

# FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

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

**TIM RYAN FOR CONGRESS**

ADDRESS (number and street) 337 Vienna Avenue

Check if different than previously reported. (ACC) Suite 1

Niles OH 44446

2. **FEC IDENTIFICATION NUMBER** ▼ C C00373464

3. IS THIS REPORT  **NEW (N)** OR  **AMENDED (A)**

CITY ▲ OH STATE ▲ 13 ZIP CODE ▲

### 4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

- Primary (12P)  **General (12G)**  Runoff (12R)
- Convention (12C)  Special (12S)

Election on 11 / 04 / 2014 in the State of OH

(c) 30-Day **POST**-Election Report for the:

- General (30G)  Runoff (30R)  Special (30S)

Election on  /  /  in the State of

5. Covering Period 10 / 01 / 2014 through 10 / 15 / 2014

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

Type or Print Name of Treasurer Allen Ryan

Signature of Treasurer Allen Ryan

**[Electronically Filed]**

Date

10 / 23 / 2014

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

Office Use Only								
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**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name  
**TIM RYAN FOR CONGRESS**

Report Covering the Period: From: M M / D D / Y Y Y Y 10 / 01 / 2014 To: M M / D D / Y Y Y Y 10 / 15 / 2014

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	6625.00	994780.53
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	9500.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	6625.00	985280.53
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	26501.34	682199.25
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	720.88
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	26501.34	681478.37
8. Cash on Hand at Close of Reporting Period (from Line 27).....	441175.02	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

**TIM RYAN FOR CONGRESS**

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

<b>I. RECEIPTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	3500.00	379758.00
(ii) Unitemized.....	125.00	35691.00
(iii) TOTAL of contributions from individuals ▶	3625.00	415449.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	3000.00	579331.53
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	6625.00	994780.53
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	0.00	0.00
<b>13. LOANS:</b>		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	0.00	720.88
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.) .....</b>	0.00	715.24
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	6625.00	996216.65

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	26501.34	682199.25
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	7000.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	2500.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	9500.00
21. OTHER DISBURSEMENTS .....	250.00	50043.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	26751.34	741742.25

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	461301.36
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	6625.00
25. SUBTOTAL (add Line 23 and Line 24).....	467926.36
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	26751.34
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	441175.02

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

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

FOR LINE NUMBER: PAGE 5 OF 30  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**TIM RYAN FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Carl I. Cohen**

Mailing Address 2470 Deborah Dr

City State Zip Code  
Beachwood OH 44122-1602

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

Name of Employer Occupation  
KJB, Inc.. Consultant

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 01 / 2014

**Transaction ID : C10219093**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 738 Dominion Drive

City State Zip Code  
Kent OH 44240

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

Name of Employer Occupation  
Bahama Bodies Owner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 07 / 2014

**Transaction ID : C10224784**

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
**Deborah B. Ratner**

Mailing Address 17300 Parkland Dr

City State Zip Code  
Cleveland OH 44120-2552

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

Name of Employer Occupation  
n/a not employed

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 15 / 2014

**Transaction ID : C10232244**

Amount of Each Receipt this Period  
500.00

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

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

1250.00

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

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

FOR LINE NUMBER: PAGE 6 OF 30  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**TIM RYAN FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Ronald Ratner**

Mailing Address 17300 Parkland Dr

City Cleveland State OH Zip Code 44120-2552

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

Name of Employer Forest City Enterprises Occupation Real Estate

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 15 / 2014

**Transaction ID : C10232239**

Amount of Each Receipt this Period  
 500.00

**B.** Full Name (Last, First, Middle Initial)  
**Timothy F. Wuliger**

Mailing Address 20 Basswood Ln

City Moreland Hills State OH Zip Code 44022-1377

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

Name of Employer Mallard Investments, Inc. Occupation President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 13 / 2014

**Transaction ID : C10228943**

Amount of Each Receipt this Period  
 1000.00

**C.** Full Name (Last, First, Middle Initial)  
**Jill Zimon**

Mailing Address 32099 S Woodland Rd

City Pepper Pike State OH Zip Code 44124-5847

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

Name of Employer Self Occupation Writer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 15 / 2014

**Transaction ID : C10230850**

Amount of Each Receipt this Period  
 250.00

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

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

1750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 30
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**TIM RYAN FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**NYO Property Group, LLC**

Mailing Address 139 Madison Ave.

