / 2017  
**Transaction ID : SA11A.528049**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	75.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 720 OF 946  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. WILLIAMS, MARVIN, B., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7426 ASPEN COURT  
 City PLEASANTON State CA Zip Code 94588-4810  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FOUNDATION CONSTRUCTORS INC. Occupation (for Individual) FOUNDATION CONSTRUCTORS INC.  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 12 / 20 / 2017  
**Transaction ID : SA11A.531329**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**B. WILLIAMS, ROBERT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1949 POPULAR STREET  
 City LELAND State NC Zip Code 28451-8181  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WALEX Occupation (for Individual) MGR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 605.00

Date of Receipt 10 / 29 / 2017  
**Transaction ID : SA11A.526054**  
 Amount of Each Receipt this Period 50.00  
 Memo Item CONTRIBUTION

**C. WILLIAMS, ROBERT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1949 POPULAR STREET  
 City LELAND State NC Zip Code 28451-8181  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WALEX Occupation (for Individual) MGR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 605.00

Date of Receipt 11 / 29 / 2017  
**Transaction ID : SA11A.528931**  
 Amount of Each Receipt this Period 50.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 125.00  
**TOTAL** This Period (last page this line number only)..... ▶



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 721 OF 946
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. WILLIAMS, ROBERT, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1949 POPULAR STREET

City LELAND	State NC	Zip Code 28451-8181
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) WALEX	Occupation (for Individual) MGR
--	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
605.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	29	/	2017

**Transaction ID : SA11A.531913**

Amount of Each Receipt this Period  
50.00

Memo Item  
CONTRIBUTION

**B. WILLIAMS, THOMAS, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 300 OVERLAND DR.

City MCKINNEY	State TX	Zip Code 75069-0972
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
324.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	27	/	2017

**Transaction ID : SA11A.525744**

Amount of Each Receipt this Period  
27.00

Memo Item  
CONTRIBUTION

**C. WILLIAMS, THOMAS, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 300 OVERLAND DR.

City MCKINNEY	State TX	Zip Code 75069-0972
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
324.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	27	/	2017

**Transaction ID : SA11A.528320**

Amount of Each Receipt this Period  
27.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	104.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 722 OF 946
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. WILLIAMS, THOMAS, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 300 OVERLAND DR.

City MCKINNEY	State TX	Zip Code 75069-0972
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
324.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	27	/	2017

**Transaction ID : SA11A.531658**

Amount of Each Receipt this Period  
27.00

Memo Item CONTRIBUTION

**B. WILSON, ERNEST, C., ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6312 OLD WASHINGTON RD

City SYKESVILLE	State MD	Zip Code 21784-7806
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2017

**Transaction ID : SA11A.532223**

Amount of Each Receipt this Period  
250.00

Memo Item CONTRIBUTION

**C. WILSON, JOANNE, G., MS.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 27 E BRIAR HOLLOW LN

City HOUSTON	State TX	Zip Code 77027-2919
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RIVER OAK FINANCIAL	Occupation (for Individual) DIRECTOR
--	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
8150.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	19	/	2017

**Transaction ID : SA11A.524516**

Amount of Each Receipt this Period  
5000.00

Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	5277.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 723 OF 946  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. WILSON, WILLIAM, B., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2660 EASTCHASE LANE STE 100  
 City MONTGOMERY State AL Zip Code 36117-7024  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) JIM WILSON & ASSOCIATES Occupation (for Individual) PRESIDENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 50000.00

Date of Receipt 11 / 20 / 2017  
**Transaction ID : SA11A.527867**  
 Amount of Each Receipt this Period 50000.00  
 Memo Item CONTRIBUTION

**B. WILTSIE, PETER, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 735 EAST SENECA STREET  
 City OSWEGO State NY Zip Code 13126-1659  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) CONTRACTOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 10 / 18 / 2017  
**Transaction ID : SA11A.524713**  
 Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION

**C. WILTSIE, PETER, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 735 EAST SENECA STREET  
 City OSWEGO State NY Zip Code 13126-1659  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) CONTRACTOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 11 / 18 / 2017  
**Transaction ID : SA11A.528093**  
 Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 50200.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 724 OF 946  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. WILTSIE, PETER, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 735 EAST SENECA STREET  
 City OSWEGO State NY Zip Code 13126-1659  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) CONTRACTOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 12 / 18 / 2017  
**Transaction ID : SA11A.531090**  
 Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION

**B. WIMER, WILLIAM, J., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11 DOE RUN LN  
 City LANCASTER State PA Zip Code 17603-9113  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 31 / 2017  
**Transaction ID : SA11A.526358**  
 Amount of Each Receipt this Period 50.00  
 Memo Item CONTRIBUTION

**C. WINEGARD, RANDY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 30000 KIRK WOOD  
 City BURLINGTON State IA Zip Code 52601-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WINEGARD COMPANY Occupation (for Individual) OWNER  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 03 / 2017  
**Transaction ID : SA11A.523116**  
 Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 250.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 725 OF 946
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. WINEGARD, RANDY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 30000 KIRK WOOD  
 City BURLINGTON State IA Zip Code 52601-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WINEGARD COMPANY Occupation (for Individual) OWNER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **11 / 03 / 2017**  
**Transaction ID : SA11A.526728**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION

**B. WINEGARD, RANDY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 30000 KIRK WOOD  
 City BURLINGTON State IA Zip Code 52601-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WINEGARD COMPANY Occupation (for Individual) OWNER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **12 / 03 / 2017**  
**Transaction ID : SA11A.529781**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION

**C. WINN, STEPHEN, T., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2201 LAKESIDE BLVD  
 City RICHARDSON State TX Zip Code 75082-4305  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) REAL PAGE INC. Occupation (for Individual) CEO  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 25000.00

Date of Receipt **10 / 23 / 2017**  
**Transaction ID : SA11A.524809**  
 Amount of Each Receipt this Period 25000.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	25200.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 726 OF 946  
 (check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. WIRSING, MARY ELLEN, , ,**

Mailing Address 7796 ANN HARBOR DRIVE

City PORT TOBACCO    State MD    Zip Code 20677-3109

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE    Occupation (for Individual) RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 340.00

Date of Receipt  
 10 / 06 / 2017  
**Transaction ID : SA11A.523260**

Amount of Each Receipt this Period  
 10.00

Memo Item CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**B. WIRSING, MARY ELLEN, , ,**

Mailing Address 7796 ANN HARBOR DRIVE

City PORT TOBACCO    State MD    Zip Code 20677-3109

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE    Occupation (for Individual) RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 340.00

Date of Receipt  
 10 / 17 / 2017  
**Transaction ID : SA11A.524619**

Amount of Each Receipt this Period  
 17.00

Memo Item CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**C. WIRSING, MARY ELLEN, , ,**

Mailing Address 7796 ANN HARBOR DRIVE

City PORT TOBACCO    State MD    Zip Code 20677-3109

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE    Occupation (for Individual) RETIRED

Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼  
 340.00

Date of Receipt  
 10 / 17 / 2017  
**Transaction ID : SA11A.524620**

Amount of Each Receipt this Period  
 17.00

Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 44.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 727 OF 946  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. WIRSING, MARY ELLEN, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7796 ANN HARBOR DRIVE

City PORT TOBACCO	State MD	Zip Code 20677-3109
----------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
340.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		18		2017

**Transaction ID : SA11A.524726**

Amount of Each Receipt this Period  
10.00

Memo Item CONTRIBUTION

**B. WIRSING, MARY ELLEN, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7796 ANN HARBOR DRIVE

City PORT TOBACCO	State MD	Zip Code 20677-3109
----------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
340.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		30		2017

**Transaction ID : SA11A.526022**

Amount of Each Receipt this Period  
10.00

Memo Item CONTRIBUTION

**C. WIRSING, MARY ELLEN, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7796 ANN HARBOR DRIVE

City PORT TOBACCO	State MD	Zip Code 20677-3109
----------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
340.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		28		2017

**Transaction ID : SA11A.526092**

Amount of Each Receipt this Period  
25.00

Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	45.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 728 OF 946  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. WIRSING, MARY ELLEN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7796 ANN HARBOR DRIVE  
 City PORT TOBACCO State MD Zip Code 20677-3109  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt **10 / 28 / 2017**  
**Transaction ID : SA11A.526173**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**B. WIRSING, MARY ELLEN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7796 ANN HARBOR DRIVE  
 City PORT TOBACCO State MD Zip Code 20677-3109  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt **11 / 19 / 2017**  
**Transaction ID : SA11A.528050**  
 Amount of Each Receipt this Period 15.00  
 Memo Item CONTRIBUTION

**C. WIRSING, MARY ELLEN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7796 ANN HARBOR DRIVE  
 City PORT TOBACCO State MD Zip Code 20677-3109  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt **11 / 24 / 2017**  
**Transaction ID : SA11A.528206**  
 Amount of Each Receipt this Period 15.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 55.00  
**TOTAL** This Period (last page this line number only)..... ▶



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 729 OF 946  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. WIRSING, MARY ELLEN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7796 ANN HARBOR DRIVE  
 City PORT TOBACCO State MD Zip Code 20677-3109  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt 11 / 24 / 2017  
**Transaction ID : SA11A.528207**  
 Amount of Each Receipt this Period 15.00  
 Memo Item CONTRIBUTION

**B. WIRSING, MARY ELLEN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7796 ANN HARBOR DRIVE  
 City PORT TOBACCO State MD Zip Code 20677-3109  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt 11 / 27 / 2017  
**Transaction ID : SA11A.528310**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**C. WIRSING, MARY ELLEN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7796 ANN HARBOR DRIVE  
 City PORT TOBACCO State MD Zip Code 20677-3109  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt 12 / 06 / 2017  
**Transaction ID : SA11A.530020**  
 Amount of Each Receipt this Period 15.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 55.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 730 OF 946
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. WIRSING, MARY ELLEN, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7796 ANN HARBOR DRIVE

City PORT TOBACCO	State MD	Zip Code 20677-3109
----------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
340.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	21	/	2017

**Transaction ID : SA11A.531339**

Amount of Each Receipt this Period  
15.00

Memo Item CONTRIBUTION

**B. WIRSING, MARY ELLEN, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7796 ANN HARBOR DRIVE

City PORT TOBACCO	State MD	Zip Code 20677-3109
----------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
340.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	30	/	2017

**Transaction ID : SA11A.532554**

Amount of Each Receipt this Period  
25.00

Memo Item CONTRIBUTION

**C. WIRT, CHARLES, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6175 NW 167 ST G35

City MIAMI	State FL	Zip Code 33015-
---------------	-------------	--------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SELF EMPLOYED	Occupation (for Individual) INSURANCE AGENT
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
1200.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	19	/	2017

**Transaction ID : SA11A.524914**

Amount of Each Receipt this Period  
100.00

Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	140.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 731 OF 946
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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)  
**Team Ryan**

**A. WIRT, CHARLES, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6175 NW 167 ST G35  
 City MIAMI State FL Zip Code 33015-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) INSURANCE AGENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 11 / 19 / 2017  
**Transaction ID : SA11A.528057**  
 Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION

**B. WIRT, CHARLES, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6175 NW 167 ST G35  
 City MIAMI State FL Zip Code 33015-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) INSURANCE AGENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 12 / 19 / 2017  
**Transaction ID : SA11A.531305**  
 Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION

**C. WISEMAN, DENISE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9810 STATE HEY 220  
 City CASPER State WY Zip Code 82604-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 10 / 21 / 2017  
**Transaction ID : SA11A.525198**  
 Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	300.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 732 OF 946
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. WISEMAN, DENISE, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9810 STATE HEY 220

City CASPER	State WY	Zip Code 82604-
----------------	-------------	--------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1200.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	21	/	2017

**Transaction ID : SA11A.528131**

Amount of Each Receipt this Period  
100.00

Memo Item CONTRIBUTION

**B. WISEMAN, DENISE, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9810 STATE HEY 220

City CASPER	State WY	Zip Code 82604-
----------------	-------------	--------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1200.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	21	/	2017

**Transaction ID : SA11A.531372**

Amount of Each Receipt this Period  
100.00

Memo Item CONTRIBUTION

**C. WITT, STEPHANIE, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 435 E BLITHEDALE AVE

City MILL VALLEY	State CA	Zip Code 94941-2100
---------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	05	/	2017

**Transaction ID : SA11A.523173**

Amount of Each Receipt this Period  
100.00

Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	300.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 733 OF 946
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. WITT, STEPHANIE, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 435 E BLITHEDALE AVE

City MILL VALLEY	State CA	Zip Code 94941-2100
---------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
11		05		2017

**Transaction ID : SA11A.526842**

Amount of Each Receipt this Period  
100.00

Memo Item CONTRIBUTION

**B. WITT, STEPHANIE, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 435 E BLITHEDALE AVE

City MILL VALLEY	State CA	Zip Code 94941-2100
---------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
12		05		2017

**Transaction ID : SA11A.529975**

Amount of Each Receipt this Period  
100.00

Memo Item CONTRIBUTION

**C. WOLF, LAWRENCE, J., MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 623 STORY ST

City NIPOMO	State CA	Zip Code 93444-9180
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS	Occupation (for Individual) INFORMATION REQUESTED PER BES
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
10		14		2017

**Transaction ID : SA11A.524218**

Amount of Each Receipt this Period  
100.00

Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	300.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 734 OF 946
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. WOODARD, WANETA, J., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1040 MATHESON WAY  
 City JOHNS CREEK State GA Zip Code 30022-5514  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 24 / 2017  
**Transaction ID : SA11A.525392**  
 Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION

**B. WOODARD, WANETA, J., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1040 MATHESON WAY  
 City JOHNS CREEK State GA Zip Code 30022-5514  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 11 / 24 / 2017  
**Transaction ID : SA11A.528230**  
 Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION

**C. WOODARD, WANETA, J., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1040 MATHESON WAY  
 City JOHNS CREEK State GA Zip Code 30022-5514  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 12 / 24 / 2017  
**Transaction ID : SA11A.531593**  
 Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	300.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 735 OF 946
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. WOODS, G., TROY, MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 101 WINTERHAVEN WAY  
 City COLUMBUS State GA Zip Code 31904-1810  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BE  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 11 / 20 / 2017  
**Transaction ID : SA11A.527847**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item CONTRIBUTION

**B. WOODS, KAY, H., MS.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3570 JACKSON ST  
 City SAN FRANCISCO State CA Zip Code 94118-1808  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SCOTCH PLYWOOD CO Occupation (for Individual) CHAIRMAN  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 20 / 2017  
**Transaction ID : SA11A.527830**  
 Amount of Each Receipt this Period 250.00  
 Memo Item CONTRIBUTION

**C. WOOLF, JOHN, L., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4431 N WILSON AVENUE  
 City FRESNO State CA Zip Code 93704-3631  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) FARMING  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 3000.00

Date of Receipt 12 / 11 / 2017  
**Transaction ID : SA11A.530577**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	6250.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 736 OF 946  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. WOOLSEY, RICK, , MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 234 VENTURE ST  
 100  
 City SAN MARCOS State CA Zip Code 92078-4399  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RICHARD & RICHARD CONSTRUCTION Occupation (for Individual) GEN.CONTRACTOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 21 / 2017  
**Transaction ID : SA11A.525187**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item CONTRIBUTION

**B. WOOLSEY, RICK, , MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 234 VENTURE ST  
 100  
 City SAN MARCOS State CA Zip Code 92078-4399  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RICHARD & RICHARD CONSTRUCTION Occupation (for Individual) GEN.CONTRACTOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 21 / 2017  
**Transaction ID : SA11A.528126**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item CONTRIBUTION

**C. WOOLSEY, RICK, , MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 234 VENTURE ST  
 100  
 City SAN MARCOS State CA Zip Code 92078-4399  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RICHARD & RICHARD CONSTRUCTION Occupation (for Individual) GEN.CONTRACTOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 21 / 2017  
**Transaction ID : SA11A.531355**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 150.00  
**TOTAL** This Period (last page this line number only)..... ▶



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 737 OF 946
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. WOOTEN, JOEL, O., MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 105 13TH ST

City COLUMBUS	State GA	Zip Code 31901-2101
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS	Occupation (for Individual) INFORMATION REQUESTED PER BE
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	20	/	2017

**Transaction ID : SA11A.527851**

Amount of Each Receipt this Period  
5000.00

Memo Item  
CONTRIBUTION

**B. WRIGHT, BROOKS, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 16 HIGHLAND PARK PLACE

City RYE	State NY	Zip Code 10580-1736
-------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) MARINE INDUSTRIAL HYDRAULICS	Occupation (for Individual) VICE PRESIDENT
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
975.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2017

**Transaction ID : SA11A.532241**

Amount of Each Receipt this Period  
50.00

Memo Item  
CONTRIBUTION

**C. WRIGHT, GAYLE, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 433 WINDSOR PARK DR

City DAYTON	State OH	Zip Code 45459-4131
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) DON WRIGHT REALTY LLC	Occupation (for Individual) EXECUTIVE
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
435.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2017

**Transaction ID : SA11A.526007**

Amount of Each Receipt this Period  
30.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	5080.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 738 OF 946
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. WRIGHT, JULIE, A., MRS.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1195 TURQUOISE DR  
 City LONGMONT State CO Zip Code 80504-7304  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) HOMEMAKER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt 10 / 30 / 2017  
**Transaction ID : SA11A.525688**  
 Amount of Each Receipt this Period 225.00  
 Memo Item CONTRIBUTION

**B. WRIGHT, KAREN, A., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1240 GAMBIER RD  
 City MOUNT VERNON State OH Zip Code 43050-3842  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) ARIEL CORPORATION Occupation (for Individual) PRESIDENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 25000.00

Date of Receipt 11 / 29 / 2017  
**Transaction ID : SA11A.528590**  
 Amount of Each Receipt this Period 25000.00  
 Memo Item CONTRIBUTION

**C. WRIGHT, WILLIAM, G., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO BOX 2631  
 City GALVESTON State TX Zip Code 77553-2631  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BES  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 11 / 20 / 2017  
**Transaction ID : SA11A.527835**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....▶ 26225.00  
**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 739 OF 946
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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)  
**Team Ryan**

**A. WRYE, EDRA, S., ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2866 SGODA RD

City MACON	State GA	Zip Code 31217-8253
---------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
535.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		07		2017

**Transaction ID : SA11A.523359**

Amount of Each Receipt this Period  
10.00

Memo Item  
CONTRIBUTION

**B. WRYE, EDRA, S., ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2866 SGODA RD

City MACON	State GA	Zip Code 31217-8253
---------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
535.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		07		2017

**Transaction ID : SA11A.523360**

Amount of Each Receipt this Period  
10.00

Memo Item  
CONTRIBUTION

**C. WRYE, EDRA, S., ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2866 SGODA RD

City MACON	State GA	Zip Code 31217-8253
---------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
535.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		15		2017

**Transaction ID : SA11A.524184**

Amount of Each Receipt this Period  
10.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	30.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 740 OF 946
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. WRYE, EDRA, S., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2866 SGODA RD  
 City MACON State GA Zip Code 31217-8253  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 535.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 15 / 2017  
**Transaction ID : SA11A.524185**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item  
 CONTRIBUTION

**B. WRYE, EDRA, S., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2866 SGODA RD  
 City MACON State GA Zip Code 31217-8253  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 535.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 14 / 2017  
**Transaction ID : SA11A.524198**  
 Amount of Each Receipt this Period  
 10.00  
 Memo Item  
 CONTRIBUTION

**C. WRYE, EDRA, S., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2866 SGODA RD  
 City MACON State GA Zip Code 31217-8253  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 535.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 14 / 2017  
**Transaction ID : SA11A.524199**  
 Amount of Each Receipt this Period  
 10.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	45.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 741 OF 946
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. WRYE, EDRA, S., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2866 SGODA RD  
 City MACON State GA Zip Code 31217-8253  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 535.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 30 / 2017  
**Transaction ID : SA11A.525909**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item  
 CONTRIBUTION

**B. WRYE, EDRA, S., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2866 SGODA RD  
 City MACON State GA Zip Code 31217-8253  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 535.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 15 / 2017  
**Transaction ID : SA11A.527798**  
 Amount of Each Receipt this Period  
 10.00  
 Memo Item  
 CONTRIBUTION

**C. WRYE, EDRA, S., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2866 SGODA RD  
 City MACON State GA Zip Code 31217-8253  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 535.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 15 / 2017  
**Transaction ID : SA11A.527799**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 85.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 742 OF 946
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. WRYE, EDRA, S., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2866 SGODA RD  
 City MACON State GA Zip Code 31217-8253  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 535.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 15 / 2017  
**Transaction ID : SA11A.531057**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item  
 CONTRIBUTION

**B. WRYE, EDRA, S., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2866 SGODA RD  
 City MACON State GA Zip Code 31217-8253  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 535.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2017  
**Transaction ID : SA11A.532257**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item  
 CONTRIBUTION

**C. WURZER, DOROTHY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 18430 DOTY AVE  
 City TORRANCE State CA Zip Code 90504-4823  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 30 / 2017  
**Transaction ID : SA11A.525998**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	100.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 743 OF 946
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. WURZER, DOROTHY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 18430 DOTY AVE  
 City TORRANCE State CA Zip Code 90504-4823  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 11 / 30 / 2017  
**Transaction ID : SA11A.529210**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**B. WURZER, DOROTHY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 18430 DOTY AVE  
 City TORRANCE State CA Zip Code 90504-4823  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 12 / 30 / 2017  
**Transaction ID : SA11A.532551**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**C. YANCEY, JAMES, D., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO BOX 4769  
 City COLUMBUS State GA Zip Code 31914-0769  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BEST EFFORTS  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 11 / 20 / 2017  
**Transaction ID : SA11A.527845**  
 Amount of Each Receipt this Period 2500.00  
 Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2550.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 744 OF 946
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. YARRA, SUBBARAO, , DR.,**

Mailing Address 7703 N 2ND LN

City MCALLEN	State TX	Zip Code 78504-6400
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SELF EMPLOYED	Occupation (for Individual) PHYSICIAN
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5400.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		23		2017

**Transaction ID : SA11A.524816**

Amount of Each Receipt this Period  
5400.00

Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**B. YEAROUS, MARY, , ,**

Mailing Address 77442 YEAROUS ROAD

City COTTAGE GROVE	State OR	Zip Code 97424-9377
-----------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
235.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		09		2017

**Transaction ID : SA11A.523306**

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**C. YEAROUS, MARY, , ,**

Mailing Address 77442 YEAROUS ROAD

City COTTAGE GROVE	State OR	Zip Code 97424-9377
-----------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
235.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11		09		2017

**Transaction ID : SA11A.527115**

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	5450.00
<b>TOTAL</b> This Period (last page this line number only).....	



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 745 OF 946
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. YEAROUS, MARY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 77442 YEAROUS ROAD  
 City COTTAGE GROVE State OR Zip Code 97424-9377  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 235.00

Date of Receipt 12 / 09 / 2017  
**Transaction ID : SA11A.530736**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**B. YOUNG, CAROL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 301 W LYON FARM DR  
 City GREENWICH State CT Zip Code 06831-4356  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 10 / 28 / 2017  
**Transaction ID : SA11A.526157**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**C. YOUNG, CHRISTOPHER, H., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 222 CHINOE RD  
 City LEXINGTON State KY Zip Code 40502-1922  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WT YOUNG Occupation (for Individual) INVESTOR  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1250.00

Date of Receipt 10 / 11 / 2017  
**Transaction ID : SA11A.523214**  
 Amount of Each Receipt this Period 1250.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1300.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 746 OF 946
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. YOUNG, FRED, M., MR., JR.**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3201 MICHIGAN BLVD

City RACINE	State WI	Zip Code 53402-3819
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	20	/	2017

**Transaction ID : SA11A.531411**

Amount of Each Receipt this Period  
5000.00

Memo Item  
CONTRIBUTION

**B. YOUNG, JAMES, , MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1632 THISTLEWOOD DR

City WASHINGTON CROSSIN	State PA	Zip Code 18977-1534
----------------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SMART SAND	Occupation (for Individual) ATTORNEY
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	02	/	2017

**Transaction ID : SA11A.526512**

Amount of Each Receipt this Period  
1000.00

Memo Item  
CONTRIBUTION

**C. YOUNG, JOSEFINE, C., MRS.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 222 CHINOE RD

City LEXINGTON	State KY	Zip Code 40502-1922
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) HOMEMAKER
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
1250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	11	/	2017

**Transaction ID : SA11A.523215**

Amount of Each Receipt this Period  
1250.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	7250.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 747 OF 946
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. YOUNG, THOMAS, L., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8967 BLOOMFIELD BLVD  
 City SARASOTA State FL Zip Code 34238-4452  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 12 / 28 / 2017  
**Transaction ID : SA11A.531710**  
 Amount of Each Receipt this Period 500.00  
 Memo Item CONTRIBUTION

**B. YSURSA, GENEVIEVE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2846 S TRAILWOOD WAY  
 City BOISE State ID Zip Code 83716-5742  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BISHOP KELLY HIGH Occupation (for Individual) TEACHER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 525.00

Date of Receipt 10 / 22 / 2017  
**Transaction ID : SA11A.525174**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**C. YSURSA, GENEVIEVE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2846 S TRAILWOOD WAY  
 City BOISE State ID Zip Code 83716-5742  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BISHOP KELLY HIGH Occupation (for Individual) TEACHER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 525.00

Date of Receipt 10 / 28 / 2017  
**Transaction ID : SA11A.526140**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	550.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 748 OF 946
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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)  
**Team Ryan**

**A. YSURSA, GENEVIEVE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2846 S TRAILWOOD WAY  
 City BOISE State ID Zip Code 83716-5742  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BISHOP KELLY HIGH Occupation (for Individual) TEACHER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 525.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 22 / 2017  
**Transaction ID : SA11A.528173**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item CONTRIBUTION

**B. YSURSA, GENEVIEVE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2846 S TRAILWOOD WAY  
 City BOISE State ID Zip Code 83716-5742  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BISHOP KELLY HIGH Occupation (for Individual) TEACHER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 525.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 28 / 2017  
**Transaction ID : SA11A.528774**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item CONTRIBUTION

**C. YSURSA, GENEVIEVE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2846 S TRAILWOOD WAY  
 City BOISE State ID Zip Code 83716-5742  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BISHOP KELLY HIGH Occupation (for Individual) TEACHER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 525.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 22 / 2017  
**Transaction ID : SA11A.531493**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	75.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 749 OF 946
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. YSURSA, GENEVIEVE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2846 S TRAILWOOD WAY  
 City BOISE State ID Zip Code 83716-5742  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BISHOP KELLY HIGH Occupation (for Individual) TEACHER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 525.00

Date of Receipt 12 / 28 / 2017  
**Transaction ID : SA11A.531768**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**B. ZAINO, GENE, , MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11990 MARKET ST UNIT 1813  
 City RESTON State VA Zip Code 20190-6012  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 11 / 06 / 2017  
**Transaction ID : SA11A.526674**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item CONTRIBUTION

**C. ZARETZKA, JUDITH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 529 STARLIGHT LN  
 City ARROYO GRANDE State CA Zip Code 93420-4157  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 10 / 12 / 2017  
**Transaction ID : SA11A.523897**  
 Amount of Each Receipt this Period 50.00  
 Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1075.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 750 OF 946
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. ZARETZKA, JUDITH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 529 STARLIGHT LN  
 City ARROYO GRANDE State CA Zip Code 93420-4157  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 11 / 12 / 2017  
**Transaction ID : SA11A.527339**  
 Amount of Each Receipt this Period 50.00  
 Memo Item CONTRIBUTION

**B. ZARETZKA, JUDITH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 529 STARLIGHT LN  
 City ARROYO GRANDE State CA Zip Code 93420-4157  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 12 / 12 / 2017  
**Transaction ID : SA11A.530782**  
 Amount of Each Receipt this Period 50.00  
 Memo Item CONTRIBUTION

**C. ZEITLIN, HAROLD, W., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 455 E 57TH STREET APT 14B  
 City NEW YORK State NY Zip Code 10022-3171  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 12 / 26 / 2017  
**Transaction ID : SA11A.531253**  
 Amount of Each Receipt this Period 150.00  
 Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	250.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 751 OF 946  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. ZEMBRZUSKI, AUDRE, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2842 SHADYWOOD DR.

City TROY	State MI	Zip Code 48098-4128
--------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
245.00

Date of Receipt  
10 / 07 / 2017  
**Transaction ID : SA11A.523339**

Amount of Each Receipt this Period  
25.00

Memo Item CONTRIBUTION

**B. ZEMBRZUSKI, AUDRE, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2842 SHADYWOOD DR.

City TROY	State MI	Zip Code 48098-4128
--------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
245.00

Date of Receipt  
10 / 31 / 2017  
**Transaction ID : SA11A.526208**

Amount of Each Receipt this Period  
50.00

Memo Item CONTRIBUTION

**C. ZEMBRZUSKI, AUDRE, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2842 SHADYWOOD DR.

City TROY	State MI	Zip Code 48098-4128
--------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
245.00

Date of Receipt  
12 / 14 / 2017  
**Transaction ID : SA11A.530923**

Amount of Each Receipt this Period  
25.00

Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	100.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 752 OF 946
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. ZIEGLER, KARL, , MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 37 ARLINGTON AVE  
 City PROVIDENCE State RI Zip Code 02906-3203  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SWISHER INTERNATIONAL INC. Occupation (for Individual) EXECUTIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 45000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 20 / 2017  
**Transaction ID : SA11A.531209**  
 Amount of Each Receipt this Period  
 20000.00  
 Memo Item  
 CONTRIBUTION

**B. ZIEGLER, MJ, J., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 20 THORNDAL CIR  
 City DARIEN State CT Zip Code 06820-5421  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) HOMEMAKER Occupation (for Individual) HOMEMAKER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 20000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 20 / 2017  
**Transaction ID : SA11A.531216**  
 Amount of Each Receipt this Period  
 20000.00  
 Memo Item  
 CONTRIBUTION

**C. ZIEGLER, WILLIAM, T., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1267 PONTE VEDRA BLVD  
 City PONTE VEDRA BEACH State FL Zip Code 32082-4402  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SWISHER INTERNATIONAL INC. Occupation (for Individual) CHIEF OPERATING OFFICER  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 20000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 20 / 2017  
**Transaction ID : SA11A.531210**  
 Amount of Each Receipt this Period  
 20000.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	60000.00
<b>TOTAL</b> This Period (last page this line number only).....	



