								
FEC FORM 3X		ND DIS	OF RE BURSE An Authorize	MENT	S		RÉCEI EC MAIL 17 JAN -6	CENTER
1. NAME OF COMMITTEE (ir		PE OR PRINT	2/1	ample: If typ er the lines.	ing, type	12FE4M	5	
RYMANH	0 5 P I 1	ALIT	I PROP	ERTI		9C		
		NE GI	AYLORD	DRI	VE	- <u>1_1</u>		
ADDRESS (number at Check if dif than previou reported. (A	nd street)	A 5 H V					37,21,4	- <u>-</u>
2. FEC IDENTIFIC	CATION NUME	BER V					ZIP CO	
COOL	8 3 7 0	7	3. IS THIS REPORT		NEW (N) OR	AN (A)	IENDED	
4. TYPE OF RE (Choose One) (a) Quarterly Re		(b) Monthly Report Due On:	Feb 20 (M2		May 20 (M5) Jun 20 (M6)	fand fang	20 (M8)	Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only)
July 15 Quarter October	ly Report (Q1) lý Report (Q2) r 15		Apr 20 (M4) y Election t for the:	Primary (12) Convention	- -	General (Jan 31 (YE) Runoff (12R)
Januan Year-Er July 31 Report	nd Report (YE) Mid-Year (Non-election	(d) 30-Da	Election on y -Election	General (30		γ. γ. γ. γ. γ.	State	of Special (30S)
	nly) (MY) ation Report	4	t for the:			مىرىيىدى بىرىيى بەر مەرىيىدى بىرىيى بەر مەرىيىدى بىرىيى بىرىيى	گیستا	
5. Covering Period			2016	through		2.8	2016	
I certify that I have a Type or Print Name		Report and to JENNIF	-	wledge and HESON	belief it is tru	ue, correct and	i complete.	
Signature of Treasurer Rennier Hutcheson Date 01 04 2017								
NOTE: Submission of Office Use Only	false, erroneous	s, or incomplete	e information may s	subject the per	rson signing t	his Report to th	FEC FOI Rev. 05/	RM 3X

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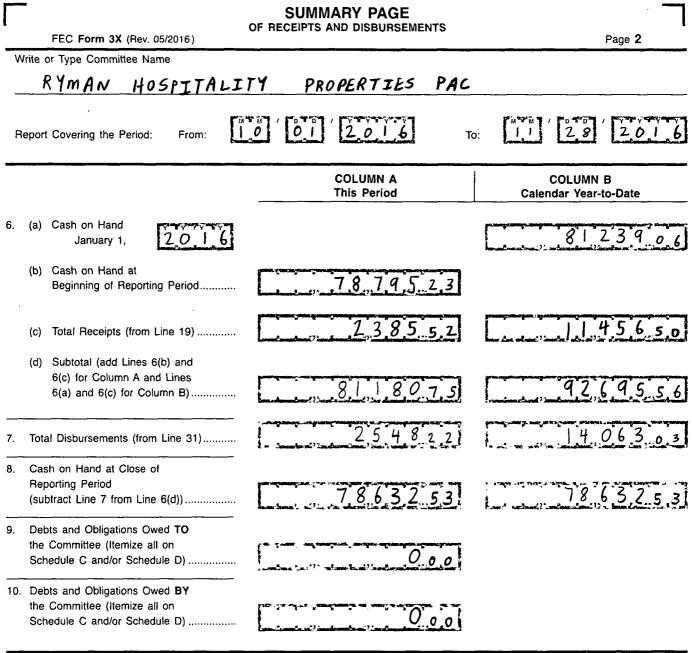
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This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

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			
	FEC Form 3X (Rev. 05/2016)		Page 3
Wri	te or Type Committee Name		
	RYMAN HOSPITAL	ITY PROPERTIES	PAC
Re	port Covering the Period: From:	0 01 2016	
	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
12. 13. 14. 15. 16. 17.	Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A) (ii) Unitemized (iii) TOTAL (add Lines 11(a)(i) and (ii)	2034.10 34614 238024 0.00 0.00 $2.380.24$ 0.00 $2.380.24$ 0.00	10,023.37 140604 $11,429.41$ 000 0.00 $11,429.41$ 0.00 0.00 0.00 0.00 0.00 0.00
19.	 Transfers from Non-Federal and Levin Funds (a) Non-Federal Account (from Schedule H3) (b) Levin Funds (from Schedule H5) (c) Total Transfers (add 18(a) and 18(b)) (c) Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) 	<u>0.0.0</u> <u>0.0.0</u> <u>0.0.0</u>	0.00
	Total Federal Receipts (subtract Line 18(c) from Line 19)▶	2,38552	11,45650