City Youngstown State OH Zip Code 44505

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 15 / 2014

**Transaction ID : C10232218**

Amount of Each Receipt this Period  
500.00

LLC - Members below if itemized. Permissible funds.

**B.** Full Name (Last, First, Middle Initial)  
**Dominic J. Marchionda**

Mailing Address 7886 Via Atilio

City Poland State OH Zip Code 44514-5346

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

Name of Employer Occupation  
NYO Property Group, LLC Partner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 15 / 2014

**Transaction ID : C10232222**

Amount of Each Receipt this Period  
500.00

**[MEMO ITEM]**  
\*

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

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

500.00

3500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 30
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**TIM RYAN FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
CORRECTIONS CORPORATION OF AMERICA POLITICAL ACTION COMMITTEE

Mailing Address 10 BURTON HILLS BOULEVARD

City Nashville State TN Zip Code 37215

FEC ID number of contributing federal political committee. **C** C00366468

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
6000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 15 / 2014

**Transaction ID : C10232228**

Amount of Each Receipt this Period  
3000.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

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

3000.00

3000.00



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 30			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**TIM RYAN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. City of Niles, Ohio</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2014
Mailing Address 34 W State St		Amount of Each Disbursement this Period 114.01 <b>Transaction ID : D553442</b>
City Niles	State OH Zip Code 44446-5036	
Purpose of Disbursement Utilities	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Crosby Mook Office Equipment</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2014
Mailing Address 558 High St NE		Amount of Each Disbursement this Period 107.20 <b>Transaction ID : D553436</b>
City Warren	State OH Zip Code 44483-5892	
Purpose of Disbursement Office supplies	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Fraioli &amp; Associates</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 02 / 2014
Mailing Address PO Box 75214		Amount of Each Disbursement this Period 3464.75 <b>Transaction ID : D553437</b>
City Washington	State DC Zip Code 20013-5214	
Purpose of Disbursement Fundraising consulting fee and expenses	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3685.96
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 10 OF 30	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**TIM RYAN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Greater Akron Chamber of Commerce</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 07 / 2014</b>
Mailing Address <b>1 Cascade Plaza, #17</b>		Amount of Each Disbursement this Period <b>25.00</b> <b>Transaction ID : D553486</b>
City <b>Akron</b>	State <b>OH</b>	
Zip Code <b>44308</b>	Purpose of Disbursement <b>Event ticket</b>	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <b>2014</b>	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Huntington Bank Merchant Services</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 15 / 2014</b>
Mailing Address <b>PO Box 1558</b>		Amount of Each Disbursement this Period <b>93.19</b> <b>Transaction ID : D553493</b>
City <b>Columbus</b>	State <b>OH</b>	
Zip Code <b>43216-1558</b>	Purpose of Disbursement <b>Credit card processing fees</b>	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <b>2014</b>	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Huntington National Bank</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 15 / 2014</b>
Mailing Address <b>PO Box 1558</b>		Amount of Each Disbursement this Period <b>2.50</b> <b>Transaction ID : D553458</b>
City <b>Columbus</b>	State <b>OH</b>	
Zip Code <b>43224</b>	Purpose of Disbursement <b>Service fee</b>	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <b>2014</b>	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>120.69</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 30			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**TIM RYAN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Matthew Kaplan</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 15 / 2014
Mailing Address 215 C St SE Apt 207		Amount of Each Disbursement this Period 2538.97
City Washington	State DC	
Zip Code 20003-1911	Purpose of Disbursement Salary	Transaction ID : D553488
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Andrew Kluge</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 07 / 2014
Mailing Address 416 Lincoln St		Amount of Each Disbursement this Period 395.56
City Ravenna	State OH	
Zip Code 44266-2015	Purpose of Disbursement Mileage reimbursement	Transaction ID : D553474
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Andrew Kluge</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 15 / 2014
Mailing Address 416 Lincoln St		Amount of Each Disbursement this Period 917.79
City Ravenna	State OH	
Zip Code 44266-2015	Purpose of Disbursement Salary	Transaction ID : D553475
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3852.32
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 30			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**TIM RYAN FOR CONGRESS**