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 753 OF 946
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. ZIETLOW, DONALD, P., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO BOX 1625  
 City LA CROSSE State WI Zip Code 54602-1625  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) KWIK TRIP Occupation (for Individual) CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 10 / 11 / 2017  
**Transaction ID : SA11A.523208**  
 Amount of Each Receipt this Period 2500.00  
 Memo Item  
**CONTRIBUTION**

**B. ZOBA, CARL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4301 GULF SHORE BLVD N 1804  
 City NAPLES State FL Zip Code 34103-3485  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt 10 / 31 / 2017  
**Transaction ID : SA11A.526336**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
**CONTRIBUTION**

**C. ZOBA, CARL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4301 GULF SHORE BLVD N 1804  
 City NAPLES State FL Zip Code 34103-3485  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt 12 / 21 / 2017  
**Transaction ID : SA11A.531507**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
**CONTRIBUTION**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2600.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 754 OF 946
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. ZOLINTAKIS, PETER, , MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4200 CANYON ROAD

City LAFAYETTE	State CA	Zip Code 94549-2751
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) LIBERTY MEDIA	Occupation (for Individual) ACCOUNTANT
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12		08		2017

**Transaction ID : SA11A.530173**

Amount of Each Receipt this Period  
250.00

Memo Item CONTRIBUTION

**B. ZUSCHLAG, RICHARD, E., MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 108 ASTORIA LOOP

City LAFAYETTE	State LA	Zip Code 70508-7302
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) ACADIAN COMPANIES	Occupation (for Individual) CHAIRMAN
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
25000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11		29		2017

**Transaction ID : SA11A.528588**

Amount of Each Receipt this Period  
25000.00

Memo Item CONTRIBUTION

**C. AMERICAN TRANSMISSION COMPANY CONDUIT**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 47

City WAUKESHA	State WI	Zip Code 53187-0047
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual)	Occupation (for Individual)
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Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2017

**Transaction ID : SA11A.532111**

Amount of Each Receipt this Period  
1000.00

Memo Item CONTRIBUTION  
SEE ATTRIBUTION BELOW

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	25250.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 755 OF 946
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. BANKS, JUANITA, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 11015 W DAPHNE ST

City MILWAUKEE	State WI	Zip Code 53224-5019
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) ATC	Occupation (for Individual) VP
--	-----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2017

**Transaction ID : SA11A.532141**

Amount of Each Receipt this Period  
250.00

Memo Item  
CONTRIBUTION

EARMARKED FROM AMERICAN TRANSMISSION COMPANY CONDUIT

**B. HAMILTON, JACKI, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address N1298 LOVERING RD

City LODI	State WI	Zip Code 53555-9800
--------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) ATC	Occupation (for Individual) CONSULTANT
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2017

**Transaction ID : SA11A.532142**

Amount of Each Receipt this Period  
250.00

Memo Item  
CONTRIBUTION

EARMARKED FROM AMERICAN TRANSMISSION COMPANY CONDUIT

**C. MARSAN, BILL, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1280 CLUB CIR  
APT 5

City BROOKFIELD	State WI	Zip Code 53005-6976
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) ATC	Occupation (for Individual) EXEXECUTIVE
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2017

**Transaction ID : SA11A.532143**

Amount of Each Receipt this Period  
500.00

Memo Item  
CONTRIBUTION

EARMARKED FROM AMERICAN TRANSMISSION COMPANY CONDUIT

<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 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 756 OF 946
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. BREWSTER/JORY ASSOCIATES, LLC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 499 S CAPITOL ST SW

City WASHINGTON	State DC	Zip Code 20003-4013
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
10000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12		13		2017

**Transaction ID : SA11A.530643**

Amount of Each Receipt this Period  
2500.00

Memo Item  
CONTRIBUTION

VERIFIED AS FEDERALLY PERMISSIBLE FUNDS;  
SEE ATTRIBUTION BELOW

**B. VICTORY, JACK, , MR.,**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4012 ETHAN THOMAS DR

City CLINTON	State MD	Zip Code 20735-4420
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) BREWSTER/JORY ASSOCIATES	Occupation (for Individual) CEO
---	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12		13		2017

**Transaction ID : SA11A.530644**

Amount of Each Receipt this Period  
2500.00

Memo Item  
CONTRIBUTION

PARTNERSHIP ATTRIBUTION

**C. KARYA PROPERTY MANAGEMENT, LLC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8901 GAYLORD DR  
STE 100

City HOUSTON	State TX	Zip Code 77024-3042
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11		10		2017

**Transaction ID : SA11A.526962**

Amount of Each Receipt this Period  
5000.00

Memo Item  
CONTRIBUTION

VERIFIED AS FEDERALLY PERMISSIBLE FUNDS;  
SEE ATTRIBUTION BELOW

<b>SUBTOTAL</b> of Receipts This Page (optional).....	7500.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 757 OF 946
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. AGARWAL, JITEN, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8901 GAYLORD DR  
STE 100

City HOUSTON State TX Zip Code 77024-3042

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) KARYA PROPERTY MANAGEMENT Occupation (for Individual) OWNER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 11 / 10 / 2017  
**Transaction ID : SA11A.527030**

Amount of Each Receipt this Period 5000.00

Memo Item CONTRIBUTION

PARTNERSHIP ATTRIBUTION

**B. P&P FINANCIAL, LP**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1005 E NOLANA AVE

City MCALLEN State TX Zip Code 78504-6101

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt 10 / 23 / 2017  
**Transaction ID : SA11A.524819**

Amount of Each Receipt this Period 5400.00

Memo Item CONTRIBUTION

REFUNDED \$5,400.00 ON 12/06/2017

**C. RESOURCE MANAGEMENT SERVICE, LLC**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 380757

City BIRMINGHAM State AL Zip Code 35238-0757

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  Primary  General  Other (specify)

Aggregate Year-to-Date ▼ 8700.00

Date of Receipt 11 / 20 / 2017  
**Transaction ID : SA11A.527817**

Amount of Each Receipt this Period 5000.00

Memo Item CONTRIBUTION

VERIFIED AS FEDERALLY PERMISSIBLE FUNDS; SEE ATTRIBUTION BELOW

<b>SUBTOTAL</b> of Receipts This Page (optional).....	10400.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 758 OF 946
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. BEACHER, GARY, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 52 SOUTHWIND RD

City NATCHEZ	State MS	Zip Code 39120-8771
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RESOURCE MANAGEMENT SERIVE, LLC	Occupation (for Individual) LA REGION MANAGER
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
119.02

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11		20		2017

**Transaction ID : SA11A.527998**

Amount of Each Receipt this Period  
68.40

Memo Item CONTRIBUTION

PARTNERSHIP ATTRIBUTION

**B. BLAIR, CRAIG, F., MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9524 CRETE CIR

City TUSCALOOSA	State AL	Zip Code 35406-1092
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RESOURCE MANAGEMENT SERIVE, LLC	Occupation (for Individual) PRESIDENT AND CEO
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3763.11

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11		20		2017

**Transaction ID : SA11A.527980**

Amount of Each Receipt this Period  
725.94

Memo Item CONTRIBUTION

PARTNERSHIP ATTRIBUTION

**C. BLOYD, STEPHANIE, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 125 EARL RD

City PANAMA CITY BEACH	State FL	Zip Code 32461-7325
---------------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RESOURCE MANAGEMENT SERIVE, LLC	Occupation (for Individual) US LAND SALES MANAGER
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
59.51

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11		20		2017

**Transaction ID : SA11A.528005**

Amount of Each Receipt this Period  
34.20

Memo Item CONTRIBUTION

PARTNERSHIP ATTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	0.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 759 OF 946
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. BORDERS, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1221 TWIN OAKS TRL  
 City WATKINSVILLE State GA Zip Code 30677-2206  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RESOURCE MANAGEMENT SERIVE, LLC Occupation (for Individual) INVENTORY GROWTH AND YIELD  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 96.83

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 20 / 2017  
**Transaction ID : SA11A.528000**  
 Amount of Each Receipt this Period 55.65  
 Memo Item CONTRIBUTION  
 PARTNERSHIP ATTRIBUTION

**B. BOWLING, DOUG, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 65 WILDER WAY  
 City MILLBROOK State AL Zip Code 36054-1800  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RESOURCE MANAGEMENT SERIVE, LLC Occupation (for Individual) AL REGION MANAGER  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 117.10

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 20 / 2017  
**Transaction ID : SA11A.527999**  
 Amount of Each Receipt this Period 67.30  
 Memo Item CONTRIBUTION  
 PARTNERSHIP ATTRIBUTION

**C. BULLOCK, JAMES, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1351 BOGUE CHITTO RD SE  
 City BOGUE CHITTO State MS Zip Code 39629-9779  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RESOURCE MANAGEMENT SERIVE, LLC Occupation (for Individual) SENIOR VP  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 147.01

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 20 / 2017  
**Transaction ID : SA11A.527993**  
 Amount of Each Receipt this Period 84.49  
 Memo Item CONTRIBUTION  
 PARTNERSHIP ATTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 760 OF 946  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. COFFEE, LOUIS, MITCHELL, , III**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 109 HERMOSA DR  
 City HOMEWOOD State AL Zip Code 35209-2076  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RESOURCE MANAGEMENT SERIVE, LLC Occupation (for Individual) GLOBAL ACQUISITION MANAGER  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 574.25

Date of Receipt 11 / 20 / 2017  
**Transaction ID : SA11A.527984**  
 Amount of Each Receipt this Period 330.03  
 Memo Item CONTRIBUTION  
 PARTNERSHIP ATTRIBUTION

**B. CORNISH, CHARLIE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 LEGACY DR  
 City BIRMINGHAM State AL Zip Code 35242-6068  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RESOURCE MANAGEMENT SERIVE, LLC Occupation (for Individual) RESOURCE PLANNING  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 534.18

Date of Receipt 11 / 20 / 2017  
**Transaction ID : SA11A.527985**  
 Amount of Each Receipt this Period 307.00  
 Memo Item CONTRIBUTION  
 PARTNERSHIP ATTRIBUTION

**C. CRAWFORD, DANIEL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3644 ROBIN CIR  
 City BIRMINGHAM State AL Zip Code 35242-3322  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RESOURCE MANAGEMENT SERIVE, LLC Occupation (for Individual) INTERNATIONAL PORTFOLIO MANAC  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 41.15

Date of Receipt 11 / 20 / 2017  
**Transaction ID : SA11A.528007**  
 Amount of Each Receipt this Period 23.65  
 Memo Item CONTRIBUTION  
 PARTNERSHIP ATTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 0.00  
**TOTAL** This Period (last page this line number only)..... ▶



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 761 OF 946
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. CRUMPTON, GLEN, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 220 ANNA CREEK DR

City HELENA	State AL	Zip Code 35080-5013
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RESOURCE MANAGEMENT SERIVE, LLC	Occupation (for Individual) IT MANAGER
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
224.23

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11		20		2017

**Transaction ID : SA11A.527991**

Amount of Each Receipt this Period  
128.87

Memo Item  
CONTRIBUTION

PARTNERSHIP ATTRIBUTION

**B. DOSTER, TONY, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 126 ALBERMARIE RD

City WILMINGTON	State NC	Zip Code 28405-
--------------------	-------------	--------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RESOURCE MANAGEMENT SERIVE, LLC	Occupation (for Individual) NC REGION MANAGER
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
133.14

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11		20		2017

**Transaction ID : SA11A.527994**

Amount of Each Receipt this Period  
76.52

Memo Item  
CONTRIBUTION

PARTNERSHIP ATTRIBUTION

**C. DUBOSE, DENNIS, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7223 N HIGHFIELD LN

City BIRMINGHAM	State AL	Zip Code 35242-7244
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RESOURCE MANAGEMENT SERIVE, LLC	Occupation (for Individual) CFO
--	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
514.62

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11		20		2017

**Transaction ID : SA11A.527986**

Amount of Each Receipt this Period  
295.76

Memo Item  
CONTRIBUTION

PARTNERSHIP ATTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 762 OF 946
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. ECKFORD, JOHN, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2655 ILIFF ST

City BOULDER	State CO	Zip Code 80305-7017
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RESOURCE MANAGEMENT SERIVE, LLC	Occupation (for Individual) FOREST PLANNING MANAGER
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
60.52

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11		20		2017

**Transaction ID : SA11A.528003**

Amount of Each Receipt this Period  
34.78

Memo Item  
CONTRIBUTION

PARTNERSHIP ATTRIBUTION

**B. EZEKIEL, MATT, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4220 LANCASTER GATE DR

City PACE	State FL	Zip Code 32571-7397
--------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RESOURCE MANAGEMENT SERIVE, LLC	Occupation (for Individual) FL REGION MANAGER
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
60.52

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11		20		2017

**Transaction ID : SA11A.528004**

Amount of Each Receipt this Period  
34.78

Memo Item  
CONTRIBUTION

PARTNERSHIP ATTRIBUTION

**C. FERGUSON, JOEY, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 67 GREENBRIAR AVE

City PAWLEYS ISLAND	State SC	Zip Code 29585-6356
------------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RESOURCE MANAGEMENT SERIVE, LLC	Occupation (for Individual) SC REGION MANAGER
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
133.14

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11		20		2017

**Transaction ID : SA11A.527995**

Amount of Each Receipt this Period  
76.52

Memo Item  
CONTRIBUTION

PARTNERSHIP ATTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 763 OF 946
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. GLASSCO, PHILLIP, L., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1031 BLUE HERON PT  
 City BIRMINGHAM State AL Zip Code 35242-6852  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RESOURCE MANAGEMENT SERIVE, LLC Occupation (for Individual) FOREST SYSTEMS MANAGER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 679.11

Date of Receipt 11 / 20 / 2017  
**Transaction ID : SA11A.527982**  
 Amount of Each Receipt this Period 390.29  
 Memo Item CONTRIBUTION  
 PARTNERSHIP ATTRIBUTION

**B. GREER, MARY, KAY, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1001 EMERALD CIR  
 City BIRMINGHAM State AL Zip Code 35242-3482  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RESOURCE MANAGEMENT SERIVE, LLC Occupation (for Individual) CLIENT RELATIONS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 513.72

Date of Receipt 11 / 20 / 2017  
**Transaction ID : SA11A.527987**  
 Amount of Each Receipt this Period 295.24  
 Memo Item CONTRIBUTION  
 PARTNERSHIP ATTRIBUTION

**C. HAMILTON, MICHAEL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 401 ELKINS LK  
 City HUNTSVILLE State TX Zip Code 77340-7310  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RESOURCE MANAGEMENT SERIVE, LLC Occupation (for Individual) TX REGION MANAGER  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 60.52

Date of Receipt 11 / 20 / 2017  
**Transaction ID : SA11A.528009**  
 Amount of Each Receipt this Period 34.78  
 Memo Item CONTRIBUTION  
 PARTNERSHIP ATTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	0.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 764 OF 946
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. HANCOCK, THOMAS, C., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 203 ESPLANADE DR  
 City BRANDON State MS Zip Code 39047-8783  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RESOURCE MANAGEMENT SERIVE, LLC Occupation (for Individual) HARVEST MANAGER  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 333.37

Date of Receipt **11 / 20 / 2017**  
**Transaction ID : SA11A.527988**  
 Amount of Each Receipt this Period 191.59  
 Memo Item CONTRIBUTION  
 PARTNERSHIP ATTRIBUTION

**B. HANSEN, KARL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO BOX 701  
 City FORDYCE State AR Zip Code 71742-0701  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RESOURCE MANAGEMENT SERIVE, LLC Occupation (for Individual) AR REGION MANAGER  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 60.52

Date of Receipt **11 / 20 / 2017**  
**Transaction ID : SA11A.528010**  
 Amount of Each Receipt this Period 34.78  
 Memo Item CONTRIBUTION  
 PARTNERSHIP ATTRIBUTION

**C. HARRELL, CHUCK, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5244 BIRDSONG RD  
 City BIRMINGHAM State AL Zip Code 35242-3301  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RESOURCE MANAGEMENT SERIVE, LLC Occupation (for Individual) PORTFOLIO MANAGER  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 48.43

Date of Receipt **11 / 20 / 2017**  
**Transaction ID : SA11A.528006**  
 Amount of Each Receipt this Period 27.83  
 Memo Item CONTRIBUTION  
 PARTNERSHIP ATTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	0.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 765 OF 946
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. HINSON, ALEX, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3804 MONTCLAIR RD  
 City BIRMINGHAM State AL Zip Code 35213-2866  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RESOURCE MANAGEMENT SERIVE, LLC Occupation (for Individual) EXECUTIVE VP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 162.75

Date of Receipt 11 / 20 / 2017  
**Transaction ID : SA11A.527992**  
 Amount of Each Receipt this Period 93.53  
 Memo Item CONTRIBUTION  
 PARTNERSHIP ATTRIBUTION

**B. KIMBERLY, DON, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 212 WINDROSE DR  
 City MADISON State MS Zip Code 39110-8005  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RESOURCE MANAGEMENT SERIVE, LLC Occupation (for Individual) WESTERN REGION LAND SALE MAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 73.31

Date of Receipt 11 / 20 / 2017  
**Transaction ID : SA11A.528002**  
 Amount of Each Receipt this Period 42.13  
 Memo Item CONTRIBUTION  
 PARTNERSHIP ATTRIBUTION

**C. LAMBERT, PAUL, A., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2746 GREENRIDGE LN  
 City JAY State FL Zip Code 32565-4822  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RESOURCE MANAGEMENT SERIVE, LLC Occupation (for Individual) HARVEST MANAGER  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 310.38

Date of Receipt 11 / 20 / 2017  
**Transaction ID : SA11A.527989**  
 Amount of Each Receipt this Period 178.38  
 Memo Item CONTRIBUTION  
 PARTNERSHIP ATTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 0.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 766 OF 946  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. LOCKHART, VICTORIA, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4304 LANE PARKE CT

City BIRMINGHAM	State AL	Zip Code 35223-2393
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RESOURCE MANAGEMENT SERVICES	Occupation (for Individual) FOREST PLANNER
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
30.26

Date of Receipt  
11 / 20 / 2017  
**Transaction ID : SA11A.528008**

Amount of Each Receipt this Period  
17.39

Memo Item CONTRIBUTION

PARTNERSHIP ATTRIBUTION

**B. NICHOLSON, CHRIS, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4723 SHADY WATERS LN

City BIRMINGHAM	State AL	Zip Code 35243-2633
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RESOURCE MANAGEMENT SERIVE, LLC	Occupation (for Individual) INVESTMENT ACCOUNTING
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
121.03

Date of Receipt  
11 / 20 / 2017  
**Transaction ID : SA11A.527997**

Amount of Each Receipt this Period  
69.56

Memo Item CONTRIBUTION

PARTNERSHIP ATTRIBUTION

**C. NORMAN, DANNY, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5006 LAKESHORE DR

City PELL CITY	State AL	Zip Code 35128-7012
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RESOURCE MANAGEMENT SERIVE, LLC	Occupation (for Individual) SENIOR PORTFOLIO MANAGER
--	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
121.03

Date of Receipt  
11 / 20 / 2017  
**Transaction ID : SA11A.527996**

Amount of Each Receipt this Period  
69.56

Memo Item CONTRIBUTION

PARTNERSHIP ATTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 767 OF 946
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. O'CONNOR, ERIC, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5035 STRATFORD RD

City BIRMINGHAM	State AL	Zip Code 35242-3121
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RESOURCE MANAGEMENT SERVICE, LLC	Occupation (for Individual) MANAGER FORESTRY OPERATIONS
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
18.15

Date of Receipt  

M M	/	D D	/	Y Y Y Y
11		20		2017

**Transaction ID : SA11A.528012**

Amount of Each Receipt this Period  
10.43

Memo Item  
CONTRIBUTION

PARTNERSHIP ATTRIBUTION

**B. PEELER, R., J., , III**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 242 ODUM CREST LN

City HOOVER	State AL	Zip Code 35226-1089
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RESOURCE MANAGEMENT SERIVE, LLC	Occupation (for Individual) MANAGER
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
585.58

Date of Receipt  

M M	/	D D	/	Y Y Y Y
11		20		2017

**Transaction ID : SA11A.527983**

Amount of Each Receipt this Period  
336.54

Memo Item  
CONTRIBUTION

PARTNERSHIP ATTRIBUTION

**C. SMITH, STEVE, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4124 CHURCHILL DR

City BIRMINGHAM	State AL	Zip Code 35213-3947
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RESOURCE MANAGEMENT SERIVE, LLC	Occupation (for Individual) INTERNATIONAL PORTFOLIO MANAC
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
21.78

Date of Receipt  

M M	/	D D	/	Y Y Y Y
11		20		2017

**Transaction ID : SA11A.528011**

Amount of Each Receipt this Period  
12.52

Memo Item  
CONTRIBUTION

PARTNERSHIP ATTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 768 OF 946
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. SWEETEN, EDWIN, L., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 209 SURREYWOOD LN  
 City BLYTHEWOOD State SC Zip Code 29016-8454  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RESOURCE MANAGEMENT SERIVE, LLC Occupation (for Individual) EXECUTIVE  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1086.56

Date of Receipt 11 / 20 / 2017  
**Transaction ID : SA11A.527981**  
 Amount of Each Receipt this Period 624.46  
 Memo Item CONTRIBUTION  
 PARTNERSHIP ATTRIBUTION

**B. TOOMBS, ROBERT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 155 FAIR HAVEN DR  
 City BRANDON State MS Zip Code 39047-6380  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RESOURCE MANAGEMENT SERIVE, LLC Occupation (for Individual) MS. REGION MANAGER  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 84.73

Date of Receipt 11 / 20 / 2017  
**Transaction ID : SA11A.528001**  
 Amount of Each Receipt this Period 48.69  
 Memo Item CONTRIBUTION  
 PARTNERSHIP ATTRIBUTION

**C. WATROUS, CHUCK, R., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 196 WOODLANDS GREEN DR  
 City BRANDON State MS Zip Code 39047-8796  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RESOURCE MANAGEMENT SERIVE, LLC Occupation (for Individual) DISTRICT MANAGER  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 310.38

Date of Receipt 11 / 20 / 2017  
**Transaction ID : SA11A.527990**  
 Amount of Each Receipt this Period 178.38  
 Memo Item CONTRIBUTION  
 PARTNERSHIP ATTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 0.00  
**TOTAL** This Period (last page this line number only)..... ▶



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 769 OF 946
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	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. STRADLEY RONON STEVENS & YOUNG LLP**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2005 MARKET ST  
STE 2600

City PHILADELPHIA State PA Zip Code 19103-7018

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
0.00

Date of Receipt  
10 / 26 / 2017

**Transaction ID : SA11A.525244**

Amount of Each Receipt this Period  
5000.00

Memo Item  
CONTRIBUTION

REFUNDED \$5,000.00 ON 12/06/2017

**B. SULLIVAN BROTHERS INVESTMENTS, LLC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 17017

City GALVESTON State TX Zip Code 77552-7017

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
10000.00

Date of Receipt  
10 / 23 / 2017

**Transaction ID : SA11A.524845**

Amount of Each Receipt this Period  
10000.00

Memo Item  
CONTRIBUTION

VERIFIED AS FEDERALLY PERMISSIBLE FUNDS;  
SEE ATTRIBUTION BELOW

**C. SULLIVAN , JOHN, R., ,**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 13 EVIA MAIN

City GALVESTON State TX Zip Code 77554-2925

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)  
SULLIVAN BROTHERS INVESTMENTS PARTNER

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
3333.33

Date of Receipt  
10 / 23 / 2017

**Transaction ID : SA11A.526632**

Amount of Each Receipt this Period  
3333.33

Memo Item  
CONTRIBUTION

PARTNERSHIP ATTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	15000.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 770 OF 946
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. SULLIVAN, TODD, P., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 13 EVIA MAIN  
 City GALVESTON State TX Zip Code 77554-2925  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SULLIVAN BROTHERS INVESTMENTS Occupation (for Individual) PARTNER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3333.34

Date of Receipt 10 / 23 / 2017  
**Transaction ID : SA11A.526631**  
 Amount of Each Receipt this Period 3333.34  
 Memo Item CONTRIBUTION  
 PARTNERSHIP ATTRIBUTION

**B. SULLIVAN, WILLIAM, W., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 13 EVIA MAIN  
 City GALVESTON State TX Zip Code 77554-2925  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SULLIVAN BROTHERS INVESTMENTS Occupation (for Individual) PARTNER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3333.33

Date of Receipt 10 / 23 / 2017  
**Transaction ID : SA11A.526633**  
 Amount of Each Receipt this Period 3333.33  
 Memo Item CONTRIBUTION  
 PARTNERSHIP ATTRIBUTION

**C. WALKER SPORT FISHING, LLC**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4112 FOX MEADOW LANE  
 City PASADENA State TX Zip Code 77504-2814  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 11 / 20 / 2017  
**Transaction ID : SA11A.527816**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item CONTRIBUTION  
 REFUNDED \$1,000.00 ON 12/20/2017

<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 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 771 OF 946
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. WILEY REIN LLP**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1776 K ST NW

City WASHINGTON	State DC	Zip Code 20006-2304
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual)	Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
10000.00

Date of Receipt  
12 / 31 / 2017  
**Transaction ID : SA11A.532112**

Amount of Each Receipt this Period  
10000.00

Memo Item  
CONTRIBUTION

VERIFIED AS FEDERALLY PERMISSIBLE FUNDS;  
SEE ATTRIBUTION BELOW

**B. ALLEN, RAND, , MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1776 K ST NW

City WASHINGTON	State DC	Zip Code 20006-2304
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) WILEY REIN LLP	Occupation (for Individual) PARTNER
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
12 / 31 / 2017  
**Transaction ID : SA11A.532121**

Amount of Each Receipt this Period  
500.00

Memo Item  
CONTRIBUTION

PARTNERSHIP ATTRIBUTION

**C. BARNES, ATTISON, , MR., III**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1790 K ST NW

City WASHINGTON	State DC	Zip Code 20006-
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) WILEY REIN LLP	Occupation (for Individual) PARTNER
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Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
12 / 31 / 2017  
**Transaction ID : SA11A.532131**

Amount of Each Receipt this Period  
500.00

Memo Item  
CONTRIBUTION

PARTNERSHIP ATTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	10000.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 772 OF 946
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. BODORFF, RICHARD, J., MR.,**

Mailing Address 1777 K ST NW

City WASHINGTON	State DC	Zip Code 20006-
--------------------	-------------	--------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) WILEY REIN LLP	Occupation (for Individual) PARTNER
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2017

**Transaction ID : SA11A.532122**

Amount of Each Receipt this Period  
500.00

Memo Item CONTRIBUTION

PARTNERSHIP ATTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**B. BROWN, MEGAN, , MS.,**

Mailing Address 1776 K ST NW

City WASHINGTON	State DC	Zip Code 20006-2304
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) WILEY REIN LLP	Occupation (for Individual) PARTNER
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2017

**Transaction ID : SA11A.532132**

Amount of Each Receipt this Period  
500.00

Memo Item CONTRIBUTION

PARTNERSHIP ATTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**C. CACCIA, RALPH, , MR.,**

Mailing Address 1791 K ST NW

City WASHINGTON	State DC	Zip Code 20006-
--------------------	-------------	--------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) WILEY REIN LLP	Occupation (for Individual) PARTNER
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Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2017

**Transaction ID : SA11A.532123**

Amount of Each Receipt this Period  
500.00

Memo Item CONTRIBUTION

PARTNERSHIP ATTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 773 OF 946  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. CRONIC, JASON, , MR.,**

Mailing Address 1776 K ST NW

City WASHINGTON    State DC    Zip Code 20006-2304

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) WILEY REIN LLP    Occupation (for Individual) PARTNER

Receipt For:  Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
12 / 31 / 2017

**Transaction ID : SA11A.532133**

Amount of Each Receipt this Period  
500.00

Memo Item CONTRIBUTION

PARTNERSHIP ATTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**B. DAVIS, PHILLIP, , ,**

Mailing Address 1776 K ST NW

City WASHINGTON    State DC    Zip Code 20006-2304

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) WILEY REIN LLP    Occupation (for Individual) PARTNER

Receipt For:  Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
12 / 31 / 2017

**Transaction ID : SA11A.532124**

Amount of Each Receipt this Period  
500.00

Memo Item CONTRIBUTION

PARTNERSHIP ATTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**C. DELACOURT, SCOTT, , ,**

Mailing Address 1776 K ST NW

City WASHINGTON    State DC    Zip Code 20006-2304

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) WILEY REIN LLP    Occupation (for Individual) PARTNER

Receipt For:  Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
12 / 31 / 2017

**Transaction ID : SA11A.532134**

Amount of Each Receipt this Period  
500.00

Memo Item CONTRIBUTION

PARTNERSHIP ATTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 0.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 774 OF 946
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<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. EVANS, CLAIRE, , MS.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1792 K ST NW  
 City WASHINGTON State DC Zip Code 20006-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WILEY REIN LLP Occupation (for Individual) PARTNER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2017  
**Transaction ID : SA11A.532125**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item CONTRIBUTION  
 PARTNERSHIP ATTRIBUTION

**B. GROSS, DAVID, , MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1776 K ST NW  
 City WASHINGTON State DC Zip Code 20006-2304  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WILEY REIN LLP Occupation (for Individual) PARTNER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2017  
**Transaction ID : SA11A.532135**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item CONTRIBUTION  
 PARTNERSHIP ATTRIBUTION

**C. HINDIN, JENNIFER, , MS.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1793 K ST NW  
 City WASHINGTON State DC Zip Code 20006-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WILEY REIN LLP Occupation (for Individual) PARTNER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2017  
**Transaction ID : SA11A.532126**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item CONTRIBUTION  
 PARTNERSHIP ATTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 775 OF 946
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. HUTHER, CHRISTOPHER, , MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1780 K ST NW  
 City WASHINGTON State DC Zip Code 20006-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WILEY REIN LLP Occupation (for Individual) PARTNER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 31 / 2017  
**Transaction ID : SA11A.532136**  
 Amount of Each Receipt this Period 500.00  
 Memo Item CONTRIBUTION  
 PARTNERSHIP ATTRIBUTION

**B. KELLY, CHRISTOPHER, , MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1794 K ST NW  
 City WASHINGTON State DC Zip Code 20006-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WILEY REIN LLP Occupation (for Individual) PARTNER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 31 / 2017  
**Transaction ID : SA11A.532140**  
 Amount of Each Receipt this Period 500.00  
 Memo Item CONTRIBUTION  
 PARTNERSHIP ATTRIBUTION

**C. KIRBY, KATHLEEN, , MS.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1781 K ST NW  
 City WASHINGTON State DC Zip Code 20006-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WILEY REIN LLP Occupation (for Individual) PARTNER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 31 / 2017  
**Transaction ID : SA11A.532127**  
 Amount of Each Receipt this Period 500.00  
 Memo Item CONTRIBUTION  
 PARTNERSHIP ATTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 776 OF 946
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. MAYNARD, KEVIN, , MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1782 K ST NW

City WASHINGTON	State DC	Zip Code 20006-
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) WILEY REIN LLP	Occupation (for Individual) PARTNER
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2017

**Transaction ID : SA11A.532137**

Amount of Each Receipt this Period  
500.00

Memo Item CONTRIBUTION

PARTNERSHIP ATTRIBUTION

**B. MCCALED, SCOTT, , MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1776 K ST NW

City WASHINGTON	State DC	Zip Code 20006-2304
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) WILEY REIN LLP	Occupation (for Individual) PARTNER
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2017

**Transaction ID : SA11A.532128**

Amount of Each Receipt this Period  
500.00

Memo Item CONTRIBUTION

PARTNERSHIP ATTRIBUTION

**C. MELVIN, KIMBERLY, , MS.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1797 K ST NW

City WASHINGTON	State DC	Zip Code 20006-
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) WILEY REIN LLP	Occupation (for Individual) PARTNER
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Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2017

**Transaction ID : SA11A.532138**

Amount of Each Receipt this Period  
500.00

Memo Item CONTRIBUTION

PARTNERSHIP ATTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	0.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 777 OF 946
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. NAVIN, THOMAS, , MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1784 K ST NW

City WASHINGTON	State DC	Zip Code 20006-
--------------------	-------------	--------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) WILEY REIN LLP	Occupation (for Individual) PARTNER
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2017

**Transaction ID : SA11A.532129**

Amount of Each Receipt this Period  
500.00

Memo Item CONTRIBUTION

PARTNERSHIP ATTRIBUTION

**B. PICKARD, DANIEL, , MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1798 K ST NW

City WASHINGTON	State DC	Zip Code 20006-
--------------------	-------------	--------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) WILEY REIN LLP	Occupation (for Individual) PARTNER
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2017

**Transaction ID : SA11A.532139**

Amount of Each Receipt this Period  
500.00

Memo Item CONTRIBUTION

PARTNERSHIP ATTRIBUTION

**C. REIN, BERT, , MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1776 K ST NW

City WASHINGTON	State DC	Zip Code 20006-2304
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) WILEY REIN LLP	Occupation (for Individual) PARTNER
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2017

**Transaction ID : SA11A.532130**

Amount of Each Receipt this Period  
500.00

Memo Item CONTRIBUTION

PARTNERSHIP ATTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	3815609.00

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 778 OF 946
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. DREW FERGUSON FOR CONGRESS**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address PO BOX 387

City WEST POINT	State GA	Zip Code 31833-0387
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00607838

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
10000.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
11		20		2017

**Transaction ID : SA11C.527826**

Amount of Each Receipt this Period  
10000.00

Memo Item  
CONTRIBUTION

**B. GARY PALMER FOR CONGRESS**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 1919 OXMOOR RD # 235

City HOMEWOOD	State AL	Zip Code 35209-3502
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00551374

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
50000.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
11		20		2017

**Transaction ID : SA11C.527823**

Amount of Each Receipt this Period  
50000.00

Memo Item  
CONTRIBUTION

**C. JOE WILSON FOR CONGRESS**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address PO BOX 2145

City WEST COLUMBIA	State SC	Zip Code 29171-2145
-----------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00368522

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
30000.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
10		16		2017

**Transaction ID : SA11C.523621**

Amount of Each Receipt this Period  
30000.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	90000.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 779 OF 946
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. A.O. SMITH PAC**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 245005

City MILWAUKEE	State WI	Zip Code 53224-9505
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00104687

Name of Employer (for Individual)	Occupation (for Individual)
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	20	/	2017

**Transaction ID : SA11C.531196**

Amount of Each Receipt this Period  
5000.00

Memo Item  
CONTRIBUTION

**B. ABBOTT LABS PAC**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 100 ABBOTT PARK RD

City NORTH CHICAGO	State IL	Zip Code 60064-3502
-----------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00040279

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
10000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2017

**Transaction ID : SA11C.532095**

Amount of Each Receipt this Period  
5000.00

Memo Item  
CONTRIBUTION

**C. ABIOMED PAC**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 22 CHERRY HILL DRIVE

City DANVERS	State MA	Zip Code 01923-2575
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00426445

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	13	/	2017

**Transaction ID : SA11C.530648**

Amount of Each Receipt this Period  
5000.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	15000.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 780 OF 946
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. ACTON PAC**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 608 BOURNE PLACE

City AUGUSTA	State GA	Zip Code 30904-4358
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00411579

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
10000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	20	/	2017

**Transaction ID : SA11C.527829**

Amount of Each Receipt this Period  
10000.00

Memo Item  
CONTRIBUTION

**B. ADVANCED MEDICAL TECHNOLOGY ASSN. PAC**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 701 PENNSYLVANIA AVE NW  
STE 800

City WASHINGTON	State DC	Zip Code 20004-2654
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00340356

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
7000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2017

**Transaction ID : SA11C.532105**

Amount of Each Receipt this Period  
2512.16

Memo Item  
CONTRIBUTION

**C. ADVANCED MEDICAL TECHNOLOGY ASSN. PAC**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 701 PENNSYLVANIA AVE NW  
STE 800

City WASHINGTON	State DC	Zip Code 20004-2654
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00340356

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
7000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2017

**Transaction ID : SA11C.532144**

Amount of Each Receipt this Period  
2487.84

Memo Item  
CONTRIBUTION

IN-KIND: JFC EVENT CATERING & STAFFING

<b>SUBTOTAL</b> of Receipts This Page (optional).....	15000.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 781 OF 946
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. AECOM PAC**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2020 K STREET  
STE 300

City WASHINGTON State DC Zip Code 20006-1806

FEC ID number of contributing federal political committee. **C** C00374447

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
7500.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
12 / 20 / 2017

**Transaction ID : SA11C.531203**

Amount of Each Receipt this Period  
5000.00

Memo Item  
CONTRIBUTION

**B. AIRCRAFT OWNERS & PILOTS ASSOC PAC**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 421 AVIATION WAY

City FREDERICK State MD Zip Code 21701-4756

FEC ID number of contributing federal political committee. **C** C00131185

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
12 / 31 / 2017

**Transaction ID : SA11C.532088**

Amount of Each Receipt this Period  
5000.00

Memo Item  
CONTRIBUTION

**C. ALLETE PAC-MINNESOTA POWER**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 30 W SUPERIOR ST

City DULUTH State MN Zip Code 55802-2191

FEC ID number of contributing federal political committee. **C** C00142489

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
1500.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
11 / 29 / 2017

**Transaction ID : SA11C.528523**

Amount of Each Receipt this Period  
1500.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	11500.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 782 OF 946
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. AMBULATORY SURGERY CENTER ASSOCIATION PAC (ASCAPAC)**

Mailing Address 1012 CAMERON ST

City ALEXANDRIA	State VA	Zip Code 22314-2427
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00424788

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2017

**Transaction ID : SA11C.532084**

Amount of Each Receipt this Period  
5000.00

Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**B. AMERICAN ACADEMY OF PHYSICIAN ASSISTANTS POLITICAL ACTION CO**

Mailing Address 2318 MILL RD  
STE 1300

City ALEXANDRIA	State VA	Zip Code 22314-6868
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00122499

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	04	/	2017

**Transaction ID : SA11C.523131**

Amount of Each Receipt this Period  
-2000.00

Memo Item  
CONTRIBUTION  
RETURNED CHECK; CHARGED BACK

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**C. AMERICAN AIR LIQUIDE HOLDINGS, INC.**

Mailing Address 9811 KATY FWY  
STE 100

City HOUSTON	State TX	Zip Code 77024-1274
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00314054

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
2000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	11	/	2017

**Transaction ID : SA11C.523201**

Amount of Each Receipt this Period  
2000.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	5000.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 783 OF 946
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. AMERICAN ACADEMY OF PHYSICIAN ASSISTANTS POLITICAL ACTION CO**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2318 MILL RD  
 STE 1300  
 City ALEXANDRIA State VA Zip Code 22314-6868  
 FEC ID number of contributing federal political committee. **C** C00122499  
 Name of Employer (for Individual) Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt **10 / 26 / 2017**  
**Transaction ID : SA11C.525234**  
 Amount of Each Receipt this Period 2000.00  
 Memo Item  
**CONTRIBUTION**

**B. AMERICAN ACADEMY OF OPHTHALMOLOGY PAC**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 655 BEACH ST  
 City SAN FRANCISCO State CA Zip Code 94109-1342  
 FEC ID number of contributing federal political committee. **C** C00196246  
 Name of Employer (for Individual) Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4000.00

Date of Receipt **12 / 11 / 2017**  
**Transaction ID : SA11C.530189**  
 Amount of Each Receipt this Period 2500.00  
 Memo Item  
**CONTRIBUTION**

**C. AMERICAN COLLEGE OF CARDIOLOGY PAC**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2400 N ST NW  
 City WASHINGTON State DC Zip Code 20037-1153  
 FEC ID number of contributing federal political committee. **C** C00375360  
 Name of Employer (for Individual) Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 10000.00

Date of Receipt **12 / 31 / 2017**  
**Transaction ID : SA11C.532100**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item  
**CONTRIBUTION**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	9500.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 784 OF 946
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. AMERICAN FINANCIAL SERVICES ASSOC.(AFSA PAC)**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 919 18TH ST NW  
STE 300  
City WASHINGTON State DC Zip Code 20006-5526  
FEC ID number of contributing federal political committee. **C** C00038604  
Name of Employer (for Individual) Occupation (for Individual)  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 2500.00

Date of Receipt **10 / 16 / 2017**  
**Transaction ID : SA11C.523626**  
Amount of Each Receipt this Period 2500.00  
 Memo Item  
CONTRIBUTION

**B. AMERICAN GAS PAC**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 400 N CAPITOL ST NW  
City WASHINGTON State DC Zip Code 20001-1511  
FEC ID number of contributing federal political committee. **C** C00007450  
Name of Employer (for Individual) Occupation (for Individual)  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 5000.00

Date of Receipt **12 / 31 / 2017**  
**Transaction ID : SA11C.532087**  
Amount of Each Receipt this Period 5000.00  
 Memo Item  
CONTRIBUTION

**C. AMERICAN HOSPITAL ASSOCIATION PAC**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 325 7TH ST NW  
STE 700  
City WASHINGTON State DC Zip Code 20004-2801  
FEC ID number of contributing federal political committee. **C** C00106146  
Name of Employer (for Individual) Occupation (for Individual)  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 2500.00

Date of Receipt **12 / 11 / 2017**  
**Transaction ID : SA11C.530185**  
Amount of Each Receipt this Period 2500.00  
 Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	10000.00
<b>TOTAL</b> This Period (last page this line number only).....	