2017-01-06-03-00128847

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DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016) 11

COLUMN A **Total This Period**

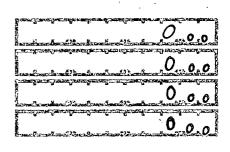
COLUMN B Calendar Year-to-Date

Page 4

II. Disbursements	
Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4)	
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Contributions to Federal Candidates/Committees	ใสามาริสารสมีรอมไร อาการราวเราอาการ ไ
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(use Schedule E)	Contraction States
(use Schedule F)	
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Loan Repayments Made	
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(a) Individuals/Persons Other	for and manufactures of
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(b) Political Party Committees	
	and and and
(d) Total Contribution Refunds	Same Same Securi
Other Disburgements (Including	
	grade particular }}
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Federal Election Activity (52 U.S.C. § 30 (a) Allocated Federal Election Activity	101(20))
(from Schedule H6)	Kennehaanselimer.
(i) Federal Share	
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	Same and a second second
23, 24, 25, 26, 27, 28(d), 29 and 30(c)).	
Total Federal Disbursements	โละสหวัญราณีสองโ
(subtract Line 21(a)(ii) and Line 30(a)(ii)	
(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	· ·
	 (a) Allocated Federal/Non-Federal Activity (from Schedule H4) (i) Federal Share (ii) Non-Federal Share (b) Other Federal Operating Expenditures (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) Transfers to Affiliated/Other Party Committees (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) Transfers to Affiliated/Other Party Committees (c) Other Political Committees (independent Expenditures (use Schedule E) Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F) Loan Repayments Made Loans Made Refunds of Contributions To: (a) Individuals/Persons Other Than Political Committees (such as PACs) (d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) Other Disbursements (Including Non-Federal Donations) Federal Election Activity (52 U.S.C. § 30 (a) Allocated Federal Election Activity (from Schedule H6) (i) Federal Share (ii) "Levin" Share (b) Federal Election Activity Paid Entirely With Federal Funds (c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) Total Disbursements (add Lines 21(c), 22 23, 24, 25, 26, 27, 28(d), 29 and 30(c))

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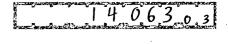
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DETAILED SUMMARY PAGE

COLUMN A

Total This Period

of Disbursements

FEC Form 3X (Rev. 05/2016) III. Net Contributions/ Operating Expenditures

- Total Contributions (other than loans) (from Line 11(d), page 3)
- Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))
- 37. Offsets to Operating Expenditures (from Line 15, page 3).....

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Calendar Year-to-Date		
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COLUMN B

Page 5

SCHEDULE A (FEC Form 3X)		FOR LINE NUMBER: PAGE 6 OF 9
ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only one) 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and Statements ma or for commercial purposes, other than using the name and a		
NAME OF COMMITTEE (IN FUII) RYMAN HOSPITALIT	Y PROPERTT	ES PAC
Full Name of Individual (Last, First, Middle Initial) or Full O A. REED, COLIN V.		Date of Receipt
Mailing Address ONE GAYLORD DRIVE		1,1 2,7 2,0,1,6
City NASHVILLE State TN	Zip Code 37214	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		1.61.50
	upation (for Individual)	Memo Item
Receipt For: Aggregate Primary General Other (specify) ▼	Year-to-Date ▼ 	
Full Name of Individual (Last, First, Middle Initial) or Full O B. FFORAVANTI MARK Mailing Address	rganization Name	Date of Receipt
ONE GAYLORD DRIVE	Zip Code	1 2 7 2016
NASHVILLETNFEC ID number of contributing federal political committee.C	37214	Amount of Each Receipt this Period
RYMAN HOSPITALITY PROP. PR	upation (for Individual) ミミエロビバT & CFO Year-to-Date ▼	Memo Item
Other (specify) V	<u>1,367,28</u>	
Full Name of Individual (Last, First, Middle Initial) or Full O C. <u>LYNN, SCOTT J</u> Mailing Address	rganization Name	Date of Receipt
ONE GAYLORD DRIVE City State	Zip Code	11127 2016
NASHVILLE TN FEC ID number of contributing federal political committee. C	37214	Amount of Each Receipt this Period
RYMAN HOSPITALITY PROP. SI	upation (for Individual)	Memo Item
Primary General Aggregate	Year-to-Date ▼	
SUBTOTAL of Receipts This Page (optional)		1,5,3,8,4,0
TOTAL This Period (last page this line number only)		Lon Lordenni in a London of Small a Santi