Full Name (Last, First, Middle Initial)  
**A. New Media Campaigns**

Mailing Address 118-A East Main Street

City Carrboro State NC Zip Code 27510

Purpose of Disbursement Website design

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 10 / 07 / 2014

Amount of Each Disbursement this Period: 414.00

Transaction ID : D553480

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

Mailing Address 113 Creed Cir

City Campbell State OH Zip Code 44405-1204

Purpose of Disbursement Advertisement

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 10 / 02 / 2014

Amount of Each Disbursement this Period: 100.00

Transaction ID : D553441

Full Name (Last, First, Middle Initial)  
**c. Ohio Department of Taxation**

Mailing Address PO Box 530

City Columbus State OH Zip Code 43216-0530

Purpose of Disbursement Payroll taxes

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 10 / 15 / 2014

Amount of Each Disbursement this Period: 144.89

Transaction ID : D553476

**SUBTOTAL** of Disbursements This Page (optional)..... 658.89

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 13 OF 30	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**TIM RYAN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Stephen Pirigy</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2014
Mailing Address 724 West St		Amount of Each Disbursement this Period 685.00 <b>Transaction ID : D553459</b>
City Niles	State OH Zip Code 44446-2737	
Purpose of Disbursement Office rent	Candidate Name	Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Sforza &amp; Walker Inc</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 07 / 2014
Mailing Address 444 High Street NE P.O. Box 232		Amount of Each Disbursement this Period 37.36 <b>Transaction ID : D553461</b>
City Warren	State OH Zip Code 44482-0232	
Purpose of Disbursement Accounting services	Candidate Name	Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Tim J. Ryan</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 07 / 2014
Mailing Address 560 Amber Dr SE		Amount of Each Disbursement this Period 842.12 <b>Transaction ID : D553519</b>
City Warren	State OH Zip Code 44484-5812	
Purpose of Disbursement Mileage and tolls reimbursement	Candidate Name <b>Timothy J Ryan</b>	Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: OH District: 17		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1564.48
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 14 OF 30	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**TIM RYAN FOR CONGRESS**

**A. United States Treasury**

Full Name (Last, First, Middle Initial)  
Mailing Address 1500 Pennsylvania Ave NW

City Washington State DC Zip Code 20220-0001

Purpose of Disbursement Payroll taxes

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 10 / 15 / 2014

Amount of Each Disbursement this Period: 1681.84

Transaction ID : D553465

**B. UPS**

Full Name (Last, First, Middle Initial)  
Mailing Address 55 Glenlake Pkwy NE

City Atlanta State GA Zip Code 30328-3474

Purpose of Disbursement Shipping

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 10 / 01 / 2014

Amount of Each Disbursement this Period: 54.07

Transaction ID : D553453

**c. Warren G. Harding Basketball**

Full Name (Last, First, Middle Initial)  
Mailing Address 860 Elm Road NE

City Warren State OH Zip Code 44483

Purpose of Disbursement Event tickets

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 10 / 01 / 2014

Amount of Each Disbursement this Period: 500.00

Transaction ID : D553522

**SUBTOTAL** of Disbursements This Page (optional) ..... 2235.91

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 15 OF 30	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**TIM RYAN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Youngstown Unit NAACP</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 09 / 2014
Mailing Address PO Box 6103		Amount of Each Disbursement this Period 80.00 <b>Transaction ID : D553483</b>
City Youngstown	State OH	
Zip Code 44501	Purpose of Disbursement Event tickets	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Michael P. Zetts</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 15 / 2014
Mailing Address 3100 Connecticut Avenue, NW Apt. 4		Amount of Each Disbursement this Period 683.45 <b>Transaction ID : D553496</b>
City Washington	State DC	
Zip Code 20008	Purpose of Disbursement Salary	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. American Express</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 05 / 2014
Mailing Address PO Box 297812		Amount of Each Disbursement this Period 13566.02 <b>Transaction ID : D553456</b>
City Fort Lauderdale	State FL	
Zip Code 33329-7812	Purpose of Disbursement Credit card (see below if itemized)	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	14329.47
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 16 OF 30	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**TIM RYAN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Amazon.com</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 05 / 2014
Mailing Address 1516 2nd Avenue		Amount of Each Disbursement this Period 108.43
City Seattle	State WA	
Zip Code 98144	Purpose of Disbursement Office supplies	Transaction ID : D553468
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Amazon.com</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 05 / 2014
Mailing Address 1516 2nd Avenue		Amount of Each Disbursement this Period 27.11
City Seattle	State WA	
Zip Code 98144	Purpose of Disbursement Office supplies	Transaction ID : D553469
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>c. FedEx Office</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 05 / 2014
Mailing Address 5414 Youngstown Warren Rd		Amount of Each Disbursement this Period 8.76
City Niles	State OH	
Zip Code 44446	Purpose of Disbursement Printing expense	Transaction ID : D553487
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	8.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 30			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**TIM RYAN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Giant Eagle</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 05 / 2014	
Mailing Address 2061 Elm Road			Amount of Each Disbursement this Period 24.42	
City Warren	State OH	Zip Code 44481	Transaction ID : D553438	
Purpose of Disbursement Food for Meeting		Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		[MEMO ITEM]		