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 785 OF 946
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. AMERICAN HOTEL & LODGING ASN. PAC (HOTEL PAC)**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1250 I ST NW  
 STE 1100  
 City WASHINGTON State DC Zip Code 20005-5904  
 FEC ID number of contributing federal political committee. **C** C00001198  
 Name of Employer (for Individual) Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 15000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 13 / 2017  
**Transaction ID : SA11C.530642**  
 Amount of Each Receipt this Period  
 2500.00  
 Memo Item  
**CONTRIBUTION**

**B. AMERICAN STAFFING ASSOC. PAC (STAFFING PAC)**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 277 S WASHINGTON ST  
 STE 200  
 City ALEXANDRIA State VA Zip Code 22314-3675  
 FEC ID number of contributing federal political committee. **C** C00145623  
 Name of Employer (for Individual) Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 18 / 2017  
**Transaction ID : SA11C.530910**  
 Amount of Each Receipt this Period  
 5000.00  
 Memo Item  
**CONTRIBUTION**

**C. AMERICAN SOCIETY OF ANESTHESIOLOGISTS PAC**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1061 AMERICAN LN  
 City SCHAUMBURG State IL Zip Code 60173-4973  
 FEC ID number of contributing federal political committee. **C** C00255752  
 Name of Employer (for Individual) Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 5500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2017  
**Transaction ID : SA11C.532097**  
 Amount of Each Receipt this Period  
 2500.00  
 Memo Item  
**CONTRIBUTION**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	10000.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 786 OF 946
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. AMERICANS FOR INTELLIGENT DETERRENCE AND DEFENSE PAC**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 13028 COYS DRIVE

City HUNTSVILLE	State AL	Zip Code 35803-2406
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00658443

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2700.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	20	/	2017

**Transaction ID : SA11C.527827**

Amount of Each Receipt this Period  
2700.00

Memo Item  
CONTRIBUTION

**B. AMO VOLUNTARY PAC**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address PO BOX 66  
2 W DIXIE HIGHWAY

City DANIA	State FL	Zip Code 33004-0066
---------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00027532

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	10	/	2017

**Transaction ID : SA11C.526942**

Amount of Each Receipt this Period  
2500.00

Memo Item  
CONTRIBUTION

**C. ANTHEM PAC**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 120 MONUMENT CIR

City INDIANAPOLIS	State IN	Zip Code 46204-4906
----------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00197228

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
10000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	13	/	2017

**Transaction ID : SA11C.530638**

Amount of Each Receipt this Period  
5000.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	10200.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 787 OF 946
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. ASH GROVE CEMENT PAC**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address PO BOX 25900

City OVERLAND PARK	State KS	Zip Code 66225-5900
-----------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00102517

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
12 / 06 / 2017  
**Transaction ID : SA11C.529946**

Amount of Each Receipt this Period  
2500.00

Memo Item  
CONTRIBUTION

**B. ATMOS ENERGY PAC**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 5430 LBJ FWY STE 160

City DALLAS	State TX	Zip Code 75240-2630
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00381954

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2700.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
10 / 23 / 2017  
**Transaction ID : SA11C.524812**

Amount of Each Receipt this Period  
2700.00

Memo Item  
CONTRIBUTION

**C. AUTOMOTIVE FREE INTERNATIONAL TRADE PAC**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 1625 PRINCE ST STE 225

City ALEXANDRIA	State VA	Zip Code 22314-2882
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00250399

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
10000.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
10 / 26 / 2017  
**Transaction ID : SA11C.525228**

Amount of Each Receipt this Period  
5000.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	10200.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 788 OF 946
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. AUTOMOTIVE FREE INTERNATIONAL TRADE PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1625 PRINCE ST  
STE 225

City ALEXANDRIA State VA Zip Code 22314-2882

FEC ID number of contributing federal political committee. **C** C00250399

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
10000.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
10 / 26 / 2017

**Transaction ID : SA11C.525232**

Amount of Each Receipt this Period  
5000.00

Memo Item  
CONTRIBUTION

**B. AUTOZONE COMMITTEE FOR A BETTER GOVERNMENT**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 123 S FRONT ST

City MEMPHIS State TN Zip Code 38103-3607

FEC ID number of contributing federal political committee. **C** C00233056

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
10 / 31 / 2017

**Transaction ID : SA11C.526494**

Amount of Each Receipt this Period  
5000.00

Memo Item  
CONTRIBUTION

**C. BAE SYSTEMS USA PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1101 WILSON BLVD

City ARLINGTON State VA Zip Code 22209-2211

FEC ID number of contributing federal political committee. **C** C00281212

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
10 / 26 / 2017

**Transaction ID : SA11C.525226**

Amount of Each Receipt this Period  
5000.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	15000.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 789 OF 946
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. BAKER DONELSON PAC**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 901 K ST NW  
STE 900

City WASHINGTON State DC Zip Code 20001-6436

FEC ID number of contributing federal political committee. **C** C00431072

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3500.00

Date of Receipt  
10 / 26 / 2017  
**Transaction ID : SA11C.525225**

Amount of Each Receipt this Period  
2500.00

Memo Item  
CONTRIBUTION

**B. BALCH & BINGHAM LLP FEDERAL PAC**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1901 6TH AVE N  
STE 1500

City BIRMINGHAM State AL Zip Code 35203-4642

FEC ID number of contributing federal political committee. **C** C00358440

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
11 / 10 / 2017  
**Transaction ID : SA11C.526953**

Amount of Each Receipt this Period  
5000.00

Memo Item  
CONTRIBUTION

**C. BANK OF AMERICA CORP. FEDERAL PAC**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1455 PENNSYLVANIA AVE NW  
STE 950

City WASHINGTON State DC Zip Code 20004-1043

FEC ID number of contributing federal political committee. **C** C00364778

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
12 / 20 / 2017  
**Transaction ID : SA11C.531200**

Amount of Each Receipt this Period  
5000.00

Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 12500.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 790 OF 946
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. BASF CORPORATION EMPLOYEES PAC**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 100 PARK AVE  
City FLORHAM PARK State NJ Zip Code 07932-1049  
FEC ID number of contributing federal political committee. **C** C00340075  
Name of Employer (for Individual) Occupation (for Individual)  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 5000.00

Date of Receipt **11 / 29 / 2017**  
**Transaction ID : SA11C.528522**  
Amount of Each Receipt this Period 2500.00  
 Memo Item  
CONTRIBUTION

**B. BECTON, DICKINSON & COMPANY PAC**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 1 BECTON DR  
City FRANKLIN LAKES State NJ Zip Code 07417-1815  
FEC ID number of contributing federal political committee. **C** C00376582  
Name of Employer (for Individual) Occupation (for Individual)  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 6500.00

Date of Receipt **12 / 31 / 2017**  
**Transaction ID : SA11C.532091**  
Amount of Each Receipt this Period 2500.00  
 Memo Item  
CONTRIBUTION

**C. BECTON, DICKINSON & COMPANY PAC**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 1 BECTON DR  
City FRANKLIN LAKES State NJ Zip Code 07417-1815  
FEC ID number of contributing federal political committee. **C** C00376582  
Name of Employer (for Individual) Occupation (for Individual)  
Receipt For:  Primary  General  Other (specify)  
Aggregate Year-to-Date ▼ 6500.00

Date of Receipt **12 / 31 / 2017**  
**Transaction ID : SA11C.532094**  
Amount of Each Receipt this Period 1500.00  
 Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	6500.00
<b>TOTAL</b> This Period (last page this line number only).....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 791 OF 946  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. BORDER HEALTH FEDERAL PAC**

Mailing Address 612 W NOLANA AVE  
STE 340

City MCALLEN State TX Zip Code 78504-3088

FEC ID number of contributing federal political committee. **C** C00415752

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
15000.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
10 / 23 / 2017

**Transaction ID : SA11C.524796**

Amount of Each Receipt this Period  
5000.00

Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**B. BORDER HEALTH FEDERAL PAC**

Mailing Address 612 W NOLANA AVE  
STE 340

City MCALLEN State TX Zip Code 78504-3088

FEC ID number of contributing federal political committee. **C** C00415752

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
15000.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
10 / 23 / 2017

**Transaction ID : SA11C.524797**

Amount of Each Receipt this Period  
5000.00

Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**C. BORDER HEALTH FEDERAL PAC**

Mailing Address 612 W NOLANA AVE  
STE 340

City MCALLEN State TX Zip Code 78504-3088

FEC ID number of contributing federal political committee. **C** C00415752

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
15000.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
10 / 23 / 2017

**Transaction ID : SA11C.524798**

Amount of Each Receipt this Period  
5000.00

Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 15000.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 792 OF 946
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. BOWLING PROPRIETORS ASSOCIATION OF AMERICA PAC**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 621 SIX FLAGS DR  
City ARLINGTON State TX Zip Code 76011-6305  
FEC ID number of contributing federal political committee. **C** C00079855  
Name of Employer (for Individual) Occupation (for Individual)  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 5000.00

Date of Receipt **12 / 20 / 2017**  
**Transaction ID : SA11C.531197**  
Amount of Each Receipt this Period 5000.00  
 Memo Item  
CONTRIBUTION

**B. BRACEPAC**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 2000 K ST NW STE 500  
City WASHINGTON State DC Zip Code 20006-1809  
FEC ID number of contributing federal political committee. **C** C00021295  
Name of Employer (for Individual) Occupation (for Individual)  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 6500.00

Date of Receipt **10 / 11 / 2017**  
**Transaction ID : SA11C.523198**  
Amount of Each Receipt this Period 3500.00  
 Memo Item  
CONTRIBUTION

**C. BRACEPAC**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 2000 K ST NW STE 500  
City WASHINGTON State DC Zip Code 20006-1809  
FEC ID number of contributing federal political committee. **C** C00021295  
Name of Employer (for Individual) Occupation (for Individual)  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 6500.00

Date of Receipt **10 / 11 / 2017**  
**Transaction ID : SA11C.523199**  
Amount of Each Receipt this Period 1500.00  
 Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....▶ 10000.00  
**TOTAL** This Period (last page this line number only).....▶



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 793 OF 946
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. BRADLEY ARANT BOULT CUMMINGS FEDERAL PAC**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1819 5TH AVE N

City BIRMINGHAM	State AL	Zip Code 35203-2120
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00500017

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2700.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	20	/	2017

**Transaction ID : SA11C.527822**

Amount of Each Receipt this Period  
2700.00

Memo Item  
CONTRIBUTION

**B. BWX TECHNOLOGIES PAC**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2016 MOUNT ATHOS RD

City LYNCHBURG	State VA	Zip Code 24504-5447
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00365502

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	11	/	2017

**Transaction ID : SA11C.523189**

Amount of Each Receipt this Period  
2500.00

Memo Item  
CONTRIBUTION

**C. BWX TECHNOLOGIES PAC**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2016 MOUNT ATHOS RD

City LYNCHBURG	State VA	Zip Code 24504-5447
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00365502

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	26	/	2017

**Transaction ID : SA11C.525233**

Amount of Each Receipt this Period  
2500.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	7700.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 794 OF 946
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. CADENCE BANK PAC</b>		Date of Receipt
Mailing Address 2100 3RD AVE N STE 1100		<input type="text" value="10"/> / <input type="text" value="23"/> / <input type="text" value="2017"/>
City BIRMINGHAM	State AL	Zip Code 35203-3385
FEC ID number of contributing federal political committee. <b>C</b> C00506733		<b>Transaction ID : SA11C.524810</b>
Name of Employer (for Individual)		Amount of Each Receipt this Period <input type="text" value="5000.00"/>
Occupation (for Individual)		<input type="checkbox"/> Memo Item CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="5000.00"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. CENTURYLINK PAC</b>		Date of Receipt
Mailing Address 1099 NEW YORK AVE NW STE 250		<input type="text" value="11"/> / <input type="text" value="29"/> / <input type="text" value="2017"/>
City WASHINGTON	State DC	Zip Code 20001-4836
FEC ID number of contributing federal political committee. <b>C</b> C00419911		<b>Transaction ID : SA11C.528520</b>
Name of Employer (for Individual)		Amount of Each Receipt this Period <input type="text" value="5000.00"/>
Occupation (for Individual)		<input type="checkbox"/> Memo Item CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="15000.00"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. CENTURYLINK PAC</b>		Date of Receipt
Mailing Address 1099 NEW YORK AVE NW STE 250		<input type="text" value="11"/> / <input type="text" value="29"/> / <input type="text" value="2017"/>
City WASHINGTON	State DC	Zip Code 20001-4836
FEC ID number of contributing federal political committee. <b>C</b> C00419911		<b>Transaction ID : SA11C.528529</b>
Name of Employer (for Individual)		Amount of Each Receipt this Period <input type="text" value="5000.00"/>
Occupation (for Individual)		<input type="checkbox"/> Memo Item CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ <input type="text" value="15000.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<input type="text" value="15000.00"/>
<b>TOTAL</b> This Period (last page this line number only).....	<input type="text" value=""/>

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 795 OF 946
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. CHARTER COMMUNICATIONS, INC. PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 400 ATLANTIC ST  
FL 10

City STAMFORD State CT Zip Code 06901-3512

FEC ID number of contributing federal political committee. **C** C00426775

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
11 / 29 / 2017

**Transaction ID : SA11C.528532**

Amount of Each Receipt this Period  
5000.00

Memo Item  
CONTRIBUTION

**B. CHS INC. POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5500 CENEX DR

City INVER GROVE HEIGHT State MN Zip Code 55077-1721

FEC ID number of contributing federal political committee. **C** C00149104

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
10 / 11 / 2017

**Transaction ID : SA11C.523191**

Amount of Each Receipt this Period  
2500.00

Memo Item  
CONTRIBUTION

**C. CHUBB-ACE GROUP HOLDINGS PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 436 WALNUT ST

City PHILADELPHIA State PA Zip Code 19106-3703

FEC ID number of contributing federal political committee. **C** C00348938

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
7500.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
12 / 18 / 2017

**Transaction ID : SA11C.530908**

Amount of Each Receipt this Period  
2500.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	10000.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 796 OF 946
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. CIGNA CORPORATION PAC**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 601 PENNSYLVANIA AVE NW

City WASHINGTON	State DC	Zip Code 20004-2601
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00085316

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
7500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	29	/	2017

**Transaction ID : SA11C.528521**

Amount of Each Receipt this Period  
5000.00

Memo Item  
CONTRIBUTION

**B. CINTAS CORPORATION PARTNERS PAC**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 6800 CINTAS BLVD

City MASON	State OH	Zip Code 45040-9151
---------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00449165

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	13	/	2017

**Transaction ID : SA11C.530647**

Amount of Each Receipt this Period  
2000.00

Memo Item  
CONTRIBUTION

**C. CMS ENERGY EMPLOYEES FOR BETTER GOVERNMENT - FEDERAL**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 1 ENERGY PLAZA DR

City JACKSON	State MI	Zip Code 49201-2357
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00075473

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
15000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2017

**Transaction ID : SA11C.528824**

Amount of Each Receipt this Period  
2500.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	9500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 797 OF 946
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. COMERICA INC. PAC**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address P O BOX 75000, C/O PAC SERVICES

City DETROIT	State MI	Zip Code 48275-0001
FEC ID number of contributing federal political committee. <b>C</b> C00393173		
Name of Employer (for Individual)		Occupation (for Individual)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
10 / 19 / 2017  
**Transaction ID : SA11C.524517**

Amount of Each Receipt this Period  
5000.00

Memo Item  
CONTRIBUTION

**B. CREDIT SUISSE SECURITIES PAC**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 1201 F ST NW STE 450

City WASHINGTON	State DC	Zip Code 20004-1214
FEC ID number of contributing federal political committee. <b>C</b> C00111559		
Name of Employer (for Individual)		Occupation (for Individual)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3500.00	

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
12 / 13 / 2017  
**Transaction ID : SA11C.530636**

Amount of Each Receipt this Period  
3500.00

Memo Item  
CONTRIBUTION

**C. CREE INC PAC (CREE PAC)**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 4600 SILICON DR

City DURHAM	State NC	Zip Code 27703-8475
FEC ID number of contributing federal political committee. <b>C</b> C00499665		
Name of Employer (for Individual)		Occupation (for Individual)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 1000.00	

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
10 / 31 / 2017  
**Transaction ID : SA11C.525791**

Amount of Each Receipt this Period  
1000.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	9500.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 798 OF 946
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. CSX CORPORATION GOOD GOVERNMENT FUND**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1331 PENNSYLVANIA AVE NW  
STE 560

City WASHINGTON State DC Zip Code 20004-1745

FEC ID number of contributing federal political committee. **C** C00163832

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
12 / 31 / 2017

**Transaction ID : SA11C.532101**

Amount of Each Receipt this Period  
5000.00

Memo Item  
CONTRIBUTION

**B. CUMMINS INC. PAC**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 601 PENNSYLVANIA AVE NW  
STE 625

City WASHINGTON State DC Zip Code 20004-2601

FEC ID number of contributing federal political committee. **C** C00377952

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
10 / 11 / 2017

**Transaction ID : SA11C.523193**

Amount of Each Receipt this Period  
1000.00

Memo Item  
CONTRIBUTION

**C. DAY & ZIMMERMAN FEDERAL PAC**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1500 SPRING GARDEN ST

City PHILADELPHIA State PA Zip Code 19130-4067

FEC ID number of contributing federal political committee. **C** C00341271

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
10 / 16 / 2017

**Transaction ID : SA11C.523630**

Amount of Each Receipt this Period  
5000.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	11000.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 799 OF 946
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. DELL TECHNOLOGIES PAC**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 440 1ST ST NW  
STE 820  
City WASHINGTON State DC Zip Code 20001-3033  
FEC ID number of contributing federal political committee. **C** C00369751  
Name of Employer (for Individual) Occupation (for Individual)  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 50000.00

Date of Receipt 10 / 11 / 2017  
**Transaction ID : SA11C.523211**  
Amount of Each Receipt this Period 25000.00  
 Memo Item  
CONTRIBUTION

**B. DELL TECHNOLOGIES PAC**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 440 1ST ST NW  
STE 820  
City WASHINGTON State DC Zip Code 20001-3033  
FEC ID number of contributing federal political committee. **C** C00369751  
Name of Employer (for Individual) Occupation (for Individual)  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 50000.00

Date of Receipt 12 / 31 / 2017  
**Transaction ID : SA11C.532083**  
Amount of Each Receipt this Period 25000.00  
 Memo Item  
CONTRIBUTION

**C. DELTA AIR LINES POLITICAL ACTION COMMITTEE**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 1212 NEW YORK AVE NW  
STE 200  
City WASHINGTON State DC Zip Code 20005-6609  
FEC ID number of contributing federal political committee. **C** C00104802  
Name of Employer (for Individual) Occupation (for Individual)  
Receipt For:  Primary  General  Other (specify)  
Aggregate Year-to-Date ▼ 10000.00

Date of Receipt 12 / 18 / 2017  
**Transaction ID : SA11C.530905**  
Amount of Each Receipt this Period 5000.00  
 Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 55000.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 800 OF 946
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. DENTONS US LLP PAC**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1301 K ST NW  
STE 600

City WASHINGTON State DC Zip Code 20005-3317

FEC ID number of contributing federal political committee. **C** C00216127

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
12 / 13 / 2017  
**Transaction ID : SA11C.530640**

Amount of Each Receipt this Period  
2500.00

Memo Item  
CONTRIBUTION

**B. DEPOSITORY TRUST AND CLEARING CORPORATION PAC**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1455 PENNSYLVANIA AVE NW  
STE 725

City WASHINGTON State DC Zip Code 20004-1036

FEC ID number of contributing federal political committee. **C** C00497917

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
15000.00

Date of Receipt  
12 / 31 / 2017  
**Transaction ID : SA11C.532102**

Amount of Each Receipt this Period  
2500.00

Memo Item  
CONTRIBUTION

**C. DLA PIPER LLP (US) POLITICAL ACTION COMMITTEE (DLA PIPER PAC)**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 500 8TH ST NW

City WASHINGTON State DC Zip Code 20004-2131

FEC ID number of contributing federal political committee. **C** C00151340

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
1500.00

Date of Receipt  
12 / 31 / 2017  
**Transaction ID : SA11C.532107**

Amount of Each Receipt this Period  
1500.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	6500.00
<b>TOTAL</b> This Period (last page this line number only).....	



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 801 OF 946
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. DOMINION PAC**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address PO BOX 26666

City RICHMOND	State VA	Zip Code 23261-6666
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00108209

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
7500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11		30		2017

**Transaction ID : SA11C.528974**

Amount of Each Receipt this Period  
2500.00

Memo Item  
CONTRIBUTION

**B. DRUMMOND CO. PAC (DPAC)**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address PO BOX 10246

City BIRMINGHAM	State AL	Zip Code 35202-0246
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00160630

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11		20		2017

**Transaction ID : SA11C.527815**

Amount of Each Receipt this Period  
5000.00

Memo Item  
CONTRIBUTION

**C. DTE ENERGY CO., FEDERAL PAC**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 2000 2ND AVE

City DETROIT	State MI	Zip Code 48226-1203
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FEC ID number of contributing federal political committee. **C** C00081547

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
20000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11		29		2017

**Transaction ID : SA11C.528531**

Amount of Each Receipt this Period  
10000.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	17500.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 802 OF 946
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. DUKE ENERGY CORP PAC**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 550 S TRYON ST  
City CHARLOTTE State NC Zip Code 28202-4200  
FEC ID number of contributing federal political committee. **C** C00083535  
Name of Employer (for Individual) Occupation (for Individual)  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 10000.00

Date of Receipt 12 / 31 / 2017  
**Transaction ID : SA11C.532103**  
Amount of Each Receipt this Period 2500.00  
 Memo Item  
CONTRIBUTION

**B. DYNCORP INTERNATIONAL PAC**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 1700 OLD MEADOW RD  
City MCLEAN State VA Zip Code 22102-4302  
FEC ID number of contributing federal political committee. **C** C00409979  
Name of Employer (for Individual) Occupation (for Individual)  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 12 / 13 / 2017  
**Transaction ID : SA11C.530641**  
Amount of Each Receipt this Period 1000.00  
 Memo Item  
CONTRIBUTION

**C. DYNETICS PAC**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 1000 EXPLORER BLVD NW  
City HUNTSVILLE State AL Zip Code 35806-2806  
FEC ID number of contributing federal political committee. **C** C00380709  
Name of Employer (for Individual) Occupation (for Individual)  
Receipt For:  Primary  General  Other (specify)  
Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 11 / 10 / 2017  
**Transaction ID : SA11C.526960**  
Amount of Each Receipt this Period 5000.00  
 Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	8500.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 803 OF 946
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. EDISON INT' PAC</b>		Date of Receipt
Mailing Address 555 12TH ST NW		<input type="text" value="11"/> / <input type="text" value="10"/> / <input type="text" value="2017"/>
City WASHINGTON	State DC	Zip Code 20004-1200
FEC ID number of contributing federal political committee. <b>C</b> C00019653		<b>Transaction ID : SA11C.526945</b>
Name of Employer (for Individual)		Amount of Each Receipt this Period <input type="text" value="2500.00"/>
Occupation (for Individual)		<input type="checkbox"/> Memo Item CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="10000.00"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. EDWARDS LIFESCIENCES PAC</b>		Date of Receipt
Mailing Address 801 PENNSYLVANIA AVE NW STE 245		<input type="text" value="11"/> / <input type="text" value="30"/> / <input type="text" value="2017"/>
City WASHINGTON	State DC	Zip Code 20004-2697
FEC ID number of contributing federal political committee. <b>C</b> C00411900		<b>Transaction ID : SA11C.528822</b>
Name of Employer (for Individual)		Amount of Each Receipt this Period <input type="text" value="3000.00"/>
Occupation (for Individual)		<input type="checkbox"/> Memo Item CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="5000.00"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. EDWARDS LIFESCIENCES PAC</b>		Date of Receipt
Mailing Address 801 PENNSYLVANIA AVE NW STE 245		<input type="text" value="11"/> / <input type="text" value="30"/> / <input type="text" value="2017"/>
City WASHINGTON	State DC	Zip Code 20004-2697
FEC ID number of contributing federal political committee. <b>C</b> C00411900		<b>Transaction ID : SA11C.528825</b>
Name of Employer (for Individual)		Amount of Each Receipt this Period <input type="text" value="2000.00"/>
Occupation (for Individual)		<input type="checkbox"/> Memo Item CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ <input type="text" value="5000.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="7500.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 804 OF 946
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. ELBIT SYSTEMS OF AMERICA, LLC PAC**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 4700 MARINE CREEK PKWY

City FORT WORTH	State TX	Zip Code 76179-3505
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FEC ID number of contributing federal political committee. **C** C00437566

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		26		2017

**Transaction ID : SA11C.525235**

Amount of Each Receipt this Period  
1000.00

Memo Item  
CONTRIBUTION

**B. EMPLOYEES OF NORTHROP GRUMMAN CORP. PAC**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 2980 FAIRWAY PARK DR.

City FALLS CHURCH	State VA	Zip Code 22042-
----------------------	-------------	--------------------

FEC ID number of contributing federal political committee. **C** C00088591

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
15000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		26		2017

**Transaction ID : SA11C.525231**

Amount of Each Receipt this Period  
5000.00

Memo Item  
CONTRIBUTION

**C. EMPLOYEES OF NORTHROP GRUMMAN CORP. PAC**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 2980 FAIRWAY PARK DR.

City FALLS CHURCH	State VA	Zip Code 22042-
----------------------	-------------	--------------------

FEC ID number of contributing federal political committee. **C** C00088591

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
15000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2017

**Transaction ID : SA11C.525786**

Amount of Each Receipt this Period  
5000.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	11000.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 805 OF 946
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. EMPLOYEES OF NORTHROP GRUMMAN CORP. PAC**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 2980 FAIRWAY PARK DR.  
City FALLS CHURCH State VA Zip Code 22042-  
FEC ID number of contributing federal political committee. **C** C00088591  
Name of Employer (for Individual) Occupation (for Individual)  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 15000.00

Date of Receipt 10 / 31 / 2017  
**Transaction ID : SA11C.525787**  
Amount of Each Receipt this Period 5000.00  
 Memo Item  
CONTRIBUTION

**B. EMPOWER A GREAT-WEST PAC**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 8515 E ORCHARD RD  
City GREENWOOD VILLAGE State CO Zip Code 80111-5002  
FEC ID number of contributing federal political committee. **C** C00571125  
Name of Employer (for Individual) Occupation (for Individual)  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 10 / 31 / 2017  
**Transaction ID : SA11C.525796**  
Amount of Each Receipt this Period 2500.00  
 Memo Item  
CONTRIBUTION

**C. ERNST & YOUNG PAC**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 1101 NEW YORK AVE NW  
City WASHINGTON State DC Zip Code 20005-4269  
FEC ID number of contributing federal political committee. **C** C00227744  
Name of Employer (for Individual) Occupation (for Individual)  
Receipt For:  Primary  General  Other (specify)  
Aggregate Year-to-Date ▼ 25000.00

Date of Receipt 12 / 13 / 2017  
**Transaction ID : SA11C.530637**  
Amount of Each Receipt this Period 5000.00  
 Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	12500.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 806 OF 946
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. FAEGREBD PAC**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 300 N MERIDIAN ST  
STE 2700

City INDIANAPOLIS State IN Zip Code 46204-1750

FEC ID number of contributing federal political committee. **C** C00386904

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
10 / 11 / 2017

**Transaction ID : SA11C.523202**

Amount of Each Receipt this Period  
2500.00

Memo Item  
CONTRIBUTION

**B. FEDERATION OF AMERICAN HOSPITALS PAC (FEDPAC)**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 750 9TH ST NW  
STE 600

City WASHINGTON State DC Zip Code 20001-4595

FEC ID number of contributing federal political committee. **C** C00002261

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
10000.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
12 / 31 / 2017

**Transaction ID : SA11C.532104**

Amount of Each Receipt this Period  
5000.00

Memo Item  
CONTRIBUTION

**C. FINANCIAL SERVICES ROUNDTABLE PAC**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1001 PENNSYLVANIA AVE NW  
STE 500

City WASHINGTON State DC Zip Code 20004-2508

FEC ID number of contributing federal political committee. **C** C00193177

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
11 / 29 / 2017

**Transaction ID : SA11C.528524**

Amount of Each Receipt this Period  
2500.00

Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....▶ 10000.00

**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 807 OF 946
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. FMR LLC PAC**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 82 DEVONSHIRE ST  
# N5A

City BOSTON	State MA	Zip Code 02109-3605
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00215046

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	18	/	2017

**Transaction ID : SA11C.530906**

Amount of Each Receipt this Period  
5000.00

Memo Item  
CONTRIBUTION

**B. FORD MOTOR COMPANY PAC**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address THE AMERICAN ROAD

City DEARBORN	State MI	Zip Code 48121-
------------------	-------------	--------------------

FEC ID number of contributing federal political committee. **C** C00046474

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	20	/	2017

**Transaction ID : SA11C.531199**

Amount of Each Receipt this Period  
5000.00

Memo Item  
CONTRIBUTION

**C. GENERAL ATOMICS PAC**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address P.O. BOX 85608

City SAN DIEGO	State CA	Zip Code 92186-5608
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00215285

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	13	/	2017

**Transaction ID : SA11C.530649**

Amount of Each Receipt this Period  
1000.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	11000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 808 OF 946
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. GRANGE MUTUAL CASUALTY CO. PAC**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 671 S HIGH ST

City COLUMBUS	State OH	Zip Code 43206-1066
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00302695

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
10 / 31 / 2017

**Transaction ID : SA11C.525795**

Amount of Each Receipt this Period  
2500.00

Memo Item  
CONTRIBUTION

**B. HELP AMERICAS LEADERS PAC (HALPAC)**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 701 8TH ST NW  
STE 500

City WASHINGTON	State DC	Zip Code 20001-3965
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00376038

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
10000.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
10 / 11 / 2017

**Transaction ID : SA11C.523210**

Amount of Each Receipt this Period  
10000.00

Memo Item  
CONTRIBUTION

**C. HOGAN LOVELLS PAC**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 555 13TH ST NW

City WASHINGTON	State DC	Zip Code 20004-1109
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00261339

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
4500.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
11 / 30 / 2017

**Transaction ID : SA11C.528973**

Amount of Each Receipt this Period  
2000.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	14500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 809 OF 946
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. HOLLAND & KNIGHT PAC**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2099 PENNSYLVANIA AVE NW  
STE 100