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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 0F 9 (check only one) 11a 11b 11c 12 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and Statements ma or for commercial purposes, other than using the name and a NAME OF COMMITTEE (In Full) RYMAN HOSPITALITY	ddress of any political committee	
Full Name of Individual (Last, First, Middle Initial) or Full O A. CHERRY, SIDNEY Mailing Address GAYLOR D DRIV ONE GAYLOR D DRIV City State TN FEC ID number of contributing federal political committee. Name of Employer (for Individual) RY MAN H @SPTTALITY PROP.	Irganization Name	Date of Receipt 277 2016 Amount of Each Receipt this Period 168 2.5 Memo Item
RYMAN HOSPITALITY PROP. VP Receipt For: Aggregate	Trganization Name	Date of Receipt 1 2 7 20 16 Amount of Each Receipt this Period Memo Item
Name of Employer (for Individual) RYMAN HOSPITALITY PROP S	Zip Code	Date of Receipt
SUBTOTAL of Receipts This Page (optional)		395.7.0

FEC Schedule A (Form 3X) Rev. 06/2016

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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE Ø OF 9 (check only one) 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and Statements is or for commercial purposes, other than using the name and NAME OF COMMITTEE (In Full) RYMAN HOSPITAL	address of any political committee t	o solicit contributions from such committee.
RYMAN HOSPITALITY PROP.	Zip Code	Date of Receipt
FEC ID number of contributing federal political committee. Image: Classical committee. Name of Employer (for Individual) Image: Classical committee. Receipt For: Aggregation committee. Primary General Other (specify) Ferror	Organization Name Zip Code Coupation (for Individual)	Date of Receipt
Percept Far	Organization Name Zip Code coupation (for Individual) te Year-to-Date ▼	Date of Receipt Memo Item
SUBTOTAL of Receipts This Page (optional)		203410

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Use separate sche	FOR LINE NUMBER: PAGE 9 OF 9
ITEMIZED DISBURSEMENTS for each category of Detailed Summary	dule(s) (check only one) of the 21b 22 M23 26 27
Any information copied from such Reports and Statements may not be solor for commercial purposes, other than using the name and address of an	
RYMAN HOSPITALITY PROPE	RTIES PAC
Full Name (Last, First, Middle Initial) A.	Date of Disbursement
TENNESSEE HOUSE DEMOCRATIC CAU	IT IL C
Mailing Address	10 20 2016
City State Zip Cod	FEC Identification Number
NASHVILLE TN 37 Purpose of Disbursement	
CONTRIBUTION	
Candidate Name	Category/ Amount of Each Disbursement this Period
Office Sought: House Disbursement For:	50000
Senate Primary Ge	neral
State: District:	Memo Item
Full Name (Last, First, Middle Initial)	
B. FRIENDS OF ANGELA ALSOBROOM	Date of Disbursement
Mailing Address PO Box 6058	
City State Zip Cod	
UPPER MARLBORO MD 20 Purpose of Disbursement	
CAMPAIGN CONTRIBUTION	O. L. I. Burst and a dranken inclused in the
Candidate Name ANGELA ALSO BROOKS	Category/ Amount of Each Disbursement this Period
Office Sought: House Disbursement For:	
	neral see, has built as been interimented as the field of
State: District: Other (specify)	Memo Item
Full Name (Last, First, Middle Initial)	
C.	Date of Disbursement
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City Zip Cod	e FEC Identification Number
Purpose of Disbursement	
Candidate Name	Category/ Amount of Each Disbursement this Period
Office Sought: House Disbursement For:	Type
	neral
□ President □ Other (specify) ▼ State: □ District: □	Memo Item
SUBTOTAL of Disbursements This Page (optional)	250000
TOTAL This Period (last page this line number only)	2,5.00.0.0

FEC Schedule B (Form 3X) Rev. 05/2016



Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS The FEC added this page to the end of this filing to indicate how it was received.

Date of Receipt Hand Delivered Postmarked Date of Receipt USPS First Class Mail Postmarked (R/C) **USPS** Registered/Certified Postmarked **USPS Priority Mail** Postmarked **USPS Priority Mail Express Postmark Illegible** No Postmark Shipping Date Overnight Delivery Service (Specify): FedEXNext Business Day Delivery Date of Receipt Received from House Records & Registration Office Date of Receipt **Received from Senate Public Records Office** Date of Receipt **Received from Electronic Filing Office** Date of Receipt or Postmarked Other (Specify): PREPARER DATE PREPARED (3/2015)