Full Name (Last, First, Middle Initial) <b>B. Giant Eagle</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 05 / 2014	
Mailing Address 2061 Elm Road			Amount of Each Disbursement this Period 32.09	
City Warren	State OH	Zip Code 44481	Transaction ID : D553439	
Purpose of Disbursement Food for Meeting		Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		[MEMO ITEM]		

Full Name (Last, First, Middle Initial) <b>c. Giant Eagle</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 05 / 2014	
Mailing Address 2061 Elm Road			Amount of Each Disbursement this Period 13.69	
City Warren	State OH	Zip Code 44481	Transaction ID : D553440	
Purpose of Disbursement Food for Meeting		Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		[MEMO ITEM]		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 18 OF 30	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**TIM RYAN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Hilton Garden Inn DC</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 05 / 2014
Mailing Address 1225 First Street NE		Amount of Each Disbursement this Period 1630.47
City Washington	State DC	
Zip Code 20002	Purpose of Disbursement Travel/Lodging	Transaction ID : D553508
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Hilton Hotel Houston</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 05 / 2014
Mailing Address 1600 Lamar St		Amount of Each Disbursement this Period 314.73
City Houston	State TX	
Zip Code 77010	Purpose of Disbursement Travel/Lodging	Transaction ID : D553509
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Hilton Hotel Houston</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 05 / 2014
Mailing Address 1600 Lamar St		Amount of Each Disbursement this Period 325.97
City Houston	State TX	
Zip Code 77010	Purpose of Disbursement Travel/Lodging	Transaction ID : D553510
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 19 OF 30	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**TIM RYAN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Hilton Hotel New York</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 05 / 2014
Mailing Address 234 West 42nd Street		Amount of Each Disbursement this Period 323.65
City New York	State NY	
Zip Code 10036	Purpose of Disbursement Travel/Lodging	Transaction ID : D553484
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Holiday Inn Express Warren</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 05 / 2014
Mailing Address 135 Highland Terrace Express		Amount of Each Disbursement this Period 183.59
City Warren	State OH	
Zip Code 44484	Purpose of Disbursement Travel/Lodging	Transaction ID : D553470
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Holiday Inn Express Warren</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 05 / 2014
Mailing Address 135 Highland Terrace Express		Amount of Each Disbursement this Period 183.59
City Warren	State OH	
Zip Code 44484	Purpose of Disbursement Travel/Lodging	Transaction ID : D553471
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 20 OF 30	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**TIM RYAN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Holiday Inn Express Warren</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 05 / 2014
Mailing Address 135 Highland Terrace Express		Amount of Each Disbursement this Period 183.59
City Warren	State OH Zip Code 44484	
Purpose of Disbursement Travel/Lodging	Candidate Name	Transaction ID : D553472
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	[MEMO ITEM]

Full Name (Last, First, Middle Initial) <b>B. House Gift Shop</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 05 / 2014
Mailing Address B-218 Longworth		Amount of Each Disbursement this Period 211.65
City Washington	State DC Zip Code 20515	
Purpose of Disbursement Gifts for supporters	Candidate Name	Transaction ID : D553463
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	[MEMO ITEM]

Full Name (Last, First, Middle Initial) <b>c. Hyatt Hotel Columbus</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 05 / 2014
Mailing Address 350 North High Street		Amount of Each Disbursement this Period 128.62
City Columbus	State OH Zip Code 43215	
Purpose of Disbursement Travel/Lodging	Candidate Name	Transaction ID : D553467
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	[MEMO ITEM]