City WASHINGTON State DC Zip Code 20006-6801

FEC ID number of contributing federal political committee. **C** C00171330

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
10650.00

Date of Receipt  
10 / 04 / 2017  
**Transaction ID : SA11C.523111**

Amount of Each Receipt this Period  
650.00

Memo Item  
CONTRIBUTION

IN-KIND: JFC FUNDRAISING SERVICES

**B. HOLLAND & KNIGHT PAC**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2099 PENNSYLVANIA AVE NW  
STE 100

City WASHINGTON State DC Zip Code 20006-6801

FEC ID number of contributing federal political committee. **C** C00171330

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
10650.00

Date of Receipt  
10 / 11 / 2017  
**Transaction ID : SA11C.523197**

Amount of Each Receipt this Period  
5000.00

Memo Item  
CONTRIBUTION

**C. HUMANA INC. PAC**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 975 F ST NW  
STE 550

City WASHINGTON State DC Zip Code 20004-1458

FEC ID number of contributing federal political committee. **C** C00271007

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
7500.00

Date of Receipt  
12 / 11 / 2017  
**Transaction ID : SA11C.530186**

Amount of Each Receipt this Period  
5000.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	10650.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 810 OF 946
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. HUNTINGTON INGALLS INDUSTRIES POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 300 M ST SE  
STE 350

City WASHINGTON State DC Zip Code 20003-3436

FEC ID number of contributing federal political committee. **C** C00325092

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
10 / 31 / 2017  
**Transaction ID : SA11C.526484**

Amount of Each Receipt this Period  
2500.00

Memo Item  
CONTRIBUTION

**B. INDEPENDENCE BLUE CROSS PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1901 MARKET ST

City PHILADELPHIA State PA Zip Code 19103-1480

FEC ID number of contributing federal political committee. **C** C00450056

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
21000.00

Date of Receipt  
10 / 19 / 2017  
**Transaction ID : SA11C.524523**

Amount of Each Receipt this Period  
5000.00

Memo Item  
CONTRIBUTION

**C. INDEPENDENCE BLUE CROSS PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1901 MARKET ST

City PHILADELPHIA State PA Zip Code 19103-1480

FEC ID number of contributing federal political committee. **C** C00450056

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
21000.00

Date of Receipt  
10 / 19 / 2017  
**Transaction ID : SA11C.524524**

Amount of Each Receipt this Period  
5000.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	12500.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 811 OF 946
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. INDEPENDENT COMMUNITY BANKERS PAC**

Mailing Address 1615 L ST NW  
STE 900

City WASHINGTON State DC Zip Code 20036-5623

FEC ID number of contributing federal political committee. **C** C00032698

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
7500.00

Date of Receipt  
11 / 10 / 2017  
**Transaction ID : SA11C.526941**

Amount of Each Receipt this Period  
2500.00

Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**B. INDEPENDENT ELECTRICAL CONTRACTORS INC PAC**

Mailing Address 4401 FORD AVE STE 1100

City ALEXANDRIA State VA Zip Code 22302-1464

FEC ID number of contributing federal political committee. **C** C00332031

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  
12 / 18 / 2017  
**Transaction ID : SA11C.530909**

Amount of Each Receipt this Period  
2500.00

Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**C. IPHFHA INTERNATIONAL PIZZA HUT FRANCHISE HOLDERS ASSOC PAC**

Mailing Address 7829 E ROCKHILL ST  
STE 201

City WICHITA State KS Zip Code 67206-3918

FEC ID number of contributing federal political committee. **C** C00251447

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  
12 / 13 / 2017  
**Transaction ID : SA11C.530646**

Amount of Each Receipt this Period  
2500.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	7500.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 812 OF 946
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. IRON MOUNTAIN INC. EMPLOYEES PAC**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 745 ATLANTIC AVE

City BOSTON	State MA	Zip Code 02111-2735
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00523936

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
12 / 11 / 2017

**Transaction ID : SA11C.530190**

Amount of Each Receipt this Period  
2500.00

Memo Item  
CONTRIBUTION

**B. JOHN DEERE POLITICAL ACTION COMMITTEE**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 1 JOHN DEERE PL

City MOLINE	State IL	Zip Code 61265-8010
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00204099

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
10000.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
12 / 31 / 2017

**Transaction ID : SA11C.532090**

Amount of Each Receipt this Period  
2500.00

Memo Item  
CONTRIBUTION

**C. JOHN DEERE POLITICAL ACTION COMMITTEE**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 1 JOHN DEERE PL

City MOLINE	State IL	Zip Code 61265-8010
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00204099

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
10000.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
12 / 31 / 2017

**Transaction ID : SA11C.532093**

Amount of Each Receipt this Period  
5000.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	10000.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 813 OF 946
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. JPMORGAN CHASE &amp; CO FEDERAL PAC</b>		Date of Receipt
Mailing Address 601 PENNSYLVANIA AVE NW FL 7		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2017"/>
City WASHINGTON	State DC	Zip Code 20004-2601
FEC ID number of contributing federal political committee. <b>C</b> C00104299		<b>Transaction ID : SA11C.532098</b>
Name of Employer (for Individual)		Amount of Each Receipt this Period <input type="text" value="5000.00"/>
Occupation (for Individual)		<input type="checkbox"/> Memo Item CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="5000.00"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. KAREM AIRCRAFT INC FEDERAL PAC</b>		Date of Receipt
Mailing Address 122 C STREET NW SUITE 280		<input type="text" value="11"/> / <input type="text" value="29"/> / <input type="text" value="2017"/>
City WASHINGTON	State DC	Zip Code 20001-2109
FEC ID number of contributing federal political committee. <b>C</b> C00623173		<b>Transaction ID : SA11C.528533</b>
Name of Employer (for Individual)		Amount of Each Receipt this Period <input type="text" value="1000.00"/>
Occupation (for Individual)		<input type="checkbox"/> Memo Item CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="1000.00"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. L-3 TECHNOLOGIES PAC</b>		Date of Receipt
Mailing Address 600 3RD AVE		<input type="text" value="10"/> / <input type="text" value="31"/> / <input type="text" value="2017"/>
City NEW YORK	State NY	Zip Code 10016-1901
FEC ID number of contributing federal political committee. <b>C</b> C00338087		<b>Transaction ID : SA11C.526482</b>
Name of Employer (for Individual)		Amount of Each Receipt this Period <input type="text" value="2500.00"/>
Occupation (for Individual)		<input type="checkbox"/> Memo Item CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ <input type="text" value="2500.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<input type="text" value="8500.00"/>
<b>TOTAL</b> This Period (last page this line number only).....	<input type="text"/>

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 814 OF 946
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. LEIDOS PAC**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 301 LABORATORY RD

City OAK RIDGE	State TN	Zip Code 37830-6912
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00546234

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
10 / 31 / 2017

**Transaction ID : SA11C.526498**

Amount of Each Receipt this Period  
2500.00

Memo Item  
CONTRIBUTION

**B. LIMITED BRANDS INC. PAC**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 3 LIMITED PKWY

City COLUMBUS	State OH	Zip Code 43230-1467
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00214338

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
12 / 06 / 2017

**Transaction ID : SA11C.529942**

Amount of Each Receipt this Period  
5000.00

Memo Item  
CONTRIBUTION

**C. LINCOLN NATIONAL CORP PAC**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 1300 S CLINTON ST

City FORT WAYNE	State IN	Zip Code 46802-3506
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00110577

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
2000.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
11 / 29 / 2017

**Transaction ID : SA11C.528530**

Amount of Each Receipt this Period  
2000.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	9500.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 815 OF 946
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. LOCKE LORD LLP PAC</b>		Date of Receipt
Mailing Address 600 TRAVIS ST STE 2800		<input type="text" value="10"/> / <input type="text" value="23"/> / <input type="text" value="2017"/>
City HOUSTON	State TX	Zip Code 77002-2914
FEC ID number of contributing federal political committee. <b>C</b> C00117861		<b>Transaction ID : SA11C.524801</b>
Name of Employer (for Individual)		Amount of Each Receipt this Period <input type="text" value="1000.00"/>
Occupation (for Individual)		<input type="checkbox"/> Memo Item CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="26000.00"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. LONE STAR LEADERSHIP PAC</b>		Date of Receipt
Mailing Address PO BOX 30844		<input type="text" value="10"/> / <input type="text" value="31"/> / <input type="text" value="2017"/>
City BETHESDA	State MD	Zip Code 20824-0844
FEC ID number of contributing federal political committee. <b>C</b> C00415208		<b>Transaction ID : SA11C.526485</b>
Name of Employer (for Individual)		Amount of Each Receipt this Period <input type="text" value="2700.00"/>
Occupation (for Individual)		<input type="checkbox"/> Memo Item CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="2700.00"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. MARY BONO COMMITTEE</b>		Date of Receipt
Mailing Address 1050 K ST NW STE 400		<input type="text" value="10"/> / <input type="text" value="11"/> / <input type="text" value="2017"/>
City WASHINGTON	State DC	Zip Code 20001-4448
FEC ID number of contributing federal political committee. <b>C</b> C00332890		<b>Transaction ID : SA11C.523203</b>
Name of Employer (for Individual)		Amount of Each Receipt this Period <input type="text" value="2500.00"/>
Occupation (for Individual)		<input type="checkbox"/> Memo Item CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ <input type="text" value="2500.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="6200.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 816 OF 946
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. MCKESSON CORP EMPL POLITICAL FUND**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1 POST ST

City SAN FRANCISCO	State CA	Zip Code 94104-5201
-----------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00108035

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2017

**Transaction ID : SA11C.528820**

Amount of Each Receipt this Period  
2500.00

Memo Item  
CONTRIBUTION

**B. MICHAEL BEST PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1 S PINCKNEY ST  
STE 700

City MADISON	State WI	Zip Code 53703-4257
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00603076

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	10	/	2017

**Transaction ID : SA11C.526946**

Amount of Each Receipt this Period  
5000.00

Memo Item  
CONTRIBUTION

**C. MORGAN STANLEY PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1585 BROADWAY  
FL 39

City NEW YORK	State NY	Zip Code 10036-8200
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00337626

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
10000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2017

**Transaction ID : SA11C.526480**

Amount of Each Receipt this Period  
2500.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	10000.00
<b>TOTAL</b> This Period (last page this line number only).....	



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 817 OF 946
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. MORGAN STANLEY PAC**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 1585 BROADWAY  
FL 39  
City NEW YORK State NY Zip Code 10036-8200  
FEC ID number of contributing federal political committee. **C** C00337626  
Name of Employer (for Individual) Occupation (for Individual)  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 10000.00

Date of Receipt **10 / 31 / 2017**  
**Transaction ID : SA11C.526481**  
Amount of Each Receipt this Period 2500.00  
 Memo Item  
CONTRIBUTION

**B. MORTGAGE GUARANTY INSURANCE CORP. PAC**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 250 E KILBOURN AVE  
City MILWAUKEE State WI Zip Code 53202-3102  
FEC ID number of contributing federal political committee. **C** C00586859  
Name of Employer (for Individual) Occupation (for Individual)  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 2500.00

Date of Receipt **12 / 11 / 2017**  
**Transaction ID : SA11C.530193**  
Amount of Each Receipt this Period 2500.00  
 Memo Item  
CONTRIBUTION

**C. NAHU PAC - NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address PO BOX 20865  
City INDIANAPOLIS State IN Zip Code 46220-0865  
FEC ID number of contributing federal political committee. **C** C00283135  
Name of Employer (for Individual) Occupation (for Individual)  
Receipt For:  Primary  General  Other (specify)  
Aggregate Year-to-Date ▼ 5000.00

Date of Receipt **12 / 13 / 2017**  
**Transaction ID : SA11C.530645**  
Amount of Each Receipt this Period 2500.00  
 Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 7500.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 818 OF 946
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. NATIONAL ASSOCIATION OF REALTORS PAC**

Mailing Address 430 N MICHIGAN AVE

City CHICAGO	State IL	Zip Code 60611-4011
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00030718

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
7000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		11		2017

**Transaction ID : SA11C.523190**

Amount of Each Receipt this Period  
1000.00

Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**B. NATIONAL AUTOMOBILE DEALERS ASSOC. PAC (NADA PAC)**

Mailing Address 8400 WESTPARK DR

City TYSONS	State VA	Zip Code 22102-5116
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00040998

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		11		2017

**Transaction ID : SA11C.523192**

Amount of Each Receipt this Period  
2500.00

Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**C. NATIONAL AUTO AUCTION ASSOC. PAC**

Mailing Address 5320 SPECTRUM DR  
SUITE D

City FREDERICK	State MD	Zip Code 21703-7303
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00517870

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		23		2017

**Transaction ID : SA11C.524847**

Amount of Each Receipt this Period  
5000.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	8500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 819 OF 946
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION PAC**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 1325 MASSACHUSETTS AVE NW

City WASHINGTON	State DC	Zip Code 20005-4171
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00238725

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2017

**Transaction ID : SA11C.528826**

Amount of Each Receipt this Period  
2500.00

Memo Item  
CONTRIBUTION

**B. NATIONAL ASSOCIATION OF FEDERAL CREDIT UNIONS POLITICAL ACTI**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 3138 10TH ST N

City ARLINGTON	State VA	Zip Code 22201-2160
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00040659

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	20	/	2017

**Transaction ID : SA11C.531202**

Amount of Each Receipt this Period  
5000.00

Memo Item  
CONTRIBUTION

**C. NATIONAL CABLE & TELECOM ASSOC PAC**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 25 MASSACHUSETTS AVE NW  
STE 100

City WASHINGTON	State DC	Zip Code 20001-1434
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00010082

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
10000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	19	/	2017

**Transaction ID : SA11C.524512**

Amount of Each Receipt this Period  
5000.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	12500.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 820 OF 946
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. NATIONAL GRID USA PAC**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 325 7TH ST NW  
STE 225

City WASHINGTON	State DC	Zip Code 20004-2830
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00048702

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
4500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2017

**Transaction ID : SA11C.532089**

Amount of Each Receipt this Period  
2500.00

Memo Item  
CONTRIBUTION

**B. NATIONAL INDEPENDENT AUTO DEALERS ASSOC. PAC (NIADA PAC)**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2521 BROWN BLVD

City ARLINGTON	State TX	Zip Code 76006-5203
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00507699

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
104495.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	23	/	2017

**Transaction ID : SA11C.524846**

Amount of Each Receipt this Period  
104495.00

Memo Item  
CONTRIBUTION

**C. NATIONWIDE MUTUAL INSURANCE COMPANY FINANCIAL & INVESTMENTS**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1 NATIONWIDE PLZ

City COLUMBUS	State OH	Zip Code 43215-2226
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00406215

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2017

**Transaction ID : SA11C.525788**

Amount of Each Receipt this Period  
2500.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	109495.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 821 OF 946
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. NISOURCE PAC**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 290 W NATIONWIDE BLVD

City COLUMBUS	State OH	Zip Code 43215-2561
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00051979

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
7500.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
12 / 11 / 2017  
**Transaction ID : SA11C.530192**

Amount of Each Receipt this Period  
2500.00

Memo Item  
CONTRIBUTION

**B. OCEAN SPRAY CRANBERRIES, INC. POLITICAL ACTION COMMITTEE**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 1 OCEAN SPRAY DR

City MIDDLEBORO	State MA	Zip Code 02349-1000
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00114702

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
10000.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
12 / 11 / 2017  
**Transaction ID : SA11C.530188**

Amount of Each Receipt this Period  
5000.00

Memo Item  
CONTRIBUTION

**C. OCEAN SPRAY CRANBERRIES, INC. POLITICAL ACTION COMMITTEE**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 1 OCEAN SPRAY DR

City MIDDLEBORO	State MA	Zip Code 02349-1000
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00114702

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
10000.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
12 / 11 / 2017  
**Transaction ID : SA11C.530191**

Amount of Each Receipt this Period  
5000.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	12500.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 822 OF 946
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. ORBITAL ATK INC PAC**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1300 WILSON BLVD  
SUITE 1100

City ARLINGTON State VA Zip Code 22209-2313

FEC ID number of contributing federal political committee. **C** C00250209

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
7500.00

Date of Receipt  
10 / 26 / 2017  
**Transaction ID : SA11C.525236**

Amount of Each Receipt this Period  
2500.00

Memo Item  
CONTRIBUTION

**B. ORBITAL ATK INC PAC**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1300 WILSON BLVD  
SUITE 1100

City ARLINGTON State VA Zip Code 22209-2313

FEC ID number of contributing federal political committee. **C** C00250209

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
7500.00

Date of Receipt  
11 / 29 / 2017  
**Transaction ID : SA11C.528525**

Amount of Each Receipt this Period  
2500.00

Memo Item  
CONTRIBUTION

**C. OSHKOSH CORP EMPLOYEES PAC**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 2566

City OSHKOSH State WI Zip Code 54903-2566

FEC ID number of contributing federal political committee. **C** C00304477

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
7500.00

Date of Receipt  
10 / 26 / 2017  
**Transaction ID : SA11C.525227**

Amount of Each Receipt this Period  
5000.00

Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 10000.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 823 OF 946
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. PETROLEUM MARKETERS ASSOCIATION OF AMERICA'S**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1901 FORT MYER DR  
STE 500

City ARLINGTON State VA Zip Code 22209-1609

FEC ID number of contributing federal political committee. **C** C00035204

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
10000.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 11 / 20 / 2017

**Transaction ID : SA11C.527820**

Amount of Each Receipt this Period  
2500.00

Memo Item  
CONTRIBUTION

**B. PHILIPS ELECTRONICS NORTH AMERICA PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1050 K ST NW  
STE 900

City WASHINGTON State DC Zip Code 20001-4460

FEC ID number of contributing federal political committee. **C** C00239780

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2000.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 12 / 18 / 2017

**Transaction ID : SA11C.530911**

Amount of Each Receipt this Period  
1000.00

Memo Item  
CONTRIBUTION

**C. PROPERTY CASUALTY INSURERS ASSOC. OF AMERICA PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8700 W BRYN MAWR AVE  
STE 1200S

City CHICAGO State IL Zip Code 60631-3512

FEC ID number of contributing federal political committee. **C** C00066472

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
10000.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 11 / 30 / 2017

**Transaction ID : SA11C.528821**

Amount of Each Receipt this Period  
2500.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	6000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 824 OF 946
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. PROPERTY CASUALTY INSURERS ASSOC. OF AMERICA PAC**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8700 W BRYN MAWR AVE  
 STE 1200S  
 City CHICAGO State IL Zip Code 60631-3512  
 FEC ID number of contributing federal political committee. **C** C00066472  
 Name of Employer (for Individual) Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 10000.00

Date of Receipt **12 / 31 / 2017**  
**Transaction ID : SA11C.532108**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item  
**CONTRIBUTION**

**B. PROTECTIVE LIFE CORP. FEDERAL PAC**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO BOX 2606  
 City BIRMINGHAM State AL Zip Code 35202-2606  
 FEC ID number of contributing federal political committee. **C** C00161414  
 Name of Employer (for Individual) Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 35000.00

Date of Receipt **11 / 20 / 2017**  
**Transaction ID : SA11C.527824**  
 Amount of Each Receipt this Period 30000.00  
 Memo Item  
**CONTRIBUTION**

**C. PUGET SOUND ENERGY PAC FOR GOOD GOVERNMENT**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. BOX 97034 EST-11E  
 City BELLEVUE State WA Zip Code 98009-9734  
 FEC ID number of contributing federal political committee. **C** C00101592  
 Name of Employer (for Individual) Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt **11 / 30 / 2017**  
**Transaction ID : SA11C.528823**  
 Amount of Each Receipt this Period 1500.00  
 Memo Item  
**CONTRIBUTION**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	36500.00
<b>TOTAL</b> This Period (last page this line number only).....	



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 825 OF 946
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. ROLLS-ROYCE NORTH AMERICAN PAC**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1875 EXPLORER ST  
STE 200

City RESTON State VA Zip Code 20190-6022

FEC ID number of contributing federal political committee. **C** C00296822

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
12 / 31 / 2017

**Transaction ID : SA11C.532085**

Amount of Each Receipt this Period  
2500.00

Memo Item  
CONTRIBUTION

**B. RUSSELL INVESTMENT GROUP FEDERAL PAC**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1301 2ND AVE  
FL 18

City SEATTLE State WA Zip Code 98101-3814

FEC ID number of contributing federal political committee. **C** C00421016

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
10 / 31 / 2017

**Transaction ID : SA11C.525789**

Amount of Each Receipt this Period  
2500.00

Memo Item  
CONTRIBUTION

**C. RYDER SYSTEM INC. EMPLOYEES POLITICAL ACTION COMMITTEE**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 11690 NW 105TH ST

City MEDLEY State FL Zip Code 33178-1103

FEC ID number of contributing federal political committee. **C** C00088435

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
10 / 16 / 2017

**Transaction ID : SA11C.523636**

Amount of Each Receipt this Period  
5000.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	10000.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 826 OF 946
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. S&P GLOBAL PAC**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 55 WATER STREET  
City NEW YORK State NY Zip Code 10041-0004  
FEC ID number of contributing federal political committee. **C** C00494682  
Name of Employer (for Individual) Occupation (for Individual)  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 3500.00

Date of Receipt 11 / 29 / 2017  
**Transaction ID : SA11C.528526**  
Amount of Each Receipt this Period 3500.00  
 Memo Item  
CONTRIBUTION

**B. SIERRA NEVADA PAC**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address PO BOX 50193  
City SPARKS State NV Zip Code 89435-0193  
FEC ID number of contributing federal political committee. **C** C00367995  
Name of Employer (for Individual) Occupation (for Individual)  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 10 / 26 / 2017  
**Transaction ID : SA11C.525229**  
Amount of Each Receipt this Period 2500.00  
 Memo Item  
CONTRIBUTION

**C. SOUTHWEST AIRLINES CO. FREEDOM FUND**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address PO BOX 36611  
City DALLAS State TX Zip Code 75235-1611  
FEC ID number of contributing federal political committee. **C** C00341602  
Name of Employer (for Individual) Occupation (for Individual)  
Receipt For:  Primary  General  Other (specify)  
Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 10 / 19 / 2017  
**Transaction ID : SA11C.524518**  
Amount of Each Receipt this Period 5000.00  
 Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	11000.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 827 OF 946
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. SPACE EXPLORATION TECHNOLOGIES PAC**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1030 15TH ST NW  
STE 220

City WASHINGTON State DC Zip Code 20005-1503

FEC ID number of contributing federal political committee. **C** C00411116

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
10 / 31 / 2017

**Transaction ID : SA11C.525792**

Amount of Each Receipt this Period  
2500.00

Memo Item  
CONTRIBUTION

**B. STERIS PAC**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address STERIS CORPORATION  
5960 HEISLEY ROAD

City MENTOR State OH Zip Code 44060-1834

FEC ID number of contributing federal political committee. **C** C00368720

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2000.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
12 / 11 / 2017

**Transaction ID : SA11C.530194**

Amount of Each Receipt this Period  
2000.00

Memo Item  
CONTRIBUTION

**C. SYNGENTA CORPORATION PAC**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1775 PENNSYLVANIA AVE NW  
STE 600

City WASHINGTON State DC Zip Code 20006-4602

FEC ID number of contributing federal political committee. **C** C00363945

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
11 / 06 / 2017

**Transaction ID : SA11C.526652**

Amount of Each Receipt this Period  
2500.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	7000.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 828 OF 946
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. TECO ENERGY EMPLOYEE PAC**

Mailing Address 702 N FRANKLIN ST

City TAMPA	State FL	Zip Code 33602-4429
---------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00161422

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	06	/	2017

**Transaction ID : SA11C.529944**

Amount of Each Receipt this Period  
1000.00

Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**B. TEXAS INSTRUMENTS INCORPORATED PAC (TI PAC)**

Mailing Address PO BOX 742496

City DALLAS	State TX	Zip Code 75374-2496
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00007070

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2017

**Transaction ID : SA11C.526483**

Amount of Each Receipt this Period  
2000.00

Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**C. TEXTILEPAC**

Mailing Address PO BOX 1090

City CHERRYVILLE	State NC	Zip Code 28021-1090
---------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00405555

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
2000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	20	/	2017

**Transaction ID : SA11C.527819**

Amount of Each Receipt this Period  
2000.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	5000.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 829 OF 946
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. TEXTRON INC. PAC**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 40 WESTMINSTER ST

City PROVIDENCE	State RI	Zip Code 02903-2525
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00123612

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2017

**Transaction ID : SA11C.525790**

Amount of Each Receipt this Period  
5000.00

Memo Item  
CONTRIBUTION

**B. THE AES CORPORATION POLITICAL ACTION COMMITTEE**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4300 WILSON BLVD

City ARLINGTON	State VA	Zip Code 22203-4167
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00507962

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2017

**Transaction ID : SA11C.532086**

Amount of Each Receipt this Period  
1000.00

Memo Item  
CONTRIBUTION

**C. THE HARTFORD ADVOCATES FUND PAC**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 690 ASYLUM AVE.

City HARTFORD	State CT	Zip Code 06115-
------------------	-------------	--------------------

FEC ID number of contributing federal political committee. **C** C00168864

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
5500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	20	/	2017

**Transaction ID : SA11C.531201**

Amount of Each Receipt this Period  
2500.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	8500.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 830 OF 946
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. THE POLITICAL ACTION COMMITTEE OF ALABAMA FARMERS FEDERATION**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address PO BOX 11000

City MONTGOMERY	State AL	Zip Code 36191-0001
FEC ID number of contributing federal political committee. <b>C</b> C00094573		
Name of Employer (for Individual)		Occupation (for Individual)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 7500.00	

Date of Receipt  
11 / 20 / 2017  
**Transaction ID : SA11C.527821**

Amount of Each Receipt this Period  
5000.00

Memo Item  
CONTRIBUTION

**B. THE WESTERVELT CO. PAC**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 1400 JACK WARNER PARKWAY NE

City TUSCALOOSA	State AL	Zip Code 35404-1002
FEC ID number of contributing federal political committee. <b>C</b> C00589044		
Name of Employer (for Individual)		Occupation (for Individual)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

Date of Receipt  
11 / 20 / 2017  
**Transaction ID : SA11C.527828**

Amount of Each Receipt this Period  
2500.00

Memo Item  
CONTRIBUTION

**C. TOTAL SYSTEM SERVICES PAC (TSYS PAC)**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address PO BOX 1755

City COLUMBUS	State GA	Zip Code 31902-1755
FEC ID number of contributing federal political committee. <b>C</b> C00441980		
Name of Employer (for Individual)		Occupation (for Individual)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 17500.00	

Date of Receipt  
11 / 20 / 2017  
**Transaction ID : SA11C.527811**

Amount of Each Receipt this Period  
2500.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	10000.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 831 OF 946
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. TOTAL SYSTEM SERVICES PAC (TSYS PAC)**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address PO BOX 1755

City COLUMBUS	State GA	Zip Code 31902-1755
FEC ID number of contributing federal political committee. <b>C</b> C00441980		
Name of Employer (for Individual)		Occupation (for Individual)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 17500.00

Date of Receipt  
11 / 20 / 2017  
**Transaction ID : SA11C.527812**

Amount of Each Receipt this Period  
5000.00

Memo Item  
CONTRIBUTION

**B. TOTAL SYSTEM SERVICES PAC (TSYS PAC)**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address PO BOX 1755

City COLUMBUS	State GA	Zip Code 31902-1755
FEC ID number of contributing federal political committee. <b>C</b> C00441980		
Name of Employer (for Individual)		Occupation (for Individual)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 17500.00

Date of Receipt  
11 / 20 / 2017  
**Transaction ID : SA11C.527825**

Amount of Each Receipt this Period  
7500.00

Memo Item  
CONTRIBUTION

**C. TROUTMAN SANDERS LLP PAC**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 600 PEACHTREE ST NE  
STE 5200

City ATLANTA	State GA	Zip Code 30308-2231
FEC ID number of contributing federal political committee. <b>C</b> C00311142		
Name of Employer (for Individual)		Occupation (for Individual)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 6000.00

Date of Receipt  
11 / 20 / 2017  
**Transaction ID : SA11C.527818**

Amount of Each Receipt this Period  
5000.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	17500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 832 OF 946
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. U.S. TRAVEL ASSOCIATION PAC**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1100 NEW YORK AVE NW  
STE 450W

City WASHINGTON State DC Zip Code 20005-3934

FEC ID number of contributing federal political committee. **C** C00457754

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
30000.00

Date of Receipt  
11 / 30 / 2017  
**Transaction ID : SA11C.528971**

Amount of Each Receipt this Period  
5000.00

Memo Item  
CONTRIBUTION

**B. U.S. TRAVEL ASSOCIATION PAC**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1100 NEW YORK AVE NW  
STE 450W

City WASHINGTON State DC Zip Code 20005-3934

FEC ID number of contributing federal political committee. **C** C00457754

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
30000.00

Date of Receipt  
11 / 30 / 2017  
**Transaction ID : SA11C.528972**

Amount of Each Receipt this Period  
5000.00

Memo Item  
CONTRIBUTION

**C. U.S. TRAVEL ASSOCIATION PAC**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1100 NEW YORK AVE NW  
STE 450W

City WASHINGTON State DC Zip Code 20005-3934

FEC ID number of contributing federal political committee. **C** C00457754

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
30000.00

Date of Receipt  
12 / 31 / 2017  
**Transaction ID : SA11C.532106**

Amount of Each Receipt this Period  
15000.00

Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 25000.00

**TOTAL** This Period (last page this line number only)..... ▶



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 833 OF 946
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. UBS AMERICAS INC. PAC**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 677 WASHINGTON BLVD

City STAMFORD	State CT	Zip Code 06901-3707
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00012245

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
10000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	29	/	2017

**Transaction ID : SA11C.528528**

Amount of Each Receipt this Period  
5000.00

Memo Item  
CONTRIBUTION

**B. UGI CORPORATION PAC**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address PO BOX 12677

City READING	State PA	Zip Code 19612-2677
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00139667

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	16	/	2017

**Transaction ID : SA11C.523631**

Amount of Each Receipt this Period  
5000.00

Memo Item  
CONTRIBUTION

**C. UNION PACIFIC FUND FOR EFFECTIVE GOVERNMENT**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 700 13TH ST NW  
STE 350

City WASHINGTON	State DC	Zip Code 20005-6621
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00010470

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
10000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	18	/	2017

**Transaction ID : SA11C.530907**

Amount of Each Receipt this Period  
5000.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	15000.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 834 OF 946
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. UNION PACIFIC FUND FOR EFFECTIVE GOVERNMENT**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 700 13TH ST NW  
STE 350

City WASHINGTON State DC Zip Code 20005-6621

FEC ID number of contributing federal political committee. **C** C00010470

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
10000.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
12 / 31 / 2017

**Transaction ID : SA11C.532099**

Amount of Each Receipt this Period  
5000.00

Memo Item  
CONTRIBUTION

**B. UPSPAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 55 GLENLAKE PKWY

City ATLANTA State GA Zip Code 30328-3474

FEC ID number of contributing federal political committee. **C** C00064766

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
10500.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
10 / 26 / 2017

**Transaction ID : SA11C.525230**

Amount of Each Receipt this Period  
500.00

Memo Item  
CONTRIBUTION

**C. US BANCORP POLITICAL PARTICIPATION PROGR**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 800 NICOLLET MALL  
BCMN-H210

City MINNEAPOLIS State MN Zip Code 55402-7000

FEC ID number of contributing federal political committee. **C** C00018036

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
12 / 11 / 2017

**Transaction ID : SA11C.530187**

Amount of Each Receipt this Period  
5000.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	10500.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 835 OF 946
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. US ONCOLOGY INC PAC**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 10101 WOODLOCH FOREST DR

City THE WOODLANDS	State TX	Zip Code 77380-1975
-----------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00339655

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
12 / 06 / 2017

**Transaction ID : SA11C.529941**

Amount of Each Receipt this Period  
2500.00

Memo Item  
CONTRIBUTION

**B. US VENTURE US PAC**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 425 BETTER WAY

City APPLETON	State WI	Zip Code 54915-6192
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00558411

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1500.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
10 / 16 / 2017

**Transaction ID : SA11C.523622**

Amount of Each Receipt this Period  
1500.00

Memo Item  
CONTRIBUTION

**C. USAA EMPLOYEE PAC**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 9800 FREDERICKSBURG RD

City SAN ANTONIO	State TX	Zip Code 78288-0001
---------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00164145

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
12 / 18 / 2017

**Transaction ID : SA11C.530904**

Amount of Each Receipt this Period  
5000.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	9000.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 836 OF 946
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. VECTREN CORPORATION EMPLOYEES FEDERAL PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 1 VECTREN SQ

City EVANSVILLE	State IN	Zip Code 47708-1209
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00240069

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
4500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2017

**Transaction ID : SA11C.528970**

Amount of Each Receipt this Period  
1000.00

Memo Item  
CONTRIBUTION

**B. VULCAN MATERIALS COMPANY PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 1200 URBAN CENTER DR

City VESTAVIA	State AL	Zip Code 35242-2545
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00116020

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	06	/	2017

**Transaction ID : SA11C.529945**

Amount of Each Receipt this Period  
5000.00

Memo Item  
CONTRIBUTION

**C. W.R. BERKLEY CORP PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 475 STEAMBOAT ROAD  
4TH FLOOR

City GREENWICH	State CT	Zip Code 06830-7144
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00383307

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2017

**Transaction ID : SA11C.532092**

Amount of Each Receipt this Period  
2500.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	8500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 837 OF 946
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. WAL PAC - WAL-MART STORES INC PAC FOR RESPONSIBLE GOVERNMENT**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 702 SW 8TH ST

City BENTONVILLE	State AR	Zip Code 72716-6209
---------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00093054

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
10000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2017

**Transaction ID : SA11C.532096**

Amount of Each Receipt this Period  
5000.00

Memo Item  
CONTRIBUTION

**B. WENDY'S COMPANY PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address PO BOX 15441

City WASHINGTON	State DC	Zip Code 20003-0441
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00369090

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12		13		2017

**Transaction ID : SA11C.530639**

Amount of Each Receipt this Period  
5000.00

Memo Item  
CONTRIBUTION

**C. WEYERHAEUSER PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address PO BOX 9777

City FEDERAL WAY	State WA	Zip Code 98063-9777
---------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00007948

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
12500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11		20		2017

**Transaction ID : SA11C.527813**

Amount of Each Receipt this Period  
5000.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	15000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 838 OF 946
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. WINNING STRATEGIES WASHINGTON PAC**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 409 7TH ST NW  
STE 450