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 21 OF 30	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**TIM RYAN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Hyde Park Prime Steakhouse</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 05 / 2014
Mailing Address 569 High St		Amount of Each Disbursement this Period 3598.13
City Columbus	State OH Zip Code 43215	
Purpose of Disbursement Fundraising/Catering	Candidate Name	Transaction ID : D553457
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	[MEMO ITEM]

Full Name (Last, First, Middle Initial) <b>B. Lavagna</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 05 / 2014
Mailing Address 539 8th St SE		Amount of Each Disbursement this Period 112.60
City Washington	State DC Zip Code 20003	
Purpose of Disbursement Meal	Candidate Name	Transaction ID : D553485
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	[MEMO ITEM]

Full Name (Last, First, Middle Initial) <b>C. Michael Alberini's</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 05 / 2014
Mailing Address 1140 Boardman Poland Road		Amount of Each Disbursement this Period 1185.29
City Youngstown	State OH Zip Code 44514	
Purpose of Disbursement Fundraising/Catering	Candidate Name	Transaction ID : D553481
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	[MEMO ITEM]

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 22 OF 30	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**TIM RYAN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Ohio Turnpike</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 05 / 2014
Mailing Address 682 Prospect Street		Amount of Each Disbursement this Period 42.22
City Berea	State OH Zip Code 44017	
Purpose of Disbursement Tolls	Category/Type	Transaction ID : D553477 <b>[MEMO ITEM]</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Onstar</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 05 / 2014
Mailing Address P.O. Box 0217		Amount of Each Disbursement this Period 29.90
City Troy	State MI Zip Code 48099	
Purpose of Disbursement Telephone expense	Category/Type	Transaction ID : D553473 <b>[MEMO ITEM]</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Panera Bread Co.</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 05 / 2014
Mailing Address 3461 Elm Road		Amount of Each Disbursement this Period 56.44
City Warren	State OH Zip Code 44483	
Purpose of Disbursement Meal	Category/Type	Transaction ID : D553454 <b>[MEMO ITEM]</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 23 OF 30	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**TIM RYAN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Panera Bread Co.</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 05 / 2014
Mailing Address 3461 Elm Road		Amount of Each Disbursement this Period 51.99
City Warren	State OH Zip Code 44483	
Purpose of Disbursement Meal	Candidate Name	Transaction ID : D553455
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	[MEMO ITEM]

Full Name (Last, First, Middle Initial) <b>B. Reese Floral Art</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 05 / 2014
Mailing Address 49 Vienna Ave.		Amount of Each Disbursement this Period 417.40
City Niles	State OH Zip Code 44446	
Purpose of Disbursement Flowers	Candidate Name	Transaction ID : D553494
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	[MEMO ITEM]

Full Name (Last, First, Middle Initial) <b>c. Sambuca Jazz Cafe</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 05 / 2014
Mailing Address 909 Texas Avenue		Amount of Each Disbursement this Period 261.13
City Houston	State TX Zip Code 77002	
Purpose of Disbursement Meal	Candidate Name	Transaction ID : D553516
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	[MEMO ITEM]