City WASHINGTON State DC Zip Code 20004-2314

FEC ID number of contributing federal political committee. **C** C00368993

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
10 / 26 / 2017

**Transaction ID : SA11C.525237**

Amount of Each Receipt this Period  
2500.00

Memo Item  
CONTRIBUTION

**B. WISCONSIN ENERGY PAC**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 231 W MICHIGAN ST

City MILWAUKEE State WI Zip Code 53203-2918

FEC ID number of contributing federal political committee. **C** C00099945

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
12 / 06 / 2017

**Transaction ID : SA11C.529943**

Amount of Each Receipt this Period  
5000.00

Memo Item  
CONTRIBUTION

**C.**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt  
M M / D D / Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	7500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	899445.00

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 839 OF 946
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. NRCC**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 320 FIRST STREET SE  
City WASHINGTON State DC Zip Code 20003  
FEC ID number of contributing federal political committee. **C** C00002931  
Name of Employer (for Individual) Occupation (for Individual)  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 362716.42

Date of Receipt **10 / 11 / 2017**  
**Transaction ID : SA12.20140**  
Amount of Each Receipt this Period 18681.50  
 Memo Item  
XFER FOR JFC EXPENSES (LEGAL FUND)

**B. NRCC**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 320 FIRST STREET SE  
City WASHINGTON State DC Zip Code 20003  
FEC ID number of contributing federal political committee. **C** C00002931  
Name of Employer (for Individual) Occupation (for Individual)  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 362716.42

Date of Receipt **11 / 09 / 2017**  
**Transaction ID : SA12.20421**  
Amount of Each Receipt this Period 98723.58  
 Memo Item  
XFER FOR JFC EXPENSES (LEGAL FUND)

**C.**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address  
City State Zip Code  
FEC ID number of contributing federal political committee. **C**  
Name of Employer (for Individual) Occupation (for Individual)  
Receipt For:  Primary  General  Other (specify)  
Aggregate Year-to-Date ▼

Date of Receipt  
Amount of Each Receipt this Period  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	117405.08
<b>TOTAL</b> This Period (last page this line number only).....	117405.08

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Team Ryan**

Full Name (Last, First, Middle Initial)

**A. ADLER, JEREMY, , ,**

Mailing Address 2200 12TH COURT N  
APT 1106

City  
ARLINGTON

State  
VA

Zip Code  
22201

Purpose of Disbursement  
JFC SALARY

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			15			2017			

FEC Identification Number

**C** [REDACTED]

**Transaction ID : SB21B.I2044!**

Amount of Each Disbursement this Period

[REDACTED] 946.71

Memo Item

Full Name (Last, First, Middle Initial)

**B. ADLER, JEREMY, , ,**

Mailing Address 2200 12TH COURT N  
APT 1106

City  
ARLINGTON

State  
VA

Zip Code  
22201

Purpose of Disbursement  
JFC SALARY

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			30			2017			

FEC Identification Number

**C** [REDACTED]

**Transaction ID : SB21B.I2057!**

Amount of Each Disbursement this Period

[REDACTED] 946.72

Memo Item

Full Name (Last, First, Middle Initial)

**C. ADLER, JEREMY, , ,**

Mailing Address 2200 12TH COURT N  
APT 1106

City  
ARLINGTON

State  
VA

Zip Code  
22201

Purpose of Disbursement  
JFC SALARY

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			15			2017			

FEC Identification Number

**C** [REDACTED]

**Transaction ID : SB21B.I2070**

Amount of Each Disbursement this Period

[REDACTED] 946.71

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

[REDACTED] 2840.14

[REDACTED]



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Team Ryan**

Full Name (Last, First, Middle Initial)

**A. ADLER, JEREMY, , ,**

Mailing Address 2200 12TH COURT N  
APT 1106

City ARLINGTON State VA Zip Code 22201

Purpose of Disbursement  
JFC SALARY

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y  
12 / 29 / 2017

FEC Identification Number

**C**

**Transaction ID : SB21B.I2076I**

Amount of Each Disbursement this Period

946.72

Memo Item

Full Name (Last, First, Middle Initial)

**B. DAY, VANESSA, , ,**

Mailing Address 1325 18TH STREET NW  
APT. 304

City WASHINGTON State DC Zip Code 20036

Purpose of Disbursement  
JFC SALARY

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y  
10 / 13 / 2017

FEC Identification Number

**C**

**Transaction ID : SB21B.I2015I**

Amount of Each Disbursement this Period

971.13

Memo Item

Full Name (Last, First, Middle Initial)

**C. DAY, VANESSA, , ,**

Mailing Address 1325 18TH STREET NW  
APT. 304

City WASHINGTON State DC Zip Code 20036

Purpose of Disbursement  
JFC SALARY

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y  
10 / 31 / 2017

FEC Identification Number

**C**

**Transaction ID : SB21B.I2035I**

Amount of Each Disbursement this Period

971.14

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

2888.99

**TOTAL** This Period (last page this line number only)..... ▶

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Team Ryan**

Full Name (Last, First, Middle Initial)

**A. DAY, VANESSA, , ,**

Mailing Address 1325 18TH STREET NW  
APT. 304

City  
WASHINGTON

State  
DC

Zip Code  
20036

Purpose of Disbursement  
JFC SALARY

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	5		2	0	1	7

FEC Identification Number

**C**

**Transaction ID : SB21B.I2044I**

Amount of Each Disbursement this Period

971.13

Memo Item

Full Name (Last, First, Middle Initial)

**B. DAY, VANESSA, , ,**

Mailing Address 1325 18TH STREET NW  
APT. 304

City  
WASHINGTON

State  
DC

Zip Code  
20036

Purpose of Disbursement  
JFC SALARY

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		3	0		2	0	1	7

FEC Identification Number

**C**

**Transaction ID : SB21B.I2057I**

Amount of Each Disbursement this Period

971.14

Memo Item

Full Name (Last, First, Middle Initial)

**C. DAY, VANESSA, , ,**

Mailing Address 1325 18TH STREET NW  
APT. 304

City  
WASHINGTON

State  
DC

Zip Code  
20036

Purpose of Disbursement  
JFC SALARY

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	5		2	0	1	7

FEC Identification Number

**C**

**Transaction ID : SB21B.I2070I**

Amount of Each Disbursement this Period

971.13

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

2913.40

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

Full Name (Last, First, Middle Initial)  
**A. DAY, VANESSA, , ,**

Date of Disbursement  
MM / DD / YYYY  
12 / 29 / 2017

Mailing Address 1325 18TH STREET NW  
APT. 304

City WASHINGTON State DC Zip Code 20036

Purpose of Disbursement JFC SALARY

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

FEC Identification Number  
**C**  
Transaction ID : **SB21B.I2075!**  
Amount of Each Disbursement this Period  
971.14

Memo Item

Full Name (Last, First, Middle Initial)  
**B. DIVINCENTIS, ELIZABETH, , ,**

Date of Disbursement  
MM / DD / YYYY  
10 / 13 / 2017

Mailing Address 1920 14TH ST NW #707

City WASHINGTON State DC Zip Code 20009

Purpose of Disbursement JFC SALARY

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

FEC Identification Number  
**C**  
Transaction ID : **SB21B.I2015!**  
Amount of Each Disbursement this Period  
458.34

Memo Item

Full Name (Last, First, Middle Initial)  
**C. DIVINCENTIS, ELIZABETH, , ,**

Date of Disbursement  
MM / DD / YYYY  
10 / 31 / 2017

Mailing Address 1920 14TH ST NW #707

City WASHINGTON State DC Zip Code 20009

Purpose of Disbursement JFC SALARY

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

FEC Identification Number  
**C**  
Transaction ID : **SB21B.I2035**  
Amount of Each Disbursement this Period  
458.33

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 1887.81

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

Full Name (Last, First, Middle Initial)  
**A. DIVINCENTIS, ELIZABETH, , ,**

Date of Disbursement:  /  /

Mailing Address: 1920 14TH ST NW #707

City: WASHINGTON State: DC Zip Code: 20009

Purpose of Disbursement: JFC SALARY

Candidate Name: \_\_\_\_\_

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: \_\_\_\_\_ District: \_\_\_\_\_

FEC Identification Number:  \_\_\_\_\_

Transaction ID : **SB21B.I2044**

Amount of Each Disbursement this Period:

Memo Item

Full Name (Last, First, Middle Initial)  
**B. DIVINCENTIS, ELIZABETH, , ,**

Date of Disbursement:  /  /

Mailing Address: 1920 14TH ST NW #707

City: WASHINGTON State: DC Zip Code: 20009

Purpose of Disbursement: JFC SALARY

Candidate Name: \_\_\_\_\_

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: \_\_\_\_\_ District: \_\_\_\_\_

FEC Identification Number:  \_\_\_\_\_

Transaction ID : **SB21B.I20574**

Amount of Each Disbursement this Period:

Memo Item

Full Name (Last, First, Middle Initial)  
**C. DIVINCENTIS, ELIZABETH, , ,**

Date of Disbursement:  /  /

Mailing Address: 1920 14TH ST NW #707

City: WASHINGTON State: DC Zip Code: 20009

Purpose of Disbursement: JFC SALARY

Candidate Name: \_\_\_\_\_

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: \_\_\_\_\_ District: \_\_\_\_\_

FEC Identification Number:  \_\_\_\_\_

Transaction ID : **SB21B.I2070**

Amount of Each Disbursement this Period:

Memo Item

**SUBTOTAL** of Disbursements This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Team Ryan**

Full Name (Last, First, Middle Initial)

**A. DIVINCENTIS, ELIZABETH, , ,**

Mailing Address 1920 14TH ST NW #707

City  
WASHINGTON

State  
DC

Zip Code  
20009

Purpose of Disbursement  
JFC SALARY

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			29			2017			

FEC Identification Number

**C** [Redacted]  
**Transaction ID : SB21B.I2075I**  
Amount of Each Disbursement this Period  
[Redacted] 458.34

Memo Item

Full Name (Last, First, Middle Initial)

**B. GRIBBIN, BRIDGET, K, ,**

Mailing Address 1618 19TH ST NW APT 7

City  
WASHINGTON

State  
DC

Zip Code  
20009

Purpose of Disbursement  
JFC SALARY

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			13			2017			

FEC Identification Number

**C** [Redacted]  
**Transaction ID : SB21B.I20154**  
Amount of Each Disbursement this Period  
[Redacted] 848.44

Memo Item

Full Name (Last, First, Middle Initial)

**C. GRIBBIN, BRIDGET, K, ,**

Mailing Address 1618 19TH ST NW APT 7

City  
WASHINGTON

State  
DC

Zip Code  
20009

Purpose of Disbursement  
JFC SALARY

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			31			2017			

FEC Identification Number

**C** [Redacted]  
**Transaction ID : SB21B.I2035**  
Amount of Each Disbursement this Period  
[Redacted] 848.45

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

[Redacted] 2155.23

**TOTAL** This Period (last page this line number only)..... ▶

[Redacted]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. GRIBBIN, BRIDGET, K, ,**  
Full Name (Last, First, Middle Initial)

Date of Disbursement:  /  /

Mailing Address: 1618 19TH ST NW APT 7

City: WASHINGTON State: DC Zip Code: 20009

Purpose of Disbursement: JFC SALARY

Candidate Name: \_\_\_\_\_

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: \_\_\_\_\_ District: \_\_\_\_\_

FEC Identification Number:   
Transaction ID : **SB21B.I2044I**  
Amount of Each Disbursement this Period:   
 Memo Item

**B. GRIBBIN, BRIDGET, K, ,**  
Full Name (Last, First, Middle Initial)

Date of Disbursement:  /  /

Mailing Address: 1618 19TH ST NW APT 7

City: WASHINGTON State: DC Zip Code: 20009

Purpose of Disbursement: JFC SALARY

Candidate Name: \_\_\_\_\_

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: \_\_\_\_\_ District: \_\_\_\_\_

FEC Identification Number:   
Transaction ID : **SB21B.I2057I**  
Amount of Each Disbursement this Period:   
 Memo Item

**C. GRIBBIN, BRIDGET, K, ,**  
Full Name (Last, First, Middle Initial)

Date of Disbursement:  /  /

Mailing Address: 1618 19TH ST NW APT 7

City: WASHINGTON State: DC Zip Code: 20009

Purpose of Disbursement: JFC SALARY

Candidate Name: \_\_\_\_\_

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: \_\_\_\_\_ District: \_\_\_\_\_

FEC Identification Number:   
Transaction ID : **SB21B.I2070I**  
Amount of Each Disbursement this Period:   
 Memo Item

**SUBTOTAL** of Disbursements This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Team Ryan**

Full Name (Last, First, Middle Initial)

**A. GRIBBIN, BRIDGET, K, ,**

Mailing Address 1618 19TH ST NW APT 7

City  
WASHINGTON

State  
DC

Zip Code  
20009

Purpose of Disbursement  
JFC SALARY

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			29			2017			

FEC Identification Number

**C** [ ]  
**Transaction ID : SB21B.I2075**  
 Amount of Each Disbursement this Period  
 [ ] 848.45

Memo Item

Full Name (Last, First, Middle Initial)

**B. HAMEL, LAUREN, G., ,**

Mailing Address 2425 KING ST

City  
ALEXANDRIA

State  
VA

Zip Code  
22301

Purpose of Disbursement  
JFC SALARY

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			13			2017			

FEC Identification Number

**C** [ ]  
**Transaction ID : SB21B.I20153**  
 Amount of Each Disbursement this Period  
 [ ] 922.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. HAMEL, LAUREN, G., ,**

Mailing Address 2425 KING ST

City  
ALEXANDRIA

State  
VA

Zip Code  
22301

Purpose of Disbursement  
JFC SALARY

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			31			2017			

FEC Identification Number

**C** [ ]  
**Transaction ID : SB21B.I2035**  
 Amount of Each Disbursement this Period  
 [ ] 921.99

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

2692.44
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Team Ryan**

Full Name (Last, First, Middle Initial)

**A. HAMEL, LAUREN, G., ,**

Mailing Address 2425 KING ST

City  
ALEXANDRIA

State  
VA

Zip Code  
22301

Purpose of Disbursement  
JFC SALARY

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			15			2017			

FEC Identification Number

**C** [Redacted]  
**Transaction ID : SB21B.I2044!**  
Amount of Each Disbursement this Period  
[Redacted] 922.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. HAMEL, LAUREN, G., ,**

Mailing Address 2425 KING ST

City  
ALEXANDRIA

State  
VA

Zip Code  
22301

Purpose of Disbursement  
JFC SALARY

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			30			2017			

FEC Identification Number

**C** [Redacted]  
**Transaction ID : SB21B.I20572**  
Amount of Each Disbursement this Period  
[Redacted] 921.99

Memo Item

Full Name (Last, First, Middle Initial)

**C. HAMEL, LAUREN, G., ,**

Mailing Address 2425 KING ST

City  
ALEXANDRIA

State  
VA

Zip Code  
22301

Purpose of Disbursement  
JFC SALARY

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			15			2017			

FEC Identification Number

**C** [Redacted]  
**Transaction ID : SB21B.I2070**  
Amount of Each Disbursement this Period  
[Redacted] 921.99

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

[Redacted]	2765.98
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[Redacted]	
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Team Ryan**

Full Name (Last, First, Middle Initial)

**A. HAMEL, LAUREN, G., ,**

Mailing Address 2425 KING ST

City  
ALEXANDRIA

State  
VA

Zip Code  
22301

Purpose of Disbursement  
JFC SALARY

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			29			2017			

FEC Identification Number

**C** [Redacted]

**Transaction ID : SB21B.I2075I**

Amount of Each Disbursement this Period

[Redacted] 4299.29

Memo Item

Full Name (Last, First, Middle Initial)

**B. KASTAN, JACOB, , ,**

Mailing Address 1100 FIRST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003-2307

Purpose of Disbursement  
JFC SALARY

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			13			2017			

FEC Identification Number

**C** [Redacted]

**Transaction ID : SB21B.I2015I**

Amount of Each Disbursement this Period

[Redacted] 1960.47

Memo Item

Full Name (Last, First, Middle Initial)

**C. KASTAN, JACOB, , ,**

Mailing Address 1100 FIRST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003-2307

Purpose of Disbursement  
JFC SALARY

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			31			2017			

FEC Identification Number

**C** [Redacted]

**Transaction ID : SB21B.I2035I**

Amount of Each Disbursement this Period

[Redacted] 1960.47

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

[Redacted] 8220.23

[Redacted]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Team Ryan**

Full Name (Last, First, Middle Initial)

**A. KASTAN, JACOB, , ,**

Mailing Address 1100 FIRST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003-2307

Purpose of Disbursement  
JFC SALARY

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			15			2017			

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I2044

Amount of Each Disbursement this Period

[REDACTED] 1960.48

Memo Item

Full Name (Last, First, Middle Initial)

**B. KASTAN, JACOB, , ,**

Mailing Address 1100 FIRST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003-2307

Purpose of Disbursement  
JFC SALARY

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			30			2017			

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I20571

Amount of Each Disbursement this Period

[REDACTED] 1960.47

Memo Item

Full Name (Last, First, Middle Initial)

**C. KASTAN, JACOB, , ,**

Mailing Address 1100 FIRST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003-2307

Purpose of Disbursement  
JFC SALARY

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			15			2017			

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I2070

Amount of Each Disbursement this Period

[REDACTED] 1960.48

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

[REDACTED] 5881.43

**TOTAL** This Period (last page this line number only)..... ▶

[REDACTED]



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. MCDONALD, OLIVIA, M, ,**  
Full Name (Last, First, Middle Initial)

Mailing Address 1407 CORCORAN ST NW

City WASHINGTON State DC Zip Code 20009

Purpose of Disbursement JFC SALARY

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 11 / 15 / 2017

FEC Identification Number: C

Transaction ID : SB21B.I2044:

Amount of Each Disbursement this Period: 848.44

Memo Item

**B. MCDONALD, OLIVIA, M, ,**  
Full Name (Last, First, Middle Initial)

Mailing Address 1407 CORCORAN ST NW

City WASHINGTON State DC Zip Code 20009

Purpose of Disbursement JFC SALARY

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 11 / 30 / 2017

FEC Identification Number: C

Transaction ID : SB21B.I2057C

Amount of Each Disbursement this Period: 848.45

Memo Item

**C. MCDONALD, OLIVIA, M, ,**  
Full Name (Last, First, Middle Initial)

Mailing Address 1407 CORCORAN ST NW

City WASHINGTON State DC Zip Code 20009

Purpose of Disbursement JFC SALARY

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 12 / 15 / 2017

FEC Identification Number: C

Transaction ID : SB21B.I2070

Amount of Each Disbursement this Period: 848.44

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 2545.33

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Team Ryan**

Full Name (Last, First, Middle Initial)

**A. MCDONALD, OLIVIA, M, ,**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			29			2017			

Mailing Address 1407 CORCORAN ST NW

City WASHINGTON State DC Zip Code 20009

FEC Identification Number

**C**

**Transaction ID : SB21B.I2075**

Amount of Each Disbursement this Period

848.45

Purpose of Disbursement JFC SALARY

Candidate Name

Category/Type

Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify) ▼  
 State: District:

Memo Item

Full Name (Last, First, Middle Initial)

**B. MERRICK, DAVID, , ,**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			13			2017			

Mailing Address 1819 E CAPITOL ST SE APT 301

City WASHINGTON State DC Zip Code 20003

FEC Identification Number

**C**

**Transaction ID : SB21B.I2015C**

Amount of Each Disbursement this Period

577.25

Purpose of Disbursement JFC SALARY

Candidate Name

Category/Type

Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify) ▼  
 State: District:

Memo Item

Full Name (Last, First, Middle Initial)

**C. MERRICK, DAVID, , ,**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			31			2017			

Mailing Address 1819 E CAPITOL ST SE APT 301

City WASHINGTON State DC Zip Code 20003

FEC Identification Number

**C**

**Transaction ID : SB21B.I2034**

Amount of Each Disbursement this Period

577.26

Purpose of Disbursement JFC SALARY

Candidate Name

Category/Type

Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify) ▼  
 State: District:

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

2002.96

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. MERRICK, DAVID, , ,**  
Full Name (Last, First, Middle Initial)

Date of Disbursement:  /  /

Mailing Address 1819 E CAPITOL ST SE APT 301

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement JFC SALARY

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

FEC Identification Number:   
**Transaction ID : SB21B.I2044;**  
Amount of Each Disbursement this Period:   
 Memo Item

**B. MERRICK, DAVID, , ,**  
Full Name (Last, First, Middle Initial)

Date of Disbursement:  /  /

Mailing Address 1819 E CAPITOL ST SE APT 301

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement JFC SALARY

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

FEC Identification Number:   
**Transaction ID : SB21B.I2056;**  
Amount of Each Disbursement this Period:   
 Memo Item

**C. MERRICK, DAVID, , ,**  
Full Name (Last, First, Middle Initial)

Date of Disbursement:  /  /

Mailing Address 1819 E CAPITOL ST SE APT 301

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement JFC SALARY

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

FEC Identification Number:   
**Transaction ID : SB21B.I2070**  
Amount of Each Disbursement this Period:   
 Memo Item

**SUBTOTAL** of Disbursements This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Team Ryan**

Full Name (Last, First, Middle Initial)

**A. MERRICK, DAVID, , ,**

Mailing Address 1819 E CAPITOL ST SE APT 301

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
JFC SALARY

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			29			2017			

FEC Identification Number

**C** [ ]  
**Transaction ID : SB21B.I2075:**  
 Amount of Each Disbursement this Period  
 [ ] 577.26

Memo Item

Full Name (Last, First, Middle Initial)

**B. PLAUT, BRIAN, , ,**

Mailing Address 520 12TH ST S APT 2112

City  
ARLINGTON

State  
VA

Zip Code  
22202

Purpose of Disbursement  
JFC SALARY

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			13			2017			

FEC Identification Number

**C** [ ]  
**Transaction ID : SB21B.I2014:**  
 Amount of Each Disbursement this Period  
 [ ] 675.63

Memo Item

Full Name (Last, First, Middle Initial)

**C. PLAUT, BRIAN, , ,**

Mailing Address 520 12TH ST S APT 2112

City  
ARLINGTON

State  
VA

Zip Code  
22202

Purpose of Disbursement  
JFC SALARY

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			31			2017			

FEC Identification Number

**C** [ ]  
**Transaction ID : SB21B.I2034**  
 Amount of Each Disbursement this Period  
 [ ] 675.63

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

[ ] 1928.52

**TOTAL** This Period (last page this line number only)..... ▶

[ ]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Team Ryan**

Full Name (Last, First, Middle Initial)

**A. PLAUT, BRIAN, , ,**

Mailing Address 520 12TH ST S APT 2112

City  
ARLINGTON

State  
VA

Zip Code  
22202

Purpose of Disbursement  
JFC SALARY

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			15			2017			

FEC Identification Number

**C** [Redacted]

**Transaction ID : SB21B.I2044'**

Amount of Each Disbursement this Period

[Redacted] 675.63

Memo Item

Full Name (Last, First, Middle Initial)

**B. PLAUT, BRIAN, , ,**

Mailing Address 520 12TH ST S APT 2112

City  
ARLINGTON

State  
VA

Zip Code  
22202

Purpose of Disbursement  
JFC SALARY

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			30			2017			

FEC Identification Number

**C** [Redacted]

**Transaction ID : SB21B.I2056'**

Amount of Each Disbursement this Period

[Redacted] 675.63

Memo Item

Full Name (Last, First, Middle Initial)

**C. PLAUT, BRIAN, , ,**

Mailing Address 520 12TH ST S APT 2112

City  
ARLINGTON

State  
VA

Zip Code  
22202

Purpose of Disbursement  
JFC SALARY

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			15			2017			

FEC Identification Number

**C** [Redacted]

**Transaction ID : SB21B.I2070'**

Amount of Each Disbursement this Period

[Redacted] 675.63

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

[Redacted] 2026.89

**TOTAL** This Period (last page this line number only)..... ▶

[Redacted]



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Team Ryan**

Full Name (Last, First, Middle Initial)

**A. PLAUT, BRIAN, , ,**

Mailing Address 520 12TH ST S APT 2112

City  
ARLINGTON

State  
VA

Zip Code  
22202

Purpose of Disbursement  
JFC SALARY

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			29			2017			

FEC Identification Number

**C** [REDACTED]

**Transaction ID : SB21B.I2075**  
Amount of Each Disbursement this Period

[REDACTED] 675.63

Memo Item

Full Name (Last, First, Middle Initial)

**B. SEIFERT, KEVIN, , ,**

Mailing Address 1391 PENNSYLVANIA AVE SE #325

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
SEE MEMO ENTRY BELOW

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			04			2017			

FEC Identification Number

**C** [REDACTED]

**Transaction ID : SB21B.I20095**  
Amount of Each Disbursement this Period

[REDACTED] 1387.59

Memo Item

Full Name (Last, First, Middle Initial)

**C. CAPITOL HILL CLUB**

Mailing Address 300 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
JFC EVENT CATERING

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			04			2017			

FEC Identification Number

**C** [REDACTED]

**Transaction ID : SB21B.I2009**  
Amount of Each Disbursement this Period

[REDACTED] 1387.59

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

[REDACTED] 2063.22

**TOTAL** This Period (last page this line number only)..... ▶

[REDACTED]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Team Ryan**

Full Name (Last, First, Middle Initial)

**A. SEIFERT, KEVIN, , ,**

Mailing Address 1391 PENNSYLVANIA AVE SE #325

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
JFC SALARY

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
10 / 13 / 2017

FEC Identification Number

C  
**Transaction ID : SB21B.I2014I**  
Amount of Each Disbursement this Period  
1839.85

Memo Item

Full Name (Last, First, Middle Initial)

**B. SEIFERT, KEVIN, , ,**

Mailing Address 1391 PENNSYLVANIA AVE SE #325

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
SEE MEMO ENTRIES BELOW

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY  
10 / 24 / 2017

FEC Identification Number

C  
**Transaction ID : SB21B.I2023I**  
Amount of Each Disbursement this Period  
818.87

Memo Item

Full Name (Last, First, Middle Initial)

**C. BULLFEATHERS**

Mailing Address 410 1ST STREET SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
JFC MEETING EXPENSE

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
10 / 24 / 2017

FEC Identification Number

C  
**Transaction ID : SB21B.I2023I**  
Amount of Each Disbursement this Period  
66.63

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

2658.72

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Team Ryan**

Full Name (Last, First, Middle Initial)

**A. HANK'S OYSTER BAR**

Mailing Address 1624 Q ST NW

City  
WASHINGTON

State  
DC

Zip Code  
20009

Purpose of Disbursement  
JFC EVENT CATERING

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			24			2017			

FEC Identification Number

C

**Transaction ID : SB21B.I2023!**

Amount of Each Disbursement this Period

381.20

Memo Item

Full Name (Last, First, Middle Initial)

**B. HAWK N DOVE**

Mailing Address 329 PENNSYLVANIA AVE. SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
JFC MEETING EXPENSE

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			24			2017			

FEC Identification Number

C

**Transaction ID : SB21B.I2023!**

Amount of Each Disbursement this Period

78.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. UBER**

Mailing Address 182 HOWARD ST #8

City  
SAN FRANCISCO

State  
CA

Zip Code  
94105

Purpose of Disbursement  
JFC TRAVEL EXPENSE

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			24			2017			

FEC Identification Number

C

**Transaction ID : SB21B.I2023!**

Amount of Each Disbursement this Period

118.22

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

<input type="text"/>	0.00
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<input type="text"/>	
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Team Ryan**

Full Name (Last, First, Middle Initial)

**A. SEIFERT, KEVIN, , ,**

Mailing Address 1391 PENNSYLVANIA AVE SE #325

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
JFC SALARY

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B.I2034I**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. SEIFERT, KEVIN, , ,**

Mailing Address 1391 PENNSYLVANIA AVE SE #325

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
SEE MEMO ENTRY BELOW

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B.I2039I**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. CAPITOL HILL CLUB**

Mailing Address 300 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
JFC EVENT CATERING

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B.I2039I**

Amount of Each Disbursement this Period

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Team Ryan**

Full Name (Last, First, Middle Initial)

**A. SEIFERT, KEVIN, , ,**

Mailing Address 1391 PENNSYLVANIA AVE SE #325

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
SEE MEMO ENTRIES BELOW

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			09			2017			

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I2041  
Amount of Each Disbursement this Period

[REDACTED] 347.88

Memo Item

Full Name (Last, First, Middle Initial)

**B. UBER**

Mailing Address 182 HOWARD ST #8

City  
SAN FRANCISCO

State  
CA

Zip Code  
94105

Purpose of Disbursement  
JFC TRANSPORTATION

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify)

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			09			2017			

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I2041  
Amount of Each Disbursement this Period

[REDACTED] 97.23

Memo Item

Full Name (Last, First, Middle Initial)

**C. SEIFERT, KEVIN, , ,**

Mailing Address 1391 PENNSYLVANIA AVE SE #325

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
JFC SALARY

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			15			2017			

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I2044  
Amount of Each Disbursement this Period

[REDACTED] 1839.85

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

[REDACTED] 2187.73

[REDACTED]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Team Ryan**

Full Name (Last, First, Middle Initial)

**A. SEIFERT, KEVIN, , ,**

Mailing Address 1391 PENNSYLVANIA AVE SE #325

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
JFC SALARY

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			30			2017			

FEC Identification Number

**C** [REDACTED]  
**Transaction ID : SB21B.I2056;**  
Amount of Each Disbursement this Period  
[REDACTED] 1839.85

Memo Item

Full Name (Last, First, Middle Initial)

**B. SEIFERT, KEVIN, , ,**

Mailing Address 1391 PENNSYLVANIA AVE SE #325

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
SEE MEMO ENTRY BELOW

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			08			2017			

FEC Identification Number

**C** [REDACTED]  
**Transaction ID : SB21B.I20661**  
Amount of Each Disbursement this Period  
[REDACTED] 893.60

Memo Item

Full Name (Last, First, Middle Initial)

**C. CAPITOL HILL CLUB**

Mailing Address 300 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
JFC EVENT CATERING

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			08			2017			

FEC Identification Number

**C** [REDACTED]  
**Transaction ID : SB21B.I2066**  
Amount of Each Disbursement this Period  
[REDACTED] 893.60

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

[REDACTED] 2733.45

[REDACTED]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Team Ryan**

Full Name (Last, First, Middle Initial)

**A. SEIFERT, KEVIN, , ,**

Mailing Address 1391 PENNSYLVANIA AVE SE #325

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
JFC SALARY

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			15			2017			

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I2069!

Amount of Each Disbursement this Period

[REDACTED] 1839.85

Memo Item

Full Name (Last, First, Middle Initial)

**B. SEIFERT, KEVIN, , ,**

Mailing Address 1391 PENNSYLVANIA AVE SE #325

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
JFC SALARY

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			29			2017			

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I20751

Amount of Each Disbursement this Period

[REDACTED] 9367.01

Memo Item

Full Name (Last, First, Middle Initial)

**C. ADP**

Mailing Address 1 ADP BLVD

City  
ROSELAND

State  
NJ

Zip Code  
07068

Purpose of Disbursement  
JFC PAYROLL EXPENSE

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			06			2017			

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I2011

Amount of Each Disbursement this Period

[REDACTED] 94.69

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

[REDACTED] 11301.55

[REDACTED]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Team Ryan**

Full Name (Last, First, Middle Initial)

**A. ADP**

Mailing Address 1 ADP BLVD

City  
ROSELAND

State  
NJ

Zip Code  
07068

Purpose of Disbursement  
JFC PAYROLL TAXES

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			13			2017			

FEC Identification Number

**C** [ ]  
**Transaction ID : SB21B.I2014;**  
Amount of Each Disbursement this Period  
[ ] 3199.72

Memo Item

Full Name (Last, First, Middle Initial)

**B. ADP**

Mailing Address 1 ADP BLVD

City  
ROSELAND

State  
NJ

Zip Code  
07068

Purpose of Disbursement  
JFC PAYROLL EXPENSE

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			20			2017			

FEC Identification Number

**C** [ ]  
**Transaction ID : SB21B.I2022;**  
Amount of Each Disbursement this Period  
[ ] 92.38

Memo Item

Full Name (Last, First, Middle Initial)

**C. ADP**

Mailing Address 1 ADP BLVD

City  
ROSELAND

State  
NJ

Zip Code  
07068

Purpose of Disbursement  
JFC PAYROLL EXPENSE

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			27			2017			

FEC Identification Number

**C** [ ]  
**Transaction ID : SB21B.I2026**  
Amount of Each Disbursement this Period  
[ ] 14.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

[ ] 3306.10
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[ ]
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. ADP**

Full Name (Last, First, Middle Initial)

Mailing Address 1 ADP BLVD

City ROSELAND State NJ Zip Code 07068

Purpose of Disbursement JFC TAXES

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 10 / 31 / 2017

FEC Identification Number: C

Transaction ID : SB21B.I2034!

Amount of Each Disbursement this Period: 3185.20

Memo Item

**B. ADP**

Full Name (Last, First, Middle Initial)

Mailing Address 1 ADP BLVD

City ROSELAND State NJ Zip Code 07068

Purpose of Disbursement JFC PAYROLL EXPENSE

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 11 / 10 / 2017

FEC Identification Number: C

Transaction ID : SB21B.I2042!

Amount of Each Disbursement this Period: 92.38

Memo Item

**C. ADP**

Full Name (Last, First, Middle Initial)

Mailing Address 1 ADP BLVD

City ROSELAND State NJ Zip Code 07068

Purpose of Disbursement JFC TAXES

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 11 / 15 / 2017

FEC Identification Number: C

Transaction ID : SB21B.I2043

Amount of Each Disbursement this Period: 3623.26

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 6900.84

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Team Ryan**

Full Name (Last, First, Middle Initial)

**A. ADP**

Mailing Address 1 ADP BLVD

City  
ROSELAND

State  
NJ

Zip Code  
07068

Purpose of Disbursement  
JFC PAYROLL EXPENSE

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			17			2017			

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I2048'  
Amount of Each Disbursement this Period

[REDACTED] 14.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. ADP**

Mailing Address 1 ADP BLVD

City  
ROSELAND

State  
NJ

Zip Code  
07068

Purpose of Disbursement  
JFC PAYROLL EXPENSE

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			24			2017			

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I20517  
Amount of Each Disbursement this Period

[REDACTED] 94.69

Memo Item

Full Name (Last, First, Middle Initial)

**C. ADP**

Mailing Address 1 ADP BLVD

City  
ROSELAND

State  
NJ

Zip Code  
07068

Purpose of Disbursement  
JFC TAXES

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			30			2017			

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I2056  
Amount of Each Disbursement this Period

[REDACTED] 3608.74

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

[REDACTED] 3717.43

[REDACTED]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. ADP**

Full Name (Last, First, Middle Initial)

Mailing Address 1 ADP BLVD

City ROSELAND State NJ Zip Code 07068

Purpose of Disbursement JFC PAYROLL EXPENSE

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 12 / 08 / 2017

FEC Identification Number: C

Transaction ID : SB21B.I2065I

Amount of Each Disbursement this Period: 94.69

Memo Item

**B. ADP**

Full Name (Last, First, Middle Initial)

Mailing Address 1 ADP BLVD

City ROSELAND State NJ Zip Code 07068

Purpose of Disbursement JFC TAXES

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 12 / 15 / 2017

FEC Identification Number: C

Transaction ID : SB21B.I2069I

Amount of Each Disbursement this Period: 3606.36

Memo Item

**C. ADP**

Full Name (Last, First, Middle Initial)

Mailing Address 1 ADP BLVD

City ROSELAND State NJ Zip Code 07068

Purpose of Disbursement JFC PAYROLL EXPENSE

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 12 / 22 / 2017

FEC Identification Number: C

Transaction ID : SB21B.I2074I

Amount of Each Disbursement this Period: 94.69

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 3795.74

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

Full Name (Last, First, Middle Initial) <b>A. ADP</b>		Date of Disbursement MM / DD / YYYY 12 / 29 / 2017
Mailing Address 1 ADP BLVD		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.I2075I</b>
City ROSELAND	State NJ	Zip Code 07068
Purpose of Disbursement JFC TAXES		Amount of Each Disbursement this Period [REDACTED] 15960.23
Candidate Name		<input type="checkbox"/> Memo Item
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) <b>B. ADP</b>		Date of Disbursement MM / DD / YYYY 12 / 29 / 2017
Mailing Address 1 ADP BLVD		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.I2076I</b>
City ROSELAND	State NJ	Zip Code 07068
Purpose of Disbursement JFC PAYROLL EXPENSE		Amount of Each Disbursement this Period [REDACTED] 14.00
Candidate Name		<input type="checkbox"/> Memo Item
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) <b>C. ANEDOT</b>		Date of Disbursement MM / DD / YYYY 10 / 02 / 2017
Mailing Address 3RD STREET		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.I2007</b>
City BATON ROUGE	State LA	Zip Code 70801
Purpose of Disbursement JFC CC TRANSACTION FEES		Amount of Each Disbursement this Period [REDACTED] 97.80
Candidate Name		<input type="checkbox"/> Memo Item
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[REDACTED] 16072.03
<b>TOTAL</b> This Period (last page this line number only).....▶	[REDACTED]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

Full Name (Last, First, Middle Initial) <b>A. ANEDOT</b>		Date of Disbursement M M / D D / Y Y Y Y Y Y 10 / 06 / 2017	
Mailing Address 3RD STREET			
City BATON ROUGE	State LA	Zip Code 70801	
Purpose of Disbursement JFC CC TRANSACTION FEES		Category/Type <input type="checkbox"/>	
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:			
		FEC Identification Number C <b>Transaction ID : SB21B.I2012</b> Amount of Each Disbursement this Period 1.86	
		<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. ANEDOT</b>		Date of Disbursement M M / D D / Y Y Y Y Y Y 10 / 09 / 2017	
Mailing Address 3RD STREET			
City BATON ROUGE	State LA	Zip Code 70801	
Purpose of Disbursement JFC CC TRANSACTION FEES		Category/Type <input type="checkbox"/>	
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:			
		FEC Identification Number C <b>Transaction ID : SB21B.I2012</b> Amount of Each Disbursement this Period 195.30	
		<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. ANEDOT</b>		Date of Disbursement M M / D D / Y Y Y Y Y Y 10 / 10 / 2017	
Mailing Address 3RD STREET			
City BATON ROUGE	State LA	Zip Code 70801	
Purpose of Disbursement JFC CC TRANSACTION FEES		Category/Type <input type="checkbox"/>	
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:			
		FEC Identification Number C <b>Transaction ID : SB21B.I2014</b> Amount of Each Disbursement this Period 97.80	
		<input type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional)..... ▶	294.96
<b>TOTAL</b> This Period (last page this line number only)..... ▶	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

Full Name (Last, First, Middle Initial)  
**A. ANEDOT**

Mailing Address **3RD STREET**

City **BATON ROUGE** State **LA** Zip Code **70801**

Purpose of Disbursement  
**JFC CC TRANSACTION FEES**

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: **10 / 11 / 2017**

FEC Identification Number: **C**  
**Transaction ID : SB21B.I2014**  
Amount of Each Disbursement this Period: **1511.57**

Memo Item

Full Name (Last, First, Middle Initial)  
**B. ANEDOT**

Mailing Address **3RD STREET**

City **BATON ROUGE** State **LA** Zip Code **70801**

Purpose of Disbursement  
**JFC CC TRANSACTION FEES**

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: **10 / 12 / 2017**

FEC Identification Number: **C**  
**Transaction ID : SB21B.I2015**  
Amount of Each Disbursement this Period: **195.60**

Memo Item

Full Name (Last, First, Middle Initial)  
**C. ANEDOT**

Mailing Address **3RD STREET**

City **BATON ROUGE** State **LA** Zip Code **70801**

Purpose of Disbursement  
**JFC CC TRANSACTION FEES**

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: **10 / 14 / 2017**

FEC Identification Number: **C**  
**Transaction ID : SB21B.I2016**  
Amount of Each Disbursement this Period: **97.80**

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ **1804.97**

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Team Ryan**

Full Name (Last, First, Middle Initial)

**A. ANEDOT**

Mailing Address 3RD STREET

City  
BATON ROUGE

State  
LA

Zip Code  
70801

Purpose of Disbursement  
JFC CC TRANSACTION FEES

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			1	6			2	0	1	7		

FEC Identification Number

**C**

**Transaction ID : SB21B.I2016**

Amount of Each Disbursement this Period

7	1	7	.	4	5
---	---	---	---	---	---

Memo Item

Full Name (Last, First, Middle Initial)

**B. ANEDOT**

Mailing Address 3RD STREET

City  
BATON ROUGE

State  
LA

Zip Code  
70801

Purpose of Disbursement  
JFC CC TRANSACTION FEES

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			1	7			2	0	1	7		

FEC Identification Number

**C**

**Transaction ID : SB21B.I2018**

Amount of Each Disbursement this Period

3	9	1	.	2	0
---	---	---	---	---	---

Memo Item

Full Name (Last, First, Middle Initial)

**C. ANEDOT**

Mailing Address 3RD STREET

City  
BATON ROUGE

State  
LA

Zip Code  
70801

Purpose of Disbursement  
JFC CC TRANSACTION FEES

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			1	8			2	0	1	7		

FEC Identification Number

**C**

**Transaction ID : SB21B.I2020**

Amount of Each Disbursement this Period

9	7	.	8	0
---	---	---	---	---

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

1	2	0	6	.	4	5
---	---	---	---	---	---	---

9	7	.	8	0
---	---	---	---	---

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. ANEDOT**

Full Name (Last, First, Middle Initial)

Mailing Address 3RD STREET

City BATON ROUGE State LA Zip Code 70801

Purpose of Disbursement JFC CC TRANSACTION FEES

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 10 / 20 / 2017

FEC Identification Number: C

Transaction ID : SB21B.I2022i

Amount of Each Disbursement this Period: 300.90

Memo Item

**B. ANEDOT**

Full Name (Last, First, Middle Initial)

Mailing Address 3RD STREET

City BATON ROUGE State LA Zip Code 70801

Purpose of Disbursement JFC CC TRANSACTION FEES

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 10 / 23 / 2017

FEC Identification Number: C

Transaction ID : SB21B.I2023i

Amount of Each Disbursement this Period: 1676.45

Memo Item

**C. ANEDOT**

Full Name (Last, First, Middle Initial)

Mailing Address 3RD STREET

City BATON ROUGE State LA Zip Code 70801

Purpose of Disbursement JFC CC TRANSACTION FEES

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 10 / 24 / 2017

FEC Identification Number: C

Transaction ID : SB21B.I2026

Amount of Each Disbursement this Period: 124.43

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 2101.78

**TOTAL** This Period (last page this line number only)..... ▶



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

Full Name (Last, First, Middle Initial) <b>A. ANEDOT</b>		Date of Disbursement M M / D D / Y Y Y Y Y 10 / 26 / 2017	
Mailing Address 3RD STREET			
City BATON ROUGE	State LA	Zip Code 70801	
Purpose of Disbursement JFC CC TRANSACTION FEES		Category/Type <input type="checkbox"/>	
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:			
		FEC Identification Number C <b>Transaction ID : SB21B.I2026</b> Amount of Each Disbursement this Period 390.30	
		<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. ANEDOT</b>		Date of Disbursement M M / D D / Y Y Y Y Y 10 / 25 / 2017	
Mailing Address 3RD STREET			
City BATON ROUGE	State LA	Zip Code 70801	
Purpose of Disbursement JFC CC TRANSACTION FEES		Category/Type <input type="checkbox"/>	
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:			
		FEC Identification Number C <b>Transaction ID : SB21B.I2026</b> Amount of Each Disbursement this Period 132.47	
		<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. ANEDOT</b>		Date of Disbursement M M / D D / Y Y Y Y Y 10 / 27 / 2017	
Mailing Address 3RD STREET			
City BATON ROUGE	State LA	Zip Code 70801	
Purpose of Disbursement JFC CC TRANSACTION FEES		Category/Type <input type="checkbox"/>	
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:			
		FEC Identification Number C <b>Transaction ID : SB21B.I2026</b> Amount of Each Disbursement this Period 217.27	
		<input type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional)..... ▶	740.04
<b>TOTAL</b> This Period (last page this line number only)..... ▶	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. ANEDOT**

Full Name (Last, First, Middle Initial)

Mailing Address 3RD STREET

City BATON ROUGE State LA Zip Code 70801

Purpose of Disbursement JFC CC TRANSACTION FEES

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 10 / 31 / 2017

FEC Identification Number: C

Transaction ID : SB21B.I2035

Amount of Each Disbursement this Period: 417.12

Memo Item

**B. ANEDOT**

Full Name (Last, First, Middle Initial)

Mailing Address 3RD STREET

City BATON ROUGE State LA Zip Code 70801

Purpose of Disbursement JFC CC TRANSACTION FEES

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 11 / 02 / 2017

FEC Identification Number: C

Transaction ID : SB21B.I2037

Amount of Each Disbursement this Period: 78.60

Memo Item

**C. ANEDOT**

Full Name (Last, First, Middle Initial)

Mailing Address 3RD STREET

City BATON ROUGE State LA Zip Code 70801

Purpose of Disbursement JFC CC TRANSACTION FEES

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 11 / 03 / 2017

FEC Identification Number: C

Transaction ID : SB21B.I2038

Amount of Each Disbursement this Period: 14.99

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 510.71

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Team Ryan**

Full Name (Last, First, Middle Initial)

**A. ANEDOT**

Mailing Address 3RD STREET

City  
BATON ROUGE

State  
LA

Zip Code  
70801

Purpose of Disbursement  
JFC CC TRANSACTION FEES

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		0	6		2	0	1	7

FEC Identification Number

C [ ]

**Transaction ID : SB21B.I2039**

Amount of Each Disbursement this Period

[ ] 477.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. ANEDOT**

Mailing Address 3RD STREET

City  
BATON ROUGE

State  
LA

Zip Code  
70801

Purpose of Disbursement  
JFC CC TRANSACTION FEES

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		0	7		2	0	1	7

FEC Identification Number

C [ ]

**Transaction ID : SB21B.I2039**

Amount of Each Disbursement this Period

[ ] 12.60

Memo Item

Full Name (Last, First, Middle Initial)

**C. ANEDOT**

Mailing Address 3RD STREET

City  
BATON ROUGE

State  
LA

Zip Code  
70801

Purpose of Disbursement  
JFC CC TRANSACTION FEES

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		0	8		2	0	1	7

FEC Identification Number

C [ ]

**Transaction ID : SB21B.I2041**

Amount of Each Disbursement this Period

[ ] 97.80

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

[ ] 587.40

[ ]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Team Ryan**

Full Name (Last, First, Middle Initial)

**A. ANEDOT**

Mailing Address 3RD STREET

City  
BATON ROUGE

State  
LA

Zip Code  
70801

Purpose of Disbursement  
JFC CC TRANSACTION FEES

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
11 / 09 / 2017

FEC Identification Number

C  
**Transaction ID : SB21B.I2042**  
Amount of Each Disbursement this Period  
3.33

Memo Item

Full Name (Last, First, Middle Initial)

**B. ANEDOT**

Mailing Address 3RD STREET

City  
BATON ROUGE

State  
LA

Zip Code  
70801

Purpose of Disbursement  
JFC CC TRANSACTION FEES

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
11 / 10 / 2017

FEC Identification Number

C  
**Transaction ID : SB21B.I2042**  
Amount of Each Disbursement this Period  
949.50

Memo Item

Full Name (Last, First, Middle Initial)

**C. ANEDOT**

Mailing Address 3RD STREET

City  
BATON ROUGE

State  
LA

Zip Code  
70801

Purpose of Disbursement  
JFC CC TRANSACTION FEES

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
11 / 13 / 2017

FEC Identification Number

C  
**Transaction ID : SB21B.I2043**  
Amount of Each Disbursement this Period  
5.20

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

958.03

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. ANEDOT**

Full Name (Last, First, Middle Initial)

Mailing Address 3RD STREET

City BATON ROUGE State LA Zip Code 70801

Purpose of Disbursement JFC CC TRANSACTION FEES

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 11 / 14 / 2017

FEC Identification Number: C

Transaction ID : SB21B.I2045

Amount of Each Disbursement this Period: 4.20

Memo Item

**B. ANEDOT**

Full Name (Last, First, Middle Initial)

Mailing Address 3RD STREET

City BATON ROUGE State LA Zip Code 70801

Purpose of Disbursement JFC CC TRANSACTION FEES

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 11 / 16 / 2017

FEC Identification Number: C

Transaction ID : SB21B.I2048f

Amount of Each Disbursement this Period: 6.45

Memo Item

**C. ANEDOT**

Full Name (Last, First, Middle Initial)

Mailing Address 3RD STREET

City BATON ROUGE State LA Zip Code 70801

Purpose of Disbursement JFC CC TRANSACTION FEES

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 11 / 17 / 2017

FEC Identification Number: C

Transaction ID : SB21B.I2051

Amount of Each Disbursement this Period: 19.80

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 30.45

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Team Ryan**

Full Name (Last, First, Middle Initial)

**A. ANEDOT**

Mailing Address 3RD STREET

City  
BATON ROUGE

State  
LA

Zip Code  
70801

Purpose of Disbursement  
JFC CC TRANSACTION FEES

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			20			2017			

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I2051f

Amount of Each Disbursement this Period

[REDACTED] 390.90

Memo Item

Full Name (Last, First, Middle Initial)

**B. ANEDOT**

Mailing Address 3RD STREET

City  
BATON ROUGE

State  
LA

Zip Code  
70801

Purpose of Disbursement  
JFC CC TRANSACTION FEES

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			30			2017			

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I2057f

Amount of Each Disbursement this Period

[REDACTED] 1750.60

Memo Item

Full Name (Last, First, Middle Initial)

**C. ANEDOT**

Mailing Address 3RD STREET

City  
BATON ROUGE

State  
LA

Zip Code  
70801

Purpose of Disbursement  
JFC CC TRANSACTION FEES

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			30			2017			

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I2058

Amount of Each Disbursement this Period

[REDACTED] 195.30

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

[REDACTED] 2336.80

**TOTAL** This Period (last page this line number only)..... ▶

[REDACTED]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

Full Name (Last, First, Middle Initial) <b>A. ANEDOT</b>		Date of Disbursement MM / DD / YYYY 12 / 02 / 2017	
Mailing Address 3RD STREET		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.I2059'</b> Amount of Each Disbursement this Period 97.80	
City BATON ROUGE	State LA	Zip Code 70801	Category/ Type
Purpose of Disbursement JFC CC TRANSACTION FEES			
Candidate Name		Memo Item <input type="checkbox"/>	
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) <b>B. ANEDOT</b>		Date of Disbursement MM / DD / YYYY 12 / 04 / 2017	
Mailing Address 3RD STREET		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.I2059'</b> Amount of Each Disbursement this Period 336.30	
City BATON ROUGE	State LA	Zip Code 70801	Category/ Type
Purpose of Disbursement JFC CC TRANSACTION FEES			
Candidate Name		Memo Item <input type="checkbox"/>	
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) <b>C. ANEDOT</b>		Date of Disbursement MM / DD / YYYY 12 / 07 / 2017	
Mailing Address 3RD STREET		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.I2066</b> Amount of Each Disbursement this Period 405.71	
City BATON ROUGE	State LA	Zip Code 70801	Category/ Type
Purpose of Disbursement JFC CC TRANSACTION FEES			
Candidate Name		Memo Item <input type="checkbox"/>	
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:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	839.81
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. ANEDOT**

Full Name (Last, First, Middle Initial)

Mailing Address 3RD STREET

City BATON ROUGE State LA Zip Code 70801

Purpose of Disbursement JFC CC TRANSACTION FEES

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 12 / 11 / 2017

FEC Identification Number: C

Transaction ID : SB21B.I2066

Amount of Each Disbursement this Period: 291.29

Memo Item

**B. ANEDOT**

Full Name (Last, First, Middle Initial)

Mailing Address 3RD STREET

City BATON ROUGE State LA Zip Code 70801

Purpose of Disbursement JFC CC TRANSACTION FEES

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 12 / 13 / 2017

FEC Identification Number: C

Transaction ID : SB21B.I2067

Amount of Each Disbursement this Period: 98.64

Memo Item

**C. ANEDOT**

Full Name (Last, First, Middle Initial)

Mailing Address 3RD STREET

City BATON ROUGE State LA Zip Code 70801

Purpose of Disbursement JFC CC TRANSACTION FEES

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 12 / 14 / 2017

FEC Identification Number: C

Transaction ID : SB21B.I2070

Amount of Each Disbursement this Period: 32.62

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 422.55

**TOTAL** This Period (last page this line number only)..... ▶



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

Full Name (Last, First, Middle Initial)  
**A. ANEDOT**

Date of Disbursement:  /  /

Mailing Address: 3RD STREET

City: BATON ROUGE      State: LA      Zip Code: 70801

Purpose of Disbursement: JFC CC TRANSACTION FEES

Candidate Name: \_\_\_\_\_

Office Sought:  House      Disbursement For:  Primary       General  
 Senate  
 President       Other (specify) ▼

State: \_\_\_\_\_ District: \_\_\_\_\_

FEC Identification Number:  \_\_\_\_\_  
**Transaction ID : SB21B.I2071'**  
 Amount of Each Disbursement this Period:   
 Memo Item

Full Name (Last, First, Middle Initial)  
**B. ANEDOT**

Date of Disbursement:  /  /

Mailing Address: 3RD STREET

City: BATON ROUGE      State: LA      Zip Code: 70801

Purpose of Disbursement: JFC CC TRANSACTION FEES

Candidate Name: \_\_\_\_\_

Office Sought:  House      Disbursement For:  Primary       General  
 Senate  
 President       Other (specify) ▼

State: \_\_\_\_\_ District: \_\_\_\_\_

FEC Identification Number:  \_\_\_\_\_  
**Transaction ID : SB21B.I2072'**  
 Amount of Each Disbursement this Period:   
 Memo Item

Full Name (Last, First, Middle Initial)  
**C. ANEDOT**

Date of Disbursement:  /  /

Mailing Address: 3RD STREET

City: BATON ROUGE      State: LA      Zip Code: 70801

Purpose of Disbursement: JFC CC TRANSACTION FEES

Candidate Name: \_\_\_\_\_

Office Sought:  House      Disbursement For:  Primary       General  
 Senate  
 President       Other (specify) ▼

State: \_\_\_\_\_ District: \_\_\_\_\_

FEC Identification Number:  \_\_\_\_\_  
**Transaction ID : SB21B.I2073'**  
 Amount of Each Disbursement this Period:   
 Memo Item

**SUBTOTAL** of Disbursements This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

Full Name (Last, First, Middle Initial) <b>A. ANEDOT</b>		Date of Disbursement MM / DD / YYYY 12 / 20 / 2017	
Mailing Address 3RD STREET		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.I2074'</b> Amount of Each Disbursement this Period 297.60	
City BATON ROUGE	State LA	Zip Code 70801	Category/ Type
Purpose of Disbursement JFC CC TRANSACTION FEES		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) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) <b>B. ANEDOT</b>		Date of Disbursement MM / DD / YYYY 12 / 21 / 2017	
Mailing Address 3RD STREET		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.I20742</b> Amount of Each Disbursement this Period 3398.10	
City BATON ROUGE	State LA	Zip Code 70801	Category/ Type
Purpose of Disbursement JFC CC TRANSACTION FEES		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) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) <b>C. ASPECT CONSULTING</b>		Date of Disbursement MM / DD / YYYY 11 / 06 / 2017	
Mailing Address 8401 EXCELSIOR DR STE 103		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.I2038</b> Amount of Each Disbursement this Period 1954.22	
City MADISON	State WI	Zip Code 53717	Category/ Type
Purpose of Disbursement JFC DIRECT MAIL CAGING		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) ▼		Memo Item <input type="checkbox"/>
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	5649.92
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

Full Name (Last, First, Middle Initial)  
**A. ASPECT CONSULTING**

Mailing Address 8401 EXCELSIOR DR STE 103

City MADISON State WI Zip Code 53717

Purpose of Disbursement JFC DIRECT MAIL CAGING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 12 / 18 / 2017

FEC Identification Number: C

Transaction ID : SB21B.I2071

Amount of Each Disbursement this Period: 235.50

Memo Item

Full Name (Last, First, Middle Initial)  
**B. BERKSHIRE HATHAWAY GUARD**

Mailing Address PO BOX A-H

City WILKES-BARRE State PA Zip Code 18703

Purpose of Disbursement JFC INSURANCE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 12 / 12 / 2017

FEC Identification Number: C

Transaction ID : SB21B.I20674

Amount of Each Disbursement this Period: 584.00

Memo Item

Full Name (Last, First, Middle Initial)  
**C. CAMPAIGN CAPITAL GROUP, LLC**

Mailing Address 138 CONANT ST 2ND FL

City BEVERLY State MA Zip Code 01915

Purpose of Disbursement JFC FUNDRAISING CONSULTING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 10 / 02 / 2017

FEC Identification Number: C

Transaction ID : SB21B.I2006

Amount of Each Disbursement this Period: 155000.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 155819.50

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Team Ryan**

Full Name (Last, First, Middle Initial)

**A. CAMPAIGN CAPITAL GROUP, LLC**

Mailing Address 138 CONANT ST 2ND FL

City  
BEVERLY

State  
MA

Zip Code  
01915

Purpose of Disbursement  
JFC FUNDRAISING CONSULTING

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	4		2	0	1	7

FEC Identification Number

**C** [ ]  
**Transaction ID : SB21B.I2043**  
Amount of Each Disbursement this Period  
[ ] 155000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. CAMPAIGN CAPITAL GROUP, LLC**

Mailing Address 138 CONANT ST 2ND FL

City  
BEVERLY

State  
MA

Zip Code  
01915

Purpose of Disbursement  
JFC FUNDRAISING CONSULTING

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		0	5		2	0	1	7

FEC Identification Number

**C** [ ]  
**Transaction ID : SB21B.I20643**  
Amount of Each Disbursement this Period  
[ ] 155000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. CMDI**

Mailing Address 7704 LEESBURG PIKE

City  
FALLS CHURCH

State  
VA

Zip Code  
22043

Purpose of Disbursement  
JFC SOFTWARE

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	3		2	0	1	7

FEC Identification Number

**C** [ ]  
**Transaction ID : SB21B.I2008**  
Amount of Each Disbursement this Period  
[ ] 1981.55

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

3	1	9	8	1	.	5	5
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--	--	--	--	--	--	--	--

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Team Ryan**

Full Name (Last, First, Middle Initial)

**A. CMDI**

Mailing Address 7704 LEESBURG PIKE

City FALLS CHURCH State VA Zip Code 22043

Purpose of Disbursement JFC SOFTWARE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
11 / 06 / 2017

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I2038I

Amount of Each Disbursement this Period

[REDACTED] 1988.27

Memo Item

Full Name (Last, First, Middle Initial)

**B. CMDI**

Mailing Address 7704 LEESBURG PIKE

City FALLS CHURCH State VA Zip Code 22043

Purpose of Disbursement JFC SOFTWARE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
11 / 29 / 2017

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I2055I

Amount of Each Disbursement this Period

[REDACTED] 796.83

Memo Item

Full Name (Last, First, Middle Initial)

**C. CMDI**

Mailing Address 7704 LEESBURG PIKE

City FALLS CHURCH State VA Zip Code 22043

Purpose of Disbursement JFC SOFTWARE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
12 / 05 / 2017

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I2059I

Amount of Each Disbursement this Period

[REDACTED] 1990.79

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

[REDACTED] 4775.89

[REDACTED]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Team Ryan**

Full Name (Last, First, Middle Initial)

**A. HOLTZMAN VOGEL JOSEFIK PLLC**

Mailing Address 45 NORTH HILL DRIVE  
STE. 100

City  
WARRENTON

State  
VA

Zip Code  
20186

Purpose of Disbursement  
JFC LEGAL SERVICES

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			20			2017			

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I2022f

Amount of Each Disbursement this Period

[REDACTED] 5000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. HOLTZMAN VOGEL JOSEFIK PLLC**

Mailing Address 45 NORTH HILL DRIVE  
STE. 100

City  
WARRENTON

State  
VA

Zip Code  
20186

Purpose of Disbursement  
JFC LEGAL SERVICES

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			30			2017			

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I2056f

Amount of Each Disbursement this Period

[REDACTED] 5000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. HOLTZMAN VOGEL JOSEFIK PLLC**

Mailing Address 45 NORTH HILL DRIVE  
STE. 100

City  
WARRENTON

State  
VA

Zip Code  
20186

Purpose of Disbursement  
JFC LEGAL SERVICES

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			20			2017			

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I2073

Amount of Each Disbursement this Period

[REDACTED] 5000.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

[REDACTED] 15000.00

[REDACTED]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. INTUIT**

Full Name (Last, First, Middle Initial)

Mailing Address 2632 MARINE WAY

City MOUNTAIN VIEW State CA Zip Code 94043

Purpose of Disbursement JFC SOFTWARE

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 10 / 06 / 2017

FEC Identification Number: C

Transaction ID : SB21B.I20111

Amount of Each Disbursement this Period: 30.00

Memo Item

**B. INTUIT**

Full Name (Last, First, Middle Initial)

Mailing Address 2632 MARINE WAY

City MOUNTAIN VIEW State CA Zip Code 94043

Purpose of Disbursement JFC SOFTWARE

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 11 / 06 / 2017

FEC Identification Number: C

Transaction ID : SB21B.I20385

Amount of Each Disbursement this Period: 30.00

Memo Item

**C. INTUIT**

Full Name (Last, First, Middle Initial)

Mailing Address 2632 MARINE WAY

City MOUNTAIN VIEW State CA Zip Code 94043

Purpose of Disbursement JFC SOFTWARE

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 12 / 06 / 2017

FEC Identification Number: C

Transaction ID : SB21B.I2064

Amount of Each Disbursement this Period: 35.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 95.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Team Ryan**

Full Name (Last, First, Middle Initial)

**A. ISTREAM FINANCIAL SERVICES**

Mailing Address 13555 BISHOPS CT

City: BROOKFIELD State: WI Zip Code: 53005

Purpose of Disbursement: JFC SOFTWARE

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
10 / 04 / 2017

FEC Identification Number

C  
Transaction ID : SB21B.I2008!  
Amount of Each Disbursement this Period  
95.63

Memo Item

Full Name (Last, First, Middle Initial)

**B. ISTREAM FINANCIAL SERVICES**

Mailing Address 13555 BISHOPS CT

City: BROOKFIELD State: WI Zip Code: 53005

Purpose of Disbursement: JFC SOFTWARE

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
11 / 03 / 2017

FEC Identification Number

C  
Transaction ID : SB21B.I2037!  
Amount of Each Disbursement this Period  
95.75

Memo Item

Full Name (Last, First, Middle Initial)

**C. ISTREAM FINANCIAL SERVICES**

Mailing Address 13555 BISHOPS CT

City: BROOKFIELD State: WI Zip Code: 53005

Purpose of Disbursement: JFC SOFTWARE

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
12 / 06 / 2017

FEC Identification Number

C  
Transaction ID : SB21B.I2064  
Amount of Each Disbursement this Period  
58.82

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

250.20



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Team Ryan**

Full Name (Last, First, Middle Initial)

**A. LCC, INC.**

Mailing Address 1125 PARK WEST DR

City  
CHARLOTTE

State  
NC

Zip Code  
28209

Purpose of Disbursement  
JFC FUNDRAISING CONSULTING

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			25			2017			

FEC Identification Number

C

**Transaction ID : SB21B.I2025!**

Amount of Each Disbursement this Period

4000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. NCCI**

Mailing Address 901 PENINSULA CORPORATE CIRCLE

City  
BOCA RATON

State  
FL

Zip Code  
33487

Purpose of Disbursement  
JFC INSURANCE

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify)

State: District:

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			14			2017			

FEC Identification Number

C

**Transaction ID : SB21B.I2043!**

Amount of Each Disbursement this Period

1414.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. PERFECT IMAGE PRINTING**

Mailing Address 5616 COLUMBIA PIKE

City  
FALLS CHURCH

State  
VA

Zip Code  
22041

Purpose of Disbursement  
JFC PRINTING

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			18			2017			

FEC Identification Number

C

**Transaction ID : SB21B.I2071**

Amount of Each Disbursement this Period

206.70

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

5620.70

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Team Ryan**

Full Name (Last, First, Middle Initial)

**A. PROFESSIONAL DATA SERVICES**

Mailing Address 824 S MILLEDGE AVE STE. 101

City  
ATHENS

State  
GA

Zip Code  
30605

Purpose of Disbursement  
JFC COMPLIANCE SERVICES

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			24			2017			

FEC Identification Number

**C** [ ]  
**Transaction ID : SB21B.I2023**  
Amount of Each Disbursement this Period  
[ ] 6065.62

Memo Item

Full Name (Last, First, Middle Initial)

**B. PROFESSIONAL DATA SERVICES**

Mailing Address 824 S MILLEDGE AVE STE. 101

City  
ATHENS

State  
GA

Zip Code  
30605

Purpose of Disbursement  
JFC COMPLIANCE SERVICES

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			28			2017			

FEC Identification Number

**C** [ ]  
**Transaction ID : SB21B.I2052**  
Amount of Each Disbursement this Period  
[ ] 6023.86

Memo Item

Full Name (Last, First, Middle Initial)

**C. PROFESSIONAL DATA SERVICES**

Mailing Address 824 S MILLEDGE AVE STE. 101

City  
ATHENS

State  
GA

Zip Code  
30605

Purpose of Disbursement  
JFC COMPLIANCE SERVICES

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			29			2017			

FEC Identification Number

**C** [ ]  
**Transaction ID : SB21B.I2074**  
Amount of Each Disbursement this Period  
[ ] 6017.85

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
						18107.33			

[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
-----	-----	-----	-----	-----	-----	-----	-----	-----	-----

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Team Ryan**

Full Name (Last, First, Middle Initial)

**A. RED CURVE SOLUTIONS**

Mailing Address 138 CONANT ST 2ND FL

City  
BEVERLY

State  
MA

Zip Code  
01915

Purpose of Disbursement  
JFC FUNDRAISING CONSULTING

Candidate Name

Office Sought:  
 House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			02			2017			

FEC Identification Number

**C** [ ]  
**Transaction ID : SB21B.I2007**  
 Amount of Each Disbursement this Period  
 [ ] 13757.51

Memo Item

Full Name (Last, First, Middle Initial)

**B. RED CURVE SOLUTIONS**

Mailing Address 138 CONANT ST 2ND FL

City  
BEVERLY

State  
MA

Zip Code  
01915

Purpose of Disbursement  
JFC FUNDRAISING CONSULTING

Candidate Name

Office Sought:  
 House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			31			2017			

FEC Identification Number

**C** [ ]  
**Transaction ID : SB21B.I20367**  
 Amount of Each Disbursement this Period  
 [ ] 13757.51

Memo Item

Full Name (Last, First, Middle Initial)

**C. RED CURVE SOLUTIONS**

Mailing Address 138 CONANT ST 2ND FL

City  
BEVERLY

State  
MA

Zip Code  
01915

Purpose of Disbursement  
JFC FUNDRAISING CONSULTING

Candidate Name

Office Sought:  
 House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			29			2017			

FEC Identification Number

**C** [ ]  
**Transaction ID : SB21B.I2055**  
 Amount of Each Disbursement this Period  
 [ ] 13757.51

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

41272.53
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**TOTAL** This Period (last page this line number only)..... ▶

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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

Full Name (Last, First, Middle Initial) <b>A. SCM ASSOCIATES</b>		Date of Disbursement MM / DD / YYYY 10 / 06 / 2017
Mailing Address 1283 MAIN ST		FEC Identification Number C [ ] <b>Transaction ID : SB21B.I2011!</b> Amount of Each Disbursement this Period 13296.00
City DUBLIN	State NH	Zip Code 34448-0254
Purpose of Disbursement JFC DIRECT MARKETING		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:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. SCM ASSOCIATES</b>		Date of Disbursement MM / DD / YYYY 10 / 31 / 2017
Mailing Address 1283 MAIN ST		FEC Identification Number C [ ] <b>Transaction ID : SB21B.I2035f</b> Amount of Each Disbursement this Period 2077.35
City DUBLIN	State NH	Zip Code 34448-0254
Purpose of Disbursement JFC DIRECT MARKETING		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:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. SCM ASSOCIATES</b>		Date of Disbursement MM / DD / YYYY 11 / 15 / 2017
Mailing Address 1283 MAIN ST		FEC Identification Number C [ ] <b>Transaction ID : SB21B.I2045</b> Amount of Each Disbursement this Period 6575.00
City DUBLIN	State NH	Zip Code 34448-0254
Purpose of Disbursement JFC DIRECT MARKETING		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:	<input type="checkbox"/> Memo Item	