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 24 OF 30	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**TIM RYAN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Shortstacklab.com</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 05 / 2014
Mailing Address 201 W. Liberty Street, #LL-1		Amount of Each Disbursement this Period 30.00
City Reno	State NV	
Zip Code 89501	Purpose of Disbursement Website expense	Transaction ID : D553479 <b>[MEMO ITEM]</b>
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Sunoco</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 05 / 2014
Mailing Address Various Stations		Amount of Each Disbursement this Period 25.41
City Niles	State OH	
Zip Code 44446	Purpose of Disbursement Gas	Transaction ID : D553460 <b>[MEMO ITEM]</b>
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Tiger Eye Promotions</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 05 / 2014
Mailing Address 1000 Progress St		Amount of Each Disbursement this Period 467.57
City Greenville	State OH	
Zip Code 45331	Purpose of Disbursement Printing expense	Transaction ID : D553464 <b>[MEMO ITEM]</b>
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 25 OF 30	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**TIM RYAN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Uber</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 05 / 2014
Mailing Address 182 HOWARD ST		Amount of Each Disbursement this Period 31.00
City San Francisco	State CA	
Zip Code 94105	Purpose of Disbursement Taxi	Transaction ID : D553490 <b>[MEMO ITEM]</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Uber</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 05 / 2014
Mailing Address 182 HOWARD ST		Amount of Each Disbursement this Period 25.00
City San Francisco	State CA	
Zip Code 94105	Purpose of Disbursement Taxi	Transaction ID : D553491 <b>[MEMO ITEM]</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Uber</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 05 / 2014
Mailing Address 182 HOWARD ST		Amount of Each Disbursement this Period 25.00
City San Francisco	State CA	
Zip Code 94105	Purpose of Disbursement Taxi	Transaction ID : D553492 <b>[MEMO ITEM]</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 26 OF 30	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**TIM RYAN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. United Airlines</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 05 / 2014
Mailing Address 1200 E. Algonquin Rd		Amount of Each Disbursement this Period 69.00
City Elk Grove Village	State IL	
Zip Code 60007	Purpose of Disbursement Travel/Airline fee	Transaction ID : D553443
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. United Airlines</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 05 / 2014
Mailing Address 1200 E. Algonquin Rd		Amount of Each Disbursement this Period 310.10
City Elk Grove Village	State IL	
Zip Code 60007	Purpose of Disbursement Travel/Airfare	Transaction ID : D553444
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>c. United Airlines</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 05 / 2014
Mailing Address 1200 E. Algonquin Rd		Amount of Each Disbursement this Period 566.60
City Elk Grove Village	State IL	
Zip Code 60007	Purpose of Disbursement Travel/Airfare	Transaction ID : D553445
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 27 OF 30	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**TIM RYAN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. US Airways</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 05 / 2014
Mailing Address 2345 Crystal Dr		Amount of Each Disbursement this Period 659.10
City Arlington	State VA	
Zip Code 22227-0001	Purpose of Disbursement Travel/Airfare	Transaction ID : D553446
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. US Airways</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 05 / 2014
Mailing Address 2345 Crystal Dr		Amount of Each Disbursement this Period 231.10
City Arlington	State VA	
Zip Code 22227-0001	Purpose of Disbursement Travel/Airfare	Transaction ID : D553447
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>c. US Airways</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 05 / 2014
Mailing Address 2345 Crystal Dr		Amount of Each Disbursement this Period 509.70
City Arlington	State VA	
Zip Code 22227-0001	Purpose of Disbursement Travel/Airfare	Transaction ID : D553448
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 30			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**TIM RYAN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. US Airways</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 05 / 2014
Mailing Address 2345 Crystal Dr		Amount of Each Disbursement this Period 25.00
City Arlington	State VA	
Zip Code 22227-0001	Purpose of Disbursement Travel/Airline fee	Transaction ID : D553449
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. US Postmaster</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 05 / 2014
Mailing Address 43 W. Park Avenue		Amount of Each Disbursement this Period 12.00
City Niles	State OH	
Zip Code 44446	Purpose of Disbursement Postage	Transaction ID : D553450
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>c. US Postmaster</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 05 / 2014
Mailing Address 43 W. Park Avenue		Amount of Each Disbursement this Period 17.24
City Niles	State OH	
Zip Code 44446	Purpose of Disbursement Postage	Transaction ID : D553451
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 29 OF 30	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**TIM RYAN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. US Postmaster</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 05 / 2014
Mailing Address 43 W. Park Avenue		Amount of Each Disbursement this Period 12.14
City Niles State OH Zip Code 44446	Purpose of Disbursement Postage	
Candidate Name		Transaction ID : D553452 <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City State Zip Code	Purpose of Disbursement	
Candidate Name		
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:	Category/Type	

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City State Zip Code	Purpose of Disbursement	
Candidate Name		
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:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	26447.72

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 30 OF 30	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**TIM RYAN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Stephen A. Comunale Family Cancer Foundation</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 01 / 2014</b>
Mailing Address PO Box 13805		Amount of Each Disbursement this Period <b>250.00</b>
City Akron State OH Zip Code 44334-3805	Purpose of Disbursement Donation	
Candidate Name	Category/Type	<b>Transaction ID : D553517</b>
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.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City State Zip Code	Purpose of Disbursement	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

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

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>250.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	<b>250.00</b>