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

21948.35

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Team Ryan**

Full Name (Last, First, Middle Initial)

**A. SCM ASSOCIATES**

Mailing Address 1283 MAIN ST

City  
DUBLIN

State  
NH

Zip Code  
34448-0254

Purpose of Disbursement  
JFC DIRECT MARKETING

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			15			2017			

FEC Identification Number

C [ ]

**Transaction ID : SB21B.I2047I**

Amount of Each Disbursement this Period

[ ] 63496.10

Memo Item

Full Name (Last, First, Middle Initial)

**B. SCM ASSOCIATES**

Mailing Address 1283 MAIN ST

City  
DUBLIN

State  
NH

Zip Code  
34448-0254

Purpose of Disbursement  
JFC DIRECT MARKETING

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			17			2017			

FEC Identification Number

C [ ]

**Transaction ID : SB21B.I2048I**

Amount of Each Disbursement this Period

[ ] 15001.60

Memo Item

Full Name (Last, First, Middle Initial)

**C. SCM ASSOCIATES**

Mailing Address 1283 MAIN ST

City  
DUBLIN

State  
NH

Zip Code  
34448-0254

Purpose of Disbursement  
JFC DIRECT MARKETING

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			08			2017			

FEC Identification Number

C [ ]

**Transaction ID : SB21B.I2066**

Amount of Each Disbursement this Period

[ ] 1377.15

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

[ ] 79874.85

[ ]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Team Ryan**

Full Name (Last, First, Middle Initial)

**A. STRATEGIC ADVANCE SERVICES**

Mailing Address 611 PENNSYLVANIA AVE SE #267

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
JFC ADVANCE, TRAVEL & EVENT SERVICES

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			03			2017			

FEC Identification Number

C

Transaction ID : SB21B.I2008'

Amount of Each Disbursement this Period

96742.95

Memo Item

Full Name (Last, First, Middle Initial)

**B. STRATEGIC ADVANCE SERVICES**

Mailing Address 611 PENNSYLVANIA AVE SE #267

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
JFC TRAVEL & EVENT SERVICES

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify)

State: District:

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			17			2017			

FEC Identification Number

C

Transaction ID : SB21B.I20185

Amount of Each Disbursement this Period

347549.62

Memo Item

Full Name (Last, First, Middle Initial)

**C. STRATEGIC ADVANCE SERVICES**

Mailing Address 611 PENNSYLVANIA AVE SE #267

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
JFC ADVANCE, TRAVEL & EVENT SERVICES

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			31			2017			

FEC Identification Number

C

Transaction ID : SB21B.I2037

Amount of Each Disbursement this Period

171636.52

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

615929.09

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Team Ryan**

Full Name (Last, First, Middle Initial)

**A. STRATEGIC ADVANCE SERVICES**

Mailing Address 611 PENNSYLVANIA AVE SE #267

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
JFC TRAVEL & EVENT SERVICES

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			16			2017			

FEC Identification Number

C

**Transaction ID : SB21B.I2047!**

Amount of Each Disbursement this Period

124524.46
-----------

Memo Item

Full Name (Last, First, Middle Initial)

**B. STRATEGIC ADVANCE SERVICES**

Mailing Address 611 PENNSYLVANIA AVE SE #267

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
JFC ADVANCE, TRAVEL & EVENT SERVICES

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			05			2017			

FEC Identification Number

C

**Transaction ID : SB21B.I20644**

Amount of Each Disbursement this Period

76355.57
----------

Memo Item

Full Name (Last, First, Middle Initial)

**C. STRATEGIC ADVANCE SERVICES**

Mailing Address 611 PENNSYLVANIA AVE SE #267

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
JFC TRAVEL & EVENT SERVICES

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			19			2017			

FEC Identification Number

C

**Transaction ID : SB21B.I2073**

Amount of Each Disbursement this Period

160219.85
-----------

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

361099.88
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

Full Name (Last, First, Middle Initial) <b>A. SUNTRUST BANK</b>		Date of Disbursement MM / DD / YYYY 10 / 04 / 2017
Mailing Address P.O. BOX 4418		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.I2009</b> Amount of Each Disbursement this Period [REDACTED] 12.50
City ATLANTA	State GA	Zip Code 30302
Purpose of Disbursement JFC BANK FEE		Category/ Type [REDACTED]
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:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. SUNTRUST BANK CREDIT CARD</b>		Date of Disbursement MM / DD / YYYY 10 / 17 / 2017
Mailing Address PO BOX 4928		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.I2017</b> Amount of Each Disbursement this Period [REDACTED] 5113.29
City ORLANDO	State FL	Zip Code 32802-4928
Purpose of Disbursement SEE MEMO ENTRIES BELOW		Category/ Type [REDACTED]
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:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. ADOBE</b>		Date of Disbursement MM / DD / YYYY 10 / 17 / 2017
Mailing Address 345 PARK AVENUE		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.I2017</b> Amount of Each Disbursement this Period [REDACTED] 44.98
City SAN JOSE	State CA	Zip Code 95110
Purpose of Disbursement JFC SOFTWARE		Category/ Type [REDACTED]
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:	<input checked="" type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[REDACTED] 5125.79
<b>TOTAL</b> This Period (last page this line number only).....▶	[REDACTED]



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Team Ryan**

Full Name (Last, First, Middle Initial)

**A. AMAZON.COM**

Mailing Address 701 5TH AVENUE

City  
SEATTLE

State  
WA

Zip Code  
98104-7097

Purpose of Disbursement  
JFC OFFICE EQUIPMENT

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			17			2017			

FEC Identification Number

C [ ]  
Transaction ID : SB21B.I2017  
Amount of Each Disbursement this Period  
[ ] 751.53

Memo Item

Full Name (Last, First, Middle Initial)

**B. BULLFEATHERS**

Mailing Address 410 1ST STREET SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
JFC MEETING EXPENSE

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			17			2017			

FEC Identification Number

C [ ]  
Transaction ID : SB21B.I2017  
Amount of Each Disbursement this Period  
[ ] 161.78

Memo Item

Full Name (Last, First, Middle Initial)

**C. CAPITOL HILL CLUB**

Mailing Address 300 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
JFC MEETING EXPENSE

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			17			2017			

FEC Identification Number

C [ ]  
Transaction ID : SB21B.I2017  
Amount of Each Disbursement this Period  
[ ] 57.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

[ ]	0.00
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[ ]	
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

Full Name (Last, First, Middle Initial)  
**A. FEDEX**

Mailing Address 3640 HACKS CROSS RD

City MEMPHIS State TN Zip Code 38125

Purpose of Disbursement JFC SHIPPING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 10 / 17 / 2017

FEC Identification Number: C

Transaction ID : SB21B.I2017!

Amount of Each Disbursement this Period: 1330.78

Memo Item

Full Name (Last, First, Middle Initial)  
**B. JETTIES PENN QUARTER**

Mailing Address 701 8TH ST NW

City WASHINGTON State DC Zip Code 20001

Purpose of Disbursement JFC EVENT CATERING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 10 / 17 / 2017

FEC Identification Number: C

Transaction ID : SB21B.I2017!

Amount of Each Disbursement this Period: 237.51

Memo Item

Full Name (Last, First, Middle Initial)  
**C. MAILCHIMP**

Mailing Address 675 PONCE DE LEON AVE NE STE 5000

City ATLANTA State GA Zip Code 30308

Purpose of Disbursement JFC SOFTWARE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 10 / 17 / 2017

FEC Identification Number: C

Transaction ID : SB21B.I2017!

Amount of Each Disbursement this Period: 75.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 0.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

Full Name (Last, First, Middle Initial)  
**A. SNAPPFISH**

Date of Disbursement:  /  /

Mailing Address: 303 SECOND ST.  
SOUTH TOWER STE. 500

City: SAN FRANCISCO State: CA Zip Code: 94107

Purpose of Disbursement: JFC PRINTING

Candidate Name:

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State:  District:

Category/Type:

FEC Identification Number:  Transaction ID : **SB21B.I2017!**

Amount of Each Disbursement this Period:

Memo Item

Full Name (Last, First, Middle Initial)  
**B. STAPLES**

Date of Disbursement:  /  /

Mailing Address: 2900 DEERFIELD DRIVE  
SUITE 5

City: JANESVILLE State: WI Zip Code: 53546-3454

Purpose of Disbursement: JFC OFFICE SUPPLIES

Candidate Name:

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State:  District:

Category/Type:

FEC Identification Number:  Transaction ID : **SB21B.I2018C**

Amount of Each Disbursement this Period:

Memo Item

Full Name (Last, First, Middle Initial)  
**C. THE MOONSHINERS SOUTHERN TABLE & BAR**

Date of Disbursement:  /  /

Mailing Address: 1000 PRAIRIE ST

City: HOUSTON State: TX Zip Code: 77002

Purpose of Disbursement: JFC EVENT CATERING

Candidate Name:

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State:  District:

Category/Type:

FEC Identification Number:  Transaction ID : **SB21B.I2018**

Amount of Each Disbursement this Period:

Memo Item

**SUBTOTAL** of Disbursements This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Team Ryan**

Full Name (Last, First, Middle Initial)

**A. ULTRA VIOLET FLOWERS**

Mailing Address 1218 31ST ST NW

City  
WASHINGTON

State  
DC

Zip Code  
20007

Purpose of Disbursement  
JFC EVENT SUPPLIES

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			17			2017			

FEC Identification Number

C [ ]  
**Transaction ID : SB21B.I2018:**  
Amount of Each Disbursement this Period  
[ ] 106.39

Memo Item

Full Name (Last, First, Middle Initial)

**B. USPS**

Mailing Address 441 2ND ST SW

City  
WASHINGTON

State  
DC

Zip Code  
20515

Purpose of Disbursement  
JFC POSTAGE

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			17			2017			

FEC Identification Number

C [ ]  
**Transaction ID : SB21B.I2018:**  
Amount of Each Disbursement this Period  
[ ] 98.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. SUNTRUST BANK**

Mailing Address P.O. BOX 4418

City  
ATLANTA

State  
GA

Zip Code  
30302

Purpose of Disbursement  
JFC BANK FEE

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			20			2017			

FEC Identification Number

C [ ]  
**Transaction ID : SB21B.I2022**  
Amount of Each Disbursement this Period  
[ ] 139.50

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

[ ] 139.50
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[ ]
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

Full Name (Last, First, Middle Initial)  
**A. SUNTRUST BANK**

Mailing Address P.O. BOX 4418

City ATLANTA State GA Zip Code 30302

Purpose of Disbursement JFC BANK FEE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 10 / 31 / 2017

FEC Identification Number: C

Transaction ID : SB21B.I2035I

Amount of Each Disbursement this Period: 115.00

Memo Item

Full Name (Last, First, Middle Initial)  
**B. SUNTRUST BANK**

Mailing Address P.O. BOX 4418

City ATLANTA State GA Zip Code 30302

Purpose of Disbursement JFC BANK FEE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 11 / 16 / 2017

FEC Identification Number: C

Transaction ID : SB21B.I2048I

Amount of Each Disbursement this Period: 12.50

Memo Item

Full Name (Last, First, Middle Initial)  
**C. SUNTRUST BANK CREDIT CARD**

Mailing Address PO BOX 4928

City ORLANDO State FL Zip Code 32802-4928

Purpose of Disbursement SEE MEMO ENTRIES BELOW

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 11 / 17 / 2017

FEC Identification Number: C

Transaction ID : SB21B.I2048I

Amount of Each Disbursement this Period: 6080.11

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 6207.61

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Team Ryan**

Full Name (Last, First, Middle Initial)

**A. 4IMPRINT**

Mailing Address 101 COMMERCE ST

City  
OSHKOSH

State  
WI

Zip Code  
54901

Purpose of Disbursement  
JFC CUSTOM PRINTED ITEMS

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			17			2017			

FEC Identification Number

C

**Transaction ID : SB21B.I2048**  
Amount of Each Disbursement this Period

197.15

Memo Item

Full Name (Last, First, Middle Initial)

**B. ACCURATE WORD LLC**

Mailing Address 4481 WHITE PLAINS LN

City  
WHITE PLAINS

State  
MD

Zip Code  
20695

Purpose of Disbursement  
JFC PRINTING

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			17			2017			

FEC Identification Number

C

**Transaction ID : SB21B.I2048**  
Amount of Each Disbursement this Period

660.45

Memo Item

Full Name (Last, First, Middle Initial)

**C. ADOBE**

Mailing Address 345 PARK AVENUE

City  
SAN JOSE

State  
CA

Zip Code  
95110

Purpose of Disbursement  
JFC SOFTWARE

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			17			2017			

FEC Identification Number

C

**Transaction ID : SB21B.I2048**  
Amount of Each Disbursement this Period

44.98

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

Full Name (Last, First, Middle Initial)  
**A. AMAZON.COM**

Mailing Address **410 TERRY AVE. N**

City **SEATTLE** State **WA** Zip Code **98109**

Purpose of Disbursement  
**JFC OFFICE SUPPLIES**

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: **11 / 17 / 2017**

FEC Identification Number: **C**  
**Transaction ID : SB21B.I2049I**  
Amount of Each Disbursement this Period: **319.45**

Memo Item

Full Name (Last, First, Middle Initial)  
**B. CAPITOL HILL CLUB**

Mailing Address **300 1ST ST SE**

City **WASHINGTON** State **DC** Zip Code **20003**

Purpose of Disbursement  
**JFC MEETING EXPENSE**

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: **11 / 17 / 2017**

FEC Identification Number: **C**  
**Transaction ID : SB21B.I2049I**  
Amount of Each Disbursement this Period: **477.81**

Memo Item

Full Name (Last, First, Middle Initial)  
**C. CASK KITCHEN**

Mailing Address **167 E 33RD ST**

City **NEW YORK** State **NY** Zip Code **10016**

Purpose of Disbursement  
**JFC MEETING EXPENSE**

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: **11 / 17 / 2017**

FEC Identification Number: **C**  
**Transaction ID : SB21B.I2049I**  
Amount of Each Disbursement this Period: **267.10**

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ **0.00**

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

Full Name (Last, First, Middle Initial)  
**A. CRANE & CO.**

Date of Disbursement:  /  /

Mailing Address: 40 PIONEER ST

City: DALTON State: MA Zip Code: 01226

Purpose of Disbursement: JFC OFFICE SUPPLIES

Candidate Name:

Office Sought:  House  Senate  President  
State:  District:

Disbursement For:  Primary  General  Other (specify) ▼

FEC Identification Number:   
Transaction ID : **SB21B.I2050**  
Amount of Each Disbursement this Period:

Memo Item

Full Name (Last, First, Middle Initial)  
**B. FEDEX**

Date of Disbursement:  /  /

Mailing Address: 3640 HACKS CROSS RD

City: MEMPHIS State: TN Zip Code: 38125

Purpose of Disbursement: JFC SHIPPING

Candidate Name:

Office Sought:  House  Senate  President  
State:  District:

Disbursement For:  Primary  General  Other (specify) ▼

FEC Identification Number:   
Transaction ID : **SB21B.I2049**  
Amount of Each Disbursement this Period:

Memo Item

Full Name (Last, First, Middle Initial)  
**C. FLORAL EXPRESSIONS**

Date of Disbursement:  /  /

Mailing Address: 320 E MILWAUKEE STREET

City: JANESVILLE State: WI Zip Code: 53545-3065

Purpose of Disbursement: JFC FLOWERS

Candidate Name:

Office Sought:  House  Senate  President  
State:  District:

Disbursement For:  Primary  General  Other (specify) ▼

FEC Identification Number:   
Transaction ID : **SB21B.I2049**  
Amount of Each Disbursement this Period:

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶



# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Team Ryan**

Full Name (Last, First, Middle Initial)

## A. JETTIES PENN QUARTER

Mailing Address 701 8TH ST NW

City  
WASHINGTON

State  
DC

Zip Code  
20001

Purpose of Disbursement  
JFC MEETING EXPENSE

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			17			2017			

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I2049i  
Amount of Each Disbursement this Period

[REDACTED] 184.57

Memo Item

Full Name (Last, First, Middle Initial)

## B. MAILCHIMP

Mailing Address 675 PONCE DE LEON AVE NE STE 5000

City  
ATLANTA

State  
GA

Zip Code  
30308

Purpose of Disbursement  
JFC SOFTWARE

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			17			2017			

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I2049i  
Amount of Each Disbursement this Period

[REDACTED] 75.00

Memo Item

Full Name (Last, First, Middle Initial)

## C. NEW CONGRESSIONAL LIQUOR AND DELI

Mailing Address 404 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
JFC EVENT SUPPLIES

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			17			2017			

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I2050  
Amount of Each Disbursement this Period

[REDACTED] 125.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

[REDACTED] 0.00

TOTAL This Period (last page this line number only)..... ▶

[REDACTED]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

Full Name (Last, First, Middle Initial)

## A. STAPLES

Mailing Address 2900 DEERFIELD DRIVE  
SUITE 5

City JANESVILLE State WI Zip Code 53546-3454

Purpose of Disbursement  
JFC OFFICE EQUIPMENT

Candidate Name

Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify) ▼  
 State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			17			2017			

FEC Identification Number

**C** [ ]  
**Transaction ID : SB21B.I2050**  
 Amount of Each Disbursement this Period  
 [ ] 1044.26

Memo Item

Full Name (Last, First, Middle Initial)

## B. STARBRIGHT FLORAL DESIGN

Mailing Address 140 W 26TH ST

City NEW YORK State NY Zip Code 10001

Purpose of Disbursement  
JFC FLOWERS

Candidate Name

Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify) ▼  
 State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			17			2017			

FEC Identification Number

**C** [ ]  
**Transaction ID : SB21B.I2050**  
 Amount of Each Disbursement this Period  
 [ ] 152.42

Memo Item

Full Name (Last, First, Middle Initial)

## C. ULTRA VIOLET FLOWERS

Mailing Address 1218 31ST ST NW

City WASHINGTON State DC Zip Code 20007

Purpose of Disbursement  
JFC FLOWERS

Candidate Name

Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify) ▼  
 State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			17			2017			

FEC Identification Number

**C** [ ]  
**Transaction ID : SB21B.I2050**  
 Amount of Each Disbursement this Period  
 [ ] 106.39

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

[ ]	0.00
[ ]	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Team Ryan**

Full Name (Last, First, Middle Initial)

**A. USPS**

Mailing Address 441 2ND ST SW

City  
WASHINGTON

State  
DC

Zip Code  
20515

Purpose of Disbursement  
JFC POSTAGE

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			17			2017			

FEC Identification Number

C [REDACTED]

**Transaction ID : SB21B.I2050f**

Amount of Each Disbursement this Period

[REDACTED] 147.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. WINSTON FLOWERS**

Mailing Address 8 MAIN ST

City  
HINGHAM

State  
MA

Zip Code  
02043

Purpose of Disbursement  
JFC FLOWERS

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			17			2017			

FEC Identification Number

C [REDACTED]

**Transaction ID : SB21B.I2050f**

Amount of Each Disbursement this Period

[REDACTED] 142.50

Memo Item

Full Name (Last, First, Middle Initial)

**C. SUNTRUST BANK**

Mailing Address P.O. BOX 4418

City  
ATLANTA

State  
GA

Zip Code  
30302

Purpose of Disbursement  
JFC BANK FEE

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			20			2017			

FEC Identification Number

C [REDACTED]

**Transaction ID : SB21B.I2051**

Amount of Each Disbursement this Period

[REDACTED] 129.50

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

[REDACTED] 129.50

[REDACTED]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Team Ryan**

Full Name (Last, First, Middle Initial)

**A. SUNTRUST BANK**

Mailing Address P.O. BOX 4418

City  
ATLANTA

State  
GA

Zip Code  
30302

Purpose of Disbursement  
JFC BANK FEE

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			30			2017			

FEC Identification Number

**C** [ ]

**Transaction ID : SB21B.I2058I**

Amount of Each Disbursement this Period

[ ] 33.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. SUNTRUST BANK CREDIT CARD**

Mailing Address PO BOX 4928

City  
ORLANDO

State  
FL

Zip Code  
32802-4928

Purpose of Disbursement  
SEE MEMO ENTRIES BELOW

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			18			2017			

FEC Identification Number

**C** [ ]

**Transaction ID : SB21B.I2071I**

Amount of Each Disbursement this Period

[ ] 3381.39

Memo Item

Full Name (Last, First, Middle Initial)

**C. ADOBE**

Mailing Address 345 PARK AVENUE

City  
SAN JOSE

State  
CA

Zip Code  
95110

Purpose of Disbursement  
JFC SOFTWARE

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			18			2017			

FEC Identification Number

**C** [ ]

**Transaction ID : SB21B.I2071I**

Amount of Each Disbursement this Period

[ ] 44.98

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

[ ] 3414.39

[ ]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Team Ryan**

Full Name (Last, First, Middle Initial)

**A. AMAZON.COM**

Mailing Address 410 TERRY AVE. N

City  
SEATTLE

State  
WA

Zip Code  
98109

Purpose of Disbursement  
JFC OFFICE SUPPLIES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			18			2017			

FEC Identification Number

C [REDACTED]  
**Transaction ID : SB21B.I2071i**  
Amount of Each Disbursement this Period  
[REDACTED] 299.88

Memo Item

Full Name (Last, First, Middle Initial)

**B. AMTRAK**

Mailing Address 50 MASSACHUSETTS AVE.

City  
WASHINGTON

State  
DC

Zip Code  
20002

Purpose of Disbursement  
JFC TRAVEL EXPENSE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			18			2017			

FEC Identification Number

C [REDACTED]  
**Transaction ID : SB21B.I2071i**  
Amount of Each Disbursement this Period  
[REDACTED] 167.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. CAPITOL HILL CLUB**

Mailing Address 300 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
JFC EVENT CATERING

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			18			2017			

FEC Identification Number

C [REDACTED]  
**Transaction ID : SB21B.I2071i**  
Amount of Each Disbursement this Period  
[REDACTED] 892.13

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

[REDACTED]	0.00
[REDACTED]	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Team Ryan**

Full Name (Last, First, Middle Initial)

**A. FEDEX**

Mailing Address 3640 HACKS CROSS RD

City  
MEMPHIS

State  
TN

Zip Code  
38125

Purpose of Disbursement  
JFC SHIPPING

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	2			1	8			2	0	1	7		

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I2072I

Amount of Each Disbursement this Period

[REDACTED] 634.01

Memo Item

Full Name (Last, First, Middle Initial)

**B. MAILCHIMP**

Mailing Address 675 PONCE DE LEON AVE NE STE 5000

City  
ATLANTA

State  
GA

Zip Code  
30308

Purpose of Disbursement  
JFC EMAIL BLAST

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	2			1	8			2	0	1	7		

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I2072I

Amount of Each Disbursement this Period

[REDACTED] 75.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. NEW CONGRESSIONAL LIQUOR AND DELI**

Mailing Address 404 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
JFC MEETING EXPENSE

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	2			1	8			2	0	1	7		

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I2072I

Amount of Each Disbursement this Period

[REDACTED] 100.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

[REDACTED] 0.00

[REDACTED]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. PATSY'S PIZZERIA**

Full Name (Last, First, Middle Initial)

Mailing Address 206 E 60TH ST A

City NEW YORK State NY Zip Code 10022

Purpose of Disbursement JFC EVENT CATERING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 12 / 18 / 2017

FEC Identification Number: C

Transaction ID : SB21B.I2072

Amount of Each Disbursement this Period: 247.00

Memo Item

**B. STAPLES**

Full Name (Last, First, Middle Initial)

Mailing Address 2900 DEERFIELD DRIVE SUITE 5

City JANESVILLE State WI Zip Code 53546-3454

Purpose of Disbursement JFC OFFICE SUPPLIES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 12 / 18 / 2017

FEC Identification Number: C

Transaction ID : SB21B.I20725

Amount of Each Disbursement this Period: 670.60

Memo Item

**C. SUNTRUST BANK**

Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 4418

City ATLANTA State GA Zip Code 30302

Purpose of Disbursement JFC BANK FEE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 12 / 20 / 2017

FEC Identification Number: C

Transaction ID : SB21B.I2074

Amount of Each Disbursement this Period: 129.50

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 129.50

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Team Ryan**

Full Name (Last, First, Middle Initial)

**A. SUNTRUST BANK**

Mailing Address P.O. BOX 4418

City  
ATLANTA

State  
GA

Zip Code  
30302

Purpose of Disbursement  
JFC BANK FEE

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			29			2017			

FEC Identification Number

**C**

**Transaction ID : SB21B.I2076I**

Amount of Each Disbursement this Period

54.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. TARGETED VICTORY**

Mailing Address 1100 WILSON BLVD FL 10

City  
ARLINGTON

State  
VA

Zip Code  
22209

Purpose of Disbursement  
JFC CC TRANSACTION FEES

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			02			2017			

FEC Identification Number

**C**

**Transaction ID : SB21B.I2006I**

Amount of Each Disbursement this Period

192.93

Memo Item

Full Name (Last, First, Middle Initial)

**C. TARGETED VICTORY**

Mailing Address 1100 WILSON BLVD FL 10

City  
ARLINGTON

State  
VA

Zip Code  
22209

Purpose of Disbursement  
JFC CC TRANSACTION FEES

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			03			2017			

FEC Identification Number

**C**

**Transaction ID : SB21B.I2008I**

Amount of Each Disbursement this Period

582.27

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

829.20



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Team Ryan**

Full Name (Last, First, Middle Initial)

**A. TARGETED VICTORY**

Mailing Address 1100 WILSON BLVD FL 10

City  
ARLINGTON

State  
VA

Zip Code  
22209

Purpose of Disbursement  
JFC CC TRANSACTION FEES

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			04			2017			

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I2009f

Amount of Each Disbursement this Period

[REDACTED] 600.25

Memo Item

Full Name (Last, First, Middle Initial)

**B. TARGETED VICTORY**

Mailing Address 1100 WILSON BLVD FL 10

City  
ARLINGTON

State  
VA

Zip Code  
22209

Purpose of Disbursement  
JFC CC TRANSACTION FEES

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			05			2017			

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I2009f

Amount of Each Disbursement this Period

[REDACTED] 16.10

Memo Item

Full Name (Last, First, Middle Initial)

**C. TARGETED VICTORY**

Mailing Address 1100 WILSON BLVD FL 10

City  
ARLINGTON

State  
VA

Zip Code  
22209

Purpose of Disbursement  
JFC CC TRANSACTION FEES

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			04			2017			

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I2009f

Amount of Each Disbursement this Period

[REDACTED] 107.22

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

[REDACTED] 723.57

[REDACTED]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Team Ryan**

Full Name (Last, First, Middle Initial)

**A. TARGETED VICTORY**

Mailing Address 1100 WILSON BLVD FL 10

City  
ARLINGTON

State  
VA

Zip Code  
22209

Purpose of Disbursement  
JFC CC TRANSACTION FEES

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			06			2017			

FEC Identification Number

**C** Transaction ID : SB21B.I20114  
Amount of Each Disbursement this Period

164.06

Memo Item

Full Name (Last, First, Middle Initial)

**B. TARGETED VICTORY**

Mailing Address 1100 WILSON BLVD FL 10

City  
ARLINGTON

State  
VA

Zip Code  
22209

Purpose of Disbursement  
JFC CC TRANSACTION FEES

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			10			2017			

FEC Identification Number

**C** Transaction ID : SB21B.I20129  
Amount of Each Disbursement this Period

12.24

Memo Item

Full Name (Last, First, Middle Initial)

**C. TARGETED VICTORY**

Mailing Address 1100 WILSON BLVD FL 10

City  
ARLINGTON

State  
VA

Zip Code  
22209

Purpose of Disbursement  
JFC CC TRANSACTION FEES

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			11			2017			

FEC Identification Number

**C** Transaction ID : SB21B.I2014  
Amount of Each Disbursement this Period

77.05

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

253.35

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Team Ryan**

Full Name (Last, First, Middle Initial)

**A. TARGETED VICTORY**

Mailing Address 1100 WILSON BLVD FL 10

City  
ARLINGTON

State  
VA

Zip Code  
22209

Purpose of Disbursement  
JFC CC TRANSACTION FEES

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B.I2014**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. TARGETED VICTORY**

Mailing Address 1100 WILSON BLVD FL 10

City  
ARLINGTON

State  
VA

Zip Code  
22209

Purpose of Disbursement  
JFC CC TRANSACTION FEES

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B.I2015**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. TARGETED VICTORY**

Mailing Address 1100 WILSON BLVD FL 10

City  
ARLINGTON

State  
VA

Zip Code  
22209

Purpose of Disbursement  
JFC DIGITAL CONSULTING

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B.I2016**  
Amount of Each Disbursement this Period

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. TARGETED VICTORY**

Full Name (Last, First, Middle Initial)  
Mailing Address 1100 WILSON BLVD FL 10

City ARLINGTON State VA Zip Code 22209

Purpose of Disbursement JFC CC TRANSACTION FEES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 10 / 16 / 2017

FEC Identification Number: C  
Transaction ID : SB21B.I2016!  
Amount of Each Disbursement this Period: 108.15

Memo Item

**B. TARGETED VICTORY**

Full Name (Last, First, Middle Initial)  
Mailing Address 1100 WILSON BLVD FL 10

City ARLINGTON State VA Zip Code 22209

Purpose of Disbursement JFC CC TRANSACTION FEES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 10 / 17 / 2017

FEC Identification Number: C  
Transaction ID : SB21B.I2016!  
Amount of Each Disbursement this Period: 142.63

Memo Item

**C. TARGETED VICTORY**

Full Name (Last, First, Middle Initial)  
Mailing Address 1100 WILSON BLVD FL 10

City ARLINGTON State VA Zip Code 22209

Purpose of Disbursement JFC CC TRANSACTION FEES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 10 / 18 / 2017

FEC Identification Number: C  
Transaction ID : SB21B.I2018  
Amount of Each Disbursement this Period: 143.55

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 394.33

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Team Ryan**

Full Name (Last, First, Middle Initial)

**A. TARGETED VICTORY**

Mailing Address 1100 WILSON BLVD FL 10

City  
ARLINGTON

State  
VA

Zip Code  
22209

Purpose of Disbursement  
JFC CC TRANSACTION FEES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			19			2017			

FEC Identification Number

**C**

**Transaction ID : SB21B.I2020I**

Amount of Each Disbursement this Period

90.75

Memo Item

Full Name (Last, First, Middle Initial)

**B. TARGETED VICTORY**

Mailing Address 1100 WILSON BLVD FL 10

City  
ARLINGTON

State  
VA

Zip Code  
22209

Purpose of Disbursement  
JFC CC TRANSACTION FEES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			19			2017			

FEC Identification Number

**C**

**Transaction ID : SB21B.I2022I**

Amount of Each Disbursement this Period

780.90

Memo Item

Full Name (Last, First, Middle Initial)

**C. TARGETED VICTORY**

Mailing Address 1100 WILSON BLVD FL 10

City  
ARLINGTON

State  
VA

Zip Code  
22209

Purpose of Disbursement  
JFC CC TRANSACTION FEES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			20			2017			

FEC Identification Number

**C**

**Transaction ID : SB21B.I2022I**

Amount of Each Disbursement this Period

509.29

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

1380.94

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Team Ryan**

Full Name (Last, First, Middle Initial)

**A. TARGETED VICTORY**

Mailing Address 1100 WILSON BLVD FL 10

City  
ARLINGTON

State  
VA

Zip Code  
22209

Purpose of Disbursement  
JFC CC TRANSACTION FEES

Candidate Name

Office Sought:  
 House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			23			2017			

FEC Identification Number

C [REDACTED]

**Transaction ID : SB21B.I2022!**

Amount of Each Disbursement this Period

[REDACTED] 64.29

Memo Item

Full Name (Last, First, Middle Initial)

**B. TARGETED VICTORY**

Mailing Address 1100 WILSON BLVD FL 10

City  
ARLINGTON

State  
VA

Zip Code  
22209

Purpose of Disbursement  
JFC CC TRANSACTION FEES

Candidate Name

Office Sought:  
 House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			24			2017			

FEC Identification Number

C [REDACTED]

**Transaction ID : SB21B.I2023!**

Amount of Each Disbursement this Period

[REDACTED] 102.43

Memo Item

Full Name (Last, First, Middle Initial)

**C. TARGETED VICTORY**

Mailing Address 1100 WILSON BLVD FL 10

City  
ARLINGTON

State  
VA

Zip Code  
22209

Purpose of Disbursement  
JFC CC TRANSACTION FEES

Candidate Name

Office Sought:  
 House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			25			2017			

FEC Identification Number

C [REDACTED]

**Transaction ID : SB21B.I2026**

Amount of Each Disbursement this Period

[REDACTED] 160.44

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

[REDACTED] 327.16

[REDACTED]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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)  
**Team Ryan**

**A. TARGETED VICTORY**

Full Name (Last, First, Middle Initial)  
Mailing Address 1100 WILSON BLVD FL 10

City ARLINGTON State VA Zip Code 22209

Purpose of Disbursement JFC CC TRANSACTION FEES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 10 / 26 / 2017

FEC Identification Number: C  
Transaction ID : SB21B.I2026!  
Amount of Each Disbursement this Period: 128.02

Memo Item

**B. TARGETED VICTORY**

Full Name (Last, First, Middle Initial)  
Mailing Address 1100 WILSON BLVD FL 10

City ARLINGTON State VA Zip Code 22209

Purpose of Disbursement JFC CC TRANSACTION FEES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 10 / 27 / 2017

FEC Identification Number: C  
Transaction ID : SB21B.I2026!  
Amount of Each Disbursement this Period: 94.45

Memo Item

**C. TARGETED VICTORY**

Full Name (Last, First, Middle Initial)  
Mailing Address 1100 WILSON BLVD FL 10

City ARLINGTON State VA Zip Code 22209

Purpose of Disbursement JFC CC TRANSACTION FEES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 10 / 30 / 2017

FEC Identification Number: C  
Transaction ID : SB21B.I2027  
Amount of Each Disbursement this Period: 70.48

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 292.95

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Team Ryan**

Full Name (Last, First, Middle Initial)

**A. TARGETED VICTORY**

Mailing Address 1100 WILSON BLVD FL 10

City  
ARLINGTON

State  
VA

Zip Code  
22209

Purpose of Disbursement  
JFC CC TRANSACTION FEES

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			31			2017			

FEC Identification Number

C [REDACTED]

**Transaction ID : SB21B.I2035!**

Amount of Each Disbursement this Period

[REDACTED] 353.60

Memo Item

Full Name (Last, First, Middle Initial)

**B. TARGETED VICTORY**

Mailing Address 1100 WILSON BLVD FL 10

City  
ARLINGTON

State  
VA

Zip Code  
22209

Purpose of Disbursement  
JFC CC TRANSACTION FEES

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			01			2017			

FEC Identification Number

C [REDACTED]

**Transaction ID : SB21B.I2035!**

Amount of Each Disbursement this Period

[REDACTED] 539.64

Memo Item

Full Name (Last, First, Middle Initial)

**C. TARGETED VICTORY**

Mailing Address 1100 WILSON BLVD FL 10

City  
ARLINGTON

State  
VA

Zip Code  
22209

Purpose of Disbursement  
JFC CC TRANSACTION FEES

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			02			2017			

FEC Identification Number

C [REDACTED]

**Transaction ID : SB21B.I2036**

Amount of Each Disbursement this Period

[REDACTED] 808.40

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

[REDACTED] 1701.64

**TOTAL** This Period (last page this line number only)..... ▶

[REDACTED]



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. TARGETED VICTORY**

Full Name (Last, First, Middle Initial)  
Mailing Address 1100 WILSON BLVD FL 10

City ARLINGTON State VA Zip Code 22209

Purpose of Disbursement JFC DIGITAL CONSULTING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 10 / 31 / 2017

FEC Identification Number: C  
Transaction ID : SB21B.I2036I  
Amount of Each Disbursement this Period: 50450.00

Memo Item

**B. TARGETED VICTORY**

Full Name (Last, First, Middle Initial)  
Mailing Address 1100 WILSON BLVD FL 10

City ARLINGTON State VA Zip Code 22209

Purpose of Disbursement JFC CC TRANSACTION FEES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 11 / 03 / 2017

FEC Identification Number: C  
Transaction ID : SB21B.I2038C  
Amount of Each Disbursement this Period: 229.42

Memo Item

**C. TARGETED VICTORY**

Full Name (Last, First, Middle Initial)  
Mailing Address 1100 WILSON BLVD FL 10

City ARLINGTON State VA Zip Code 22209

Purpose of Disbursement JFC CC TRANSACTION FEES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 11 / 06 / 2017

FEC Identification Number: C  
Transaction ID : SB21B.I2038C  
Amount of Each Disbursement this Period: 10.75

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 50690.17

**TOTAL** This Period (last page this line number only)..... ▶

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Team Ryan**

Full Name (Last, First, Middle Initial)

### A. TARGETED VICTORY

Mailing Address 1100 WILSON BLVD FL 10

City  
ARLINGTON

State  
VA

Zip Code  
22209

Purpose of Disbursement  
JFC CC TRANSACTION FEES

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			07			2017			

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I2039!

Amount of Each Disbursement this Period

[REDACTED] 65.23

Memo Item

Full Name (Last, First, Middle Initial)

### B. TARGETED VICTORY

Mailing Address 1100 WILSON BLVD FL 10

City  
ARLINGTON

State  
VA

Zip Code  
22209

Purpose of Disbursement  
JFC CC TRANSACTION FEES

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			08			2017			

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I2040C

Amount of Each Disbursement this Period

[REDACTED] 80.16

Memo Item

Full Name (Last, First, Middle Initial)

### C. TARGETED VICTORY

Mailing Address 1100 WILSON BLVD FL 10

City  
ARLINGTON

State  
VA

Zip Code  
22209

Purpose of Disbursement  
JFC CC TRANSACTION FEES

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			13			2017			

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I2042

Amount of Each Disbursement this Period

[REDACTED] 44.09

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

[REDACTED] 189.48

**TOTAL** This Period (last page this line number only)..... ▶

[REDACTED]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Team Ryan**

Full Name (Last, First, Middle Initial)

**A. TARGETED VICTORY**

Mailing Address 1100 WILSON BLVD FL 10

City  
ARLINGTON

State  
VA

Zip Code  
22209

Purpose of Disbursement  
JFC CC TRANSACTION FEES

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B.I2043'**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. TARGETED VICTORY**

Mailing Address 1100 WILSON BLVD FL 10

City  
ARLINGTON

State  
VA

Zip Code  
22209

Purpose of Disbursement  
JFC DIGITAL CONSULTING

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B.I2043'**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. TARGETED VICTORY**

Mailing Address 1100 WILSON BLVD FL 10

City  
ARLINGTON

State  
VA

Zip Code  
22209

Purpose of Disbursement  
JFC CC TRANSACTION FEES

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B.I2045**  
Amount of Each Disbursement this Period

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. TARGETED VICTORY**

Full Name (Last, First, Middle Initial)  
Mailing Address 1100 WILSON BLVD FL 10

City ARLINGTON State VA Zip Code 22209

Purpose of Disbursement JFC CC TRANSACTION FEES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 11 / 09 / 2017

FEC Identification Number: C  
Transaction ID : SB21B.I2045  
Amount of Each Disbursement this Period: 220.28

Memo Item

**B. TARGETED VICTORY**

Full Name (Last, First, Middle Initial)  
Mailing Address 1100 WILSON BLVD FL 10

City ARLINGTON State VA Zip Code 22209

Purpose of Disbursement JFC CC TRANSACTION FEES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 11 / 16 / 2017

FEC Identification Number: C  
Transaction ID : SB21B.I2047  
Amount of Each Disbursement this Period: 27.80

Memo Item

**C. TARGETED VICTORY**

Full Name (Last, First, Middle Initial)  
Mailing Address 1100 WILSON BLVD FL 10

City ARLINGTON State VA Zip Code 22209

Purpose of Disbursement JFC CC TRANSACTION FEES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 11 / 17 / 2017

FEC Identification Number: C  
Transaction ID : SB21B.I2048  
Amount of Each Disbursement this Period: 14.95

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 263.03

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Team Ryan**

Full Name (Last, First, Middle Initial)

**A. TARGETED VICTORY**

Mailing Address 1100 WILSON BLVD FL 10

City  
ARLINGTON

State  
VA

Zip Code  
22209

Purpose of Disbursement  
JFC CC TRANSACTION FEES

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			20			2017			

FEC Identification Number

**C**

**Transaction ID : SB21B.I20513**  
Amount of Each Disbursement this Period

62.92

Memo Item

Full Name (Last, First, Middle Initial)

**B. TARGETED VICTORY**

Mailing Address 1100 WILSON BLVD FL 10

City  
ARLINGTON

State  
VA

Zip Code  
22209

Purpose of Disbursement  
JFC CC TRANSACTION FEES

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			21			2017			

FEC Identification Number

**C**

**Transaction ID : SB21B.I20513**  
Amount of Each Disbursement this Period

123.54

Memo Item

Full Name (Last, First, Middle Initial)

**C. TARGETED VICTORY**

Mailing Address 1100 WILSON BLVD FL 10

City  
ARLINGTON

State  
VA

Zip Code  
22209

Purpose of Disbursement  
JFC CC TRANSACTION FEES

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			22			2017			

FEC Identification Number

**C**

**Transaction ID : SB21B.I20513**  
Amount of Each Disbursement this Period

197.69

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

384.15

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. TARGETED VICTORY**

Full Name (Last, First, Middle Initial)  
Mailing Address 1100 WILSON BLVD FL 10

City ARLINGTON State VA Zip Code 22209

Purpose of Disbursement JFC CC TRANSACTION FEES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 11 / 24 / 2017

FEC Identification Number: C  
Transaction ID : SB21B.I20521  
Amount of Each Disbursement this Period: 78.92

Memo Item

**B. TARGETED VICTORY**

Full Name (Last, First, Middle Initial)  
Mailing Address 1100 WILSON BLVD FL 10

City ARLINGTON State VA Zip Code 22209

Purpose of Disbursement JFC CC TRANSACTION FEES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 11 / 27 / 2017

FEC Identification Number: C  
Transaction ID : SB21B.I20521  
Amount of Each Disbursement this Period: 37.26

Memo Item

**C. TARGETED VICTORY**

Full Name (Last, First, Middle Initial)  
Mailing Address 1100 WILSON BLVD FL 10

City ARLINGTON State VA Zip Code 22209

Purpose of Disbursement JFC CC TRANSACTION FEES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 11 / 28 / 2017

FEC Identification Number: C  
Transaction ID : SB21B.I20521  
Amount of Each Disbursement this Period: 94.82

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 211.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. TARGETED VICTORY**

Full Name (Last, First, Middle Initial)  
Mailing Address 1100 WILSON BLVD FL 10

City ARLINGTON State VA Zip Code 22209

Purpose of Disbursement JFC CC TRANSACTION FEES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 11 / 29 / 2017

FEC Identification Number: C  
Transaction ID : SB21B.I2055'  
Amount of Each Disbursement this Period: 448.28

Memo Item

**B. TARGETED VICTORY**

Full Name (Last, First, Middle Initial)  
Mailing Address 1100 WILSON BLVD FL 10

City ARLINGTON State VA Zip Code 22209

Purpose of Disbursement JFC CC TRANSACTION FEES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 11 / 30 / 2017

FEC Identification Number: C  
Transaction ID : SB21B.I20577  
Amount of Each Disbursement this Period: 137.77

Memo Item

**C. TARGETED VICTORY**

Full Name (Last, First, Middle Initial)  
Mailing Address 1100 WILSON BLVD FL 10

City ARLINGTON State VA Zip Code 22209

Purpose of Disbursement JFC CC TRANSACTION FEES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 12 / 01 / 2017

FEC Identification Number: C  
Transaction ID : SB21B.I2058  
Amount of Each Disbursement this Period: 224.78

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 810.83

**TOTAL** This Period (last page this line number only)..... ▶

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Team Ryan**

Full Name (Last, First, Middle Initial)

### A. TARGETED VICTORY

Mailing Address 1100 WILSON BLVD FL 10

City  
ARLINGTON

State  
VA

Zip Code  
22209

Purpose of Disbursement  
JFC CC TRANSACTION FEES

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			04			2017			

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I2059f

Amount of Each Disbursement this Period

[REDACTED] 1603.42

Memo Item

Full Name (Last, First, Middle Initial)

### B. TARGETED VICTORY

Mailing Address 1100 WILSON BLVD FL 10

City  
ARLINGTON

State  
VA

Zip Code  
22209

Purpose of Disbursement  
JFC CC TRANSACTION FEES

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			05			2017			

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I2059f

Amount of Each Disbursement this Period

[REDACTED] 269.27

Memo Item

Full Name (Last, First, Middle Initial)

### C. TARGETED VICTORY

Mailing Address 1100 WILSON BLVD FL 10

City  
ARLINGTON

State  
VA

Zip Code  
22209

Purpose of Disbursement  
JFC CC TRANSACTION FEES

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			07			2017			

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I2065

Amount of Each Disbursement this Period

[REDACTED] 19.28

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

[REDACTED] 1891.97

**TOTAL** This Period (last page this line number only)..... ▶

[REDACTED]



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Team Ryan**

Full Name (Last, First, Middle Initial)

**A. TARGETED VICTORY**

Mailing Address 1100 WILSON BLVD FL 10

City  
ARLINGTON

State  
VA

Zip Code  
22209

Purpose of Disbursement  
JFC CC TRANSACTION FEES

Candidate Name

Office Sought:  
 House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			06			2017			

FEC Identification Number

**C** [REDACTED]

**Transaction ID : SB21B.I2065**

Amount of Each Disbursement this Period

[REDACTED] 496.09

Memo Item

Full Name (Last, First, Middle Initial)

**B. TARGETED VICTORY**

Mailing Address 1100 WILSON BLVD FL 10

City  
ARLINGTON

State  
VA

Zip Code  
22209

Purpose of Disbursement  
JFC CC TRANSACTION FEES

Candidate Name

Office Sought:  
 House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			08			2017			

FEC Identification Number

**C** [REDACTED]

**Transaction ID : SB21B.I2065**

Amount of Each Disbursement this Period

[REDACTED] 64.48

Memo Item

Full Name (Last, First, Middle Initial)

**C. TARGETED VICTORY**

Mailing Address 1100 WILSON BLVD FL 10

City  
ARLINGTON

State  
VA

Zip Code  
22209

Purpose of Disbursement  
JFC CC TRANSACTION FEES

Candidate Name

Office Sought:  
 House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			11			2017			

FEC Identification Number

**C** [REDACTED]

**Transaction ID : SB21B.I2066**

Amount of Each Disbursement this Period

[REDACTED] 62.55

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

[REDACTED] 623.12

[REDACTED]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Team Ryan**

Full Name (Last, First, Middle Initial)

**A. TARGETED VICTORY**

Mailing Address 1100 WILSON BLVD FL 10

City  
ARLINGTON

State  
VA

Zip Code  
22209

Purpose of Disbursement  
JFC CC TRANSACTION FEES

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			12			2017			

FEC Identification Number

**C**

**Transaction ID : SB21B.I2067I**

Amount of Each Disbursement this Period

31.85

Memo Item

Full Name (Last, First, Middle Initial)

**B. TARGETED VICTORY**

Mailing Address 1100 WILSON BLVD FL 10

City  
ARLINGTON

State  
VA

Zip Code  
22209

Purpose of Disbursement  
JFC DIGITAL CONSULTING

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify)

State: District:

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			12			2017			

FEC Identification Number

**C**

**Transaction ID : SB21B.I2067I**

Amount of Each Disbursement this Period

102179.15

Memo Item

Full Name (Last, First, Middle Initial)

**C. TARGETED VICTORY**

Mailing Address 1100 WILSON BLVD FL 10

City  
ARLINGTON

State  
VA

Zip Code  
22209

Purpose of Disbursement  
JFC CC TRANSACTION FEES

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			13			2017			

FEC Identification Number

**C**

**Transaction ID : SB21B.I2067I**

Amount of Each Disbursement this Period

108.07

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

102319.07

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Team Ryan**

Full Name (Last, First, Middle Initial)

**A. TARGETED VICTORY**

Mailing Address 1100 WILSON BLVD FL 10

City  
ARLINGTON

State  
VA

Zip Code  
22209

Purpose of Disbursement  
JFC CC TRANSACTION FEES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
12			14			2017					

FEC Identification Number

**C**

**Transaction ID : SB21B.I20671**

Amount of Each Disbursement this Period

351.11

Memo Item

Full Name (Last, First, Middle Initial)

**B. TARGETED VICTORY**

Mailing Address 1100 WILSON BLVD FL 10

City  
ARLINGTON

State  
VA

Zip Code  
22209

Purpose of Disbursement  
JFC CC TRANSACTION FEES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify)

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
12			15			2017					

FEC Identification Number

**C**

**Transaction ID : SB21B.I20710**

Amount of Each Disbursement this Period

24.25

Memo Item

Full Name (Last, First, Middle Initial)

**C. TARGETED VICTORY**

Mailing Address 1100 WILSON BLVD FL 10

City  
ARLINGTON

State  
VA

Zip Code  
22209

Purpose of Disbursement  
JFC CC TRANSACTION FEES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
12			18			2017					

FEC Identification Number

**C**

**Transaction ID : SB21B.I20711**

Amount of Each Disbursement this Period

37.28

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

412.64

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. TARGETED VICTORY**

Full Name (Last, First, Middle Initial)  
Mailing Address 1100 WILSON BLVD FL 10

City ARLINGTON State VA Zip Code 22209

Purpose of Disbursement JFC CC TRANSACTION FEES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 12 / 19 / 2017

FEC Identification Number: C  
Transaction ID : SB21B.I2072i  
Amount of Each Disbursement this Period: 32.58

Memo Item

**B. TARGETED VICTORY**

Full Name (Last, First, Middle Initial)  
Mailing Address 1100 WILSON BLVD FL 10

City ARLINGTON State VA Zip Code 22209

Purpose of Disbursement JFC CC TRANSACTION FEES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 12 / 20 / 2017

FEC Identification Number: C  
Transaction ID : SB21B.I2073i  
Amount of Each Disbursement this Period: 453.47

Memo Item

**C. TARGETED VICTORY**

Full Name (Last, First, Middle Initial)  
Mailing Address 1100 WILSON BLVD FL 10

City ARLINGTON State VA Zip Code 22209

Purpose of Disbursement JFC CC TRANSACTION FEES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 12 / 21 / 2017

FEC Identification Number: C  
Transaction ID : SB21B.I2074i  
Amount of Each Disbursement this Period: 46.10

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 532.15

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. TARGETED VICTORY**

Full Name (Last, First, Middle Initial)  
Mailing Address 1100 WILSON BLVD FL 10

City ARLINGTON State VA Zip Code 22209

Purpose of Disbursement JFC CC TRANSACTION FEES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 12 / 22 / 2017

FEC Identification Number: C  
Transaction ID : SB21B.I2074  
Amount of Each Disbursement this Period: 32.60

Memo Item

**B. TARGETED VICTORY**

Full Name (Last, First, Middle Initial)  
Mailing Address 1100 WILSON BLVD FL 10

City ARLINGTON State VA Zip Code 22209

Purpose of Disbursement JFC CC TRANSACTION FEES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 12 / 26 / 2017

FEC Identification Number: C  
Transaction ID : SB21B.I2074  
Amount of Each Disbursement this Period: 404.28

Memo Item

**C. TARGETED VICTORY**

Full Name (Last, First, Middle Initial)  
Mailing Address 1100 WILSON BLVD FL 10

City ARLINGTON State VA Zip Code 22209

Purpose of Disbursement JFC CC TRANSACTION FEES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 12 / 27 / 2017

FEC Identification Number: C  
Transaction ID : SB21B.I2074  
Amount of Each Disbursement this Period: 326.83

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 763.71

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. TARGETED VICTORY**

Full Name (Last, First, Middle Initial)  
Mailing Address 1100 WILSON BLVD FL 10

City ARLINGTON State VA Zip Code 22209

Purpose of Disbursement JFC CC TRANSACTION FEES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 12 / 28 / 2017

FEC Identification Number: C  
Transaction ID : SB21B.I2074;  
Amount of Each Disbursement this Period: 176.45

Memo Item

**B. TARGETED VICTORY**

Full Name (Last, First, Middle Initial)  
Mailing Address 1100 WILSON BLVD FL 10

City ARLINGTON State VA Zip Code 22209

Purpose of Disbursement JFC CC TRANSACTION FEES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 12 / 29 / 2017

FEC Identification Number: C  
Transaction ID : SB21B.I2076;  
Amount of Each Disbursement this Period: 319.08

Memo Item

**C. TARGETED VICTORY**

Full Name (Last, First, Middle Initial)  
Mailing Address 1100 WILSON BLVD FL 10

City ARLINGTON State VA Zip Code 22209

Purpose of Disbursement JFC CC TRANSACTION FEES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 12 / 31 / 2017

FEC Identification Number: C  
Transaction ID : SB21B.I2076  
Amount of Each Disbursement this Period: 260.16

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 755.69

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Team Ryan**

Full Name (Last, First, Middle Initial)

**A. TARGETED VICTORY**

Mailing Address 1100 WILSON BLVD FL 10

City  
ARLINGTON

State  
VA

Zip Code  
22209

Purpose of Disbursement  
JFC CC TRANSACTION FEES

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			31			2017			

FEC Identification Number

C [REDACTED]

**Transaction ID : SB21B.I2078**

Amount of Each Disbursement this Period

[REDACTED] 146.69

Memo Item

Full Name (Last, First, Middle Initial)

**B. TOWNSEND GROUP**

Mailing Address 1006 PENDLETON STREET

City  
ALEXANDRIA

State  
VA

Zip Code  
22314-1837

Purpose of Disbursement  
JFC FUNDRAISING CONSULTING

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			03			2017			

FEC Identification Number

C [REDACTED]

**Transaction ID : SB21B.I20082**

Amount of Each Disbursement this Period

[REDACTED] 4455.16

Memo Item

Full Name (Last, First, Middle Initial)

**C. TOWNSEND GROUP**

Mailing Address 1006 PENDLETON STREET

City  
ALEXANDRIA

State  
VA

Zip Code  
22314-1837

Purpose of Disbursement  
JFC FUNDRAISING CONSULTING

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			31			2017			

FEC Identification Number

C [REDACTED]

**Transaction ID : SB21B.I2036**

Amount of Each Disbursement this Period

[REDACTED] 13843.29

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

[REDACTED] 18445.14

[REDACTED]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Team Ryan**

Full Name (Last, First, Middle Initial)

**A. TOWNSEND GROUP**

Mailing Address 1006 PENDLETON STREET

City  
ALEXANDRIA

State  
VA

Zip Code  
22314-1837

Purpose of Disbursement  
JFC FUNDRAISING CONSULTING

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			30			2017			

FEC Identification Number

**C** [Redacted]

**Transaction ID : SB21B.I2058;**  
Amount of Each Disbursement this Period

[Redacted] 7608.22

Memo Item

Full Name (Last, First, Middle Initial)

**B. TOWNSEND GROUP**

Mailing Address 1006 PENDLETON STREET

City  
ALEXANDRIA

State  
VA

Zip Code  
22314-1837

Purpose of Disbursement  
JFC FUNDRAISING CONSULTING

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			31			2017			

FEC Identification Number

**C** [Redacted]

**Transaction ID : SB21B.I20787**  
Amount of Each Disbursement this Period

[Redacted] 10922.44

Memo Item

Full Name (Last, First, Middle Initial)

**C. ADVANCED MEDICAL TECHNOLOGY ASSN. PAC**

Mailing Address 701 PENNSYLVANIA AVE NW  
STE 800

City  
WASHINGTON

State  
DC

Zip Code  
20004-2654

Purpose of Disbursement  
IN-KIND CONTRIBUTION

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			31			2017			

FEC Identification Number

**C** C00340356

**Transaction ID : SB21B.53214**  
Amount of Each Disbursement this Period

[Redacted] 2487.84

Memo Item IN-KIND: JFC EVENT CATERING & STAFFING

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

[Redacted] 21018.50

[Redacted]



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

Full Name (Last, First, Middle Initial)  
**A. HOLLAND & KNIGHT PAC**

Date of Disbursement:  /  /

Mailing Address: 2099 PENNSYLVANIA AVE NW  
STE 100

City: WASHINGTON State: DC Zip Code: 20006-6801

Purpose of Disbursement: IN-KIND CONTRIBUTION

Candidate Name:

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State:  District:

FEC Identification Number:   
**Transaction ID : SB21B.52311**  
Amount of Each Disbursement this Period:   
 Memo Item IN-KIND: JFC FUNDRAISING SERVICES

Full Name (Last, First, Middle Initial)  
**B. PROSPERITY ACTION, INC.**

Date of Disbursement:  /  /

Mailing Address: 320 FIRST ST SE

City: WASHINGTON State: DC Zip Code: 20003

Purpose of Disbursement: TRANSFER OF NET JFC FUNDS

Candidate Name:

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State:  District:

FEC Identification Number:   
**Transaction ID : SB21B.I2058f**  
Amount of Each Disbursement this Period:   
 Memo Item

Full Name (Last, First, Middle Initial)  
**C.**

Date of Disbursement:  /  /

Mailing Address:

City:  State:  Zip Code:

Purpose of Disbursement:

Candidate Name:

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State:  District:

FEC Identification Number:   
Amount of Each Disbursement this Period:   
 Memo Item

**SUBTOTAL** of Disbursements This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input checked="" type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Team Ryan**

Full Name (Last, First, Middle Initial)

**A. RYAN FOR CONGRESS**

Mailing Address PO BOX 1488

City  
JANESVILLE

State  
WI

Zip Code  
53547

Purpose of Disbursement  
TRANSFER OF NET JFC FUNDS

Candidate Name

**RYAN, PAUL, D, ,**

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: WI District: 01

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			31			2017			

FEC Identification Number

**C** C00330894

**Transaction ID : SB22.I20381**

Amount of Each Disbursement this Period

536907.94

Memo Item

Full Name (Last, First, Middle Initial)

**B. RYAN FOR CONGRESS**

Mailing Address PO BOX 1488

City  
JANESVILLE

State  
WI

Zip Code  
53547

Purpose of Disbursement  
TRANSFER OF NET JFC FUNDS

Candidate Name

**RYAN, PAUL, D, ,**

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: WI District: 01

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			30			2017			

FEC Identification Number

**C** C00330894

**Transaction ID : SB22.I20585**

Amount of Each Disbursement this Period

219141.76

Memo Item

Full Name (Last, First, Middle Initial)

**C. RYAN FOR CONGRESS**

Mailing Address PO BOX 1488

City  
JANESVILLE

State  
WI

Zip Code  
53547

Purpose of Disbursement  
TRANSFER OF NET JFC FUNDS

Candidate Name

**RYAN, PAUL, D, ,**

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: WI District: 01

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			31			2017			

FEC Identification Number

**C** C00330894

**Transaction ID : SB22.I20863**

Amount of Each Disbursement this Period

374483.95

Memo Item

**SUBTOTAL** of Disbursements This Page (optional).....▶

**TOTAL** This Period (last page this line number only).....▶

1130533.65

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input checked="" type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Team Ryan**

Full Name (Last, First, Middle Initial)

**A. NRCC**

Mailing Address 320 FIRST STREET SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
TRANSFER OF NET JFC FUNDS

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		31		2017

FEC Identification Number

**C** C00002931

**Transaction ID : SB22.I20383**

Amount of Each Disbursement this Period

428170.36

Memo Item

Full Name (Last, First, Middle Initial)

**B. NRCC**

Mailing Address 320 FIRST STREET SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
TRANSFER OF NET JFC FUNDS (BUILDING FUND)

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		31		2017

FEC Identification Number

**C** C00002931

**Transaction ID : SB22.I20384**

Amount of Each Disbursement this Period

183287.72

Memo Item

Full Name (Last, First, Middle Initial)

**C. NRCC**

Mailing Address 320 FIRST STREET SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
TRANSFER OF NET JFC FUNDS

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		30		2017

FEC Identification Number

**C** C00002931

**Transaction ID : SB22.I20587**

Amount of Each Disbursement this Period

336200.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

947658.08

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input checked="" type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Team Ryan**

Full Name (Last, First, Middle Initial)

**A. NRCC**

Mailing Address 320 FIRST STREET SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
TRANSFER OF NET JFC FUNDS (BUILDING FUND)

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			30			2017			

FEC Identification Number

**C** C00002931

**Transaction ID : SB22.I20588**

Amount of Each Disbursement this Period

406308.60

Memo Item

Full Name (Last, First, Middle Initial)

**B. NRCC**

Mailing Address 320 FIRST STREET SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
TRANSFER OF NET JFC FUNDS (LEGAL FUND)

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify)

State: District:

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			30			2017			

FEC Identification Number

**C** C00002931

**Transaction ID : SB22.I20589**

Amount of Each Disbursement this Period

224091.40

Memo Item

Full Name (Last, First, Middle Initial)

**C. NRCC**

Mailing Address 320 FIRST STREET SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
TRANSFER OF NET JFC FUNDS

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			31			2017			

FEC Identification Number

**C** C00002931

**Transaction ID : SB22.I20864**

Amount of Each Disbursement this Period

297444.94

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

927844.94

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input checked="" type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Team Ryan**

Full Name (Last, First, Middle Initial)

**A. NRCC**

Mailing Address 320 FIRST STREET SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
TRANSFER OF NET JFC FUNDS (NRCC BUILDING FUND)

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			31			2017			

FEC Identification Number

**C** C00002931

**Transaction ID : SB22.I20866**

Amount of Each Disbursement this Period

367594.95

Memo Item

Full Name (Last, First, Middle Initial)

**B. PROSPERITY ACTION, INC.**

Mailing Address 320 FIRST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
TRANSFER OF NET JFC FUNDS

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			31			2017			

FEC Identification Number

**C** C00377689

**Transaction ID : SB22.I20382**

Amount of Each Disbursement this Period

34852.67

Memo Item

Full Name (Last, First, Middle Initial)

**C. PROSPERITY ACTION, INC.**

Mailing Address 320 FIRST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
TRANSFER OF NET JFC FUNDS

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			31			2017			

FEC Identification Number

**C** C00377689

**Transaction ID : SB22.I20865**

Amount of Each Disbursement this Period

268620.15

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

671067.77

3677104.44

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. IDAHO INSIGHTS**

Full Name (Last, First, Middle Initial)

Mailing Address 277 W DRIFTSTONE CT

City EAGLE State ID Zip Code 83616

Purpose of Disbursement REFUND

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 10 / 13 / 2017

FEC Identification Number: C

Transaction ID : SB28A.I2015!

Amount of Each Disbursement this Period: 200.00

Memo Item

**B. LAW OFFICE OF DAVID ARKOOSH**

Full Name (Last, First, Middle Initial)

Mailing Address 802 W BANNOCK ST STE 900

City BOISE State ID Zip Code 83702

Purpose of Disbursement REFUND

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 10 / 13 / 2017

FEC Identification Number: C

Transaction ID : SB28A.I2016C

Amount of Each Disbursement this Period: 100.00

Memo Item

**C. MCCLURE POLICY PLLC**

Full Name (Last, First, Middle Initial)

Mailing Address 5538 S ZONETAILED WAY

City BOISE State ID Zip Code 83716

Purpose of Disbursement REFUND

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 10 / 13 / 2017

FEC Identification Number: C

Transaction ID : SB28A.I2016

Amount of Each Disbursement this Period: 100.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 400.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

Full Name (Last, First, Middle Initial) <b>A. P&amp;P FINANCIAL</b>		Date of Disbursement MM / DD / YYYY 12 / 06 / 2017
Mailing Address 1005 E NOLANA AVE		FEC Identification Number C [REDACTED] <b>Transaction ID : SB28A.I20651</b> Amount of Each Disbursement this Period 5400.00
City MCALLEN	State TX	Zip Code 78504
Purpose of Disbursement REFUND		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:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. STRADLEY RONON STEVENS &amp; YOUNG LLP</b>		Date of Disbursement MM / DD / YYYY 12 / 06 / 2017
Mailing Address 2005 MARKET ST STE 2600		FEC Identification Number C [REDACTED] <b>Transaction ID : SB28A.I20651</b> Amount of Each Disbursement this Period 5000.00
City PHILADELPHIA	State PA	Zip Code 19103
Purpose of Disbursement REFUND		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:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. TARGETED VICTORY</b>		Date of Disbursement MM / DD / YYYY 11 / 14 / 2017
Mailing Address 1100 WILSON BLVD FL 10		FEC Identification Number C [REDACTED] <b>Transaction ID : SB28A.I2043</b> Amount of Each Disbursement this Period 350.00
City ARLINGTON	State VA	Zip Code 22209
Purpose of Disbursement SEE MEMO ENTRIES BELOW		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:	<input type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	10750.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

Full Name (Last, First, Middle Initial)  
**A. BLACK, BILL, , ,**

Date of Disbursement  
MM / DD / YYYY  
11 / 14 / 2017

Mailing Address 5920 WILLIAMSON RD

City PRESCOTT State AZ Zip Code 86305

Purpose of Disbursement REFUND

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

FEC Identification Number  
**C**  
Transaction ID : SB28A.I2043!  
Amount of Each Disbursement this Period  
200.00

Memo Item

Full Name (Last, First, Middle Initial)  
**B. JOHNSON, JEAN, , ,**

Date of Disbursement  
MM / DD / YYYY  
11 / 14 / 2017

Mailing Address 1890 SIERRA RD EAST

City HELENA State MT Zip Code 59602

Purpose of Disbursement REFUND

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

FEC Identification Number  
**C**  
Transaction ID : SB28A.I2043!  
Amount of Each Disbursement this Period  
50.00

Memo Item

Full Name (Last, First, Middle Initial)  
**C. REISIGL, LYNN, , ,**

Date of Disbursement  
MM / DD / YYYY  
11 / 14 / 2017

Mailing Address 6850 IMPERIAL WOODS RD

City JUPITER State FL Zip Code 33458

Purpose of Disbursement REFUND

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

FEC Identification Number  
**C**  
Transaction ID : SB28A.I2043!  
Amount of Each Disbursement this Period  
100.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 0.00

**TOTAL** This Period (last page this line number only)..... ▶



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. TARGETED VICTORY**

Full Name (Last, First, Middle Initial)  
Mailing Address 1100 WILSON BLVD FL 10

City ARLINGTON State VA Zip Code 22209

Purpose of Disbursement SEE MEMO ENTRY BELOW

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 12 / 12 / 2017

FEC Identification Number: C  
Transaction ID : SB28A.I2067  
Amount of Each Disbursement this Period: 175.00

Memo Item

**B. HAMMER, BERNARD, , ,**

Full Name (Last, First, Middle Initial)  
Mailing Address 4425 THOMAS LN

City BEAUMONT State TX Zip Code 77706

Purpose of Disbursement REFUND

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 12 / 12 / 2017

FEC Identification Number: C  
Transaction ID : SB28A.I20672  
Amount of Each Disbursement this Period: 175.00

Memo Item

**C. WALKER SPORT FISHING**

Full Name (Last, First, Middle Initial)  
Mailing Address 4112 FOX MEADOW LN

City PASADENA State TX Zip Code 77504

Purpose of Disbursement REFUND

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 12 / 20 / 2017

FEC Identification Number: C  
Transaction ID : SB28A.I2073  
Amount of Each Disbursement this Period: 1000.00

Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	1175.00
<b>TOTAL</b> This Period (last page this line number only).....▶	12325.00

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input checked="" type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Team Ryan**

Full Name (Last, First, Middle Initial)

### A. LUKE MALEK FOR IDAHO

Mailing Address 2100 NORTHWEST BLVD STE 400

City  
COEUR D ALENE

State  
ID

Zip Code  
83814

Purpose of Disbursement  
REFUND

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			13			2017			

FEC Identification Number

C

Transaction ID : SB28C.I2016  
Amount of Each Disbursement this Period

100.00

Memo Item

Full Name (Last, First, Middle Initial)

### B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

### C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

**SUBTOTAL** of Disbursements This Page (optional).....▶

100.00

**TOTAL** This Period (last page this line number only).....▶

100.00