

# 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 ▼ CITY ▲ STATE ▲ ZIP CODE ▲  
**C** C00545947 3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

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)  
 July 31 Mid-Year Report (Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day PRE-Election Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12S)  
Election on [MM] / [DD] / [YYYY] in the State of [ ]  
(d) 30-Day POST-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on [MM] / [DD] / [YYYY] in the State of [ ]

5. Covering Period [07] / [01] / [2017] through [09] / [30] / [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 [10] / [12] / [2017]

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"/>		701099.98
(b) Cash on Hand at Beginning of Reporting Period.....	2552410.86	
(c) Total Receipts (from Line 19) .....	6679236.79	39748651.54
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	9231647.65	40449751.52
7. Total Disbursements (from Line 31).....	6978211.09	37973641.17
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	2253436.56	2476110.35
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	

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: 07 / 01 / 2017 To: 09 / 30 / 2017

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).....	5503297.41	34725087.31
(ii) Unitemized .....	109959.49	502925.27
(iii) TOTAL (add Lines 11(a)(i) and (ii).....▶	5613256.90	35228012.58
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	908150.00	4207900.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	6521406.90	39435912.58
12. Transfers From Affiliated/Other Party Committees.....	157829.89	245311.34
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).....	0.00	67427.62
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)).....▶	6679236.79	39748651.54
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	6679236.79	39748651.54

**DETAILED SUMMARY PAGE**  
of Disbursements

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 .....	1897747.13	6576775.16
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	1897747.13	6576775.16
22. Transfers to Affiliated/Other Party Committees.....	4915392.96	31024464.01
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 .....	165071.00	368652.00
(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 28(a), (b), and (c)).....	165071.00	366152.00
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)) ..	6978211.09	37973641.17
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	6978211.09	37973641.17

**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) .....	6521406.90	39435912.58
34. Total Contribution Refunds (from Line 28(d)) .....	165071.00	366152.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	6356335.90	39069760.58
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	1897747.13	6576775.16
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	67427.62
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	1897747.13	6509347.54

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 997
	<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. ADAMS, ALTO, L., MR., JR.**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. BOX 12909  
 City FORT PIERCE State FL Zip Code 34979-2909  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) ADAMS RANCH Occupation (for Individual) RANCHER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 08 / 07 / 2017  
**Transaction ID : SA11A.517338**  
 Amount of Each Receipt this Period 50.00  
 Memo Item CONTRIBUTION

**B. ADAMS, ALTO, L., MR., JR.**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. BOX 12909  
 City FORT PIERCE State FL Zip Code 34979-2909  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) ADAMS RANCH Occupation (for Individual) RANCHER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 08 / 31 / 2017  
**Transaction ID : SA11A.519086**  
 Amount of Each Receipt this Period 125.00  
 Memo Item CONTRIBUTION

**C. ADAMS, IMOGENE, G., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2051 FERNWAY DRIVE  
 City MONTGOMERY State AL Zip Code 36111-1611  
 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 ▼ 2000.00

Date of Receipt 08 / 07 / 2017  
**Transaction ID : SA11A.517371**  
 Amount of Each Receipt this Period 2000.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....▶ 2175.00  
**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE A (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 997
	<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. ADAMS, SANDRA, J., MRS.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 179 JAY STATION RD

City NICHOLASVILLE	State KY	Zip Code 40356-8588
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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 ▼  
2000.00

Date of Receipt  
MM / DD / YYYY  
09 / 30 / 2017

**Transaction ID : SA11A.523090**

Amount of Each Receipt this Period  
2000.00

Memo Item  
CONTRIBUTION

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

Mailing Address 15821 SPRINGBROOK CT

City LAKE OSWEGO	State OR	Zip Code 97034-3615
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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 ▼  
2500.00

Date of Receipt  
MM / DD / YYYY  
08 / 31 / 2017

**Transaction ID : SA11A.519184**

Amount of Each Receipt this Period  
2500.00

Memo Item  
CONTRIBUTION

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

Mailing Address 11072 TELMAR DRIVE

City NORTHPORT	State AL	Zip Code 35475-2829
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NHS MANAGEMENT LLC	Occupation (for Individual) CONSULTANT
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Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
MM / DD / YYYY  
07 / 13 / 2017

**Transaction ID : SA11A.514496**

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 8 OF 997
	<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. AGEE, JUDITH, T., MRS.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 13 STILLFOREST ST

City HOUSTON	State TX	Zip Code 77024-7518
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) LEVANT LLC	Occupation (for Individual) OWNER
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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
08		31		2017

**Transaction ID : SA11A.519098**

Amount of Each Receipt this Period  
5000.00

Memo Item  
CONTRIBUTION

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

Mailing Address 13 STILLFOREST ST

City HOUSTON	State TX	Zip Code 77024-7518
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) WAPITI ENERGY	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
08		31		2017

**Transaction ID : SA11A.519099**

Amount of Each Receipt this Period  
5000.00

Memo Item  
CONTRIBUTION

**C. AGRAS, JAMES, R., ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 750 WASHINGTON RD  
APT 1605

City PITTSBURGH	State PA	Zip Code 15228-2034
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) TRIANGLE TECH	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
07		27		2017

**Transaction ID : SA11A.515937**

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 9 OF 997
	<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. AGUILAR, ISABEL, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1665 HAWTHORND RD.

City SALEM	State IL	Zip Code 62881-1037
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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 ▼  
280.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	29	/	2017

**Transaction ID : SA11A.517089**

Amount of Each Receipt this Period  
40.00

Memo Item  
CONTRIBUTION

**B. AHOLA, ARI, M., MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3066 BIRD LANE

City WINDERMERE	State FL	Zip Code 34786-8349
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) BIOZONE SCIENTIFIC INTERNATIONAL,	Occupation (for Individual) CEO
--	------------------------------------

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
07	/	17	/	2017

**Transaction ID : SA11A.514871**

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

**C. AHOLA, ARI, M., MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3066 BIRD LANE

City WINDERMERE	State FL	Zip Code 34786-8349
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) BIOZONE SCIENTIFIC INTERNATIONAL,	Occupation (for Individual) CEO
--	------------------------------------

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
08	/	17	/	2017

**Transaction ID : SA11A.518099**

Amount of Each Receipt this Period  
100.00

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 10 OF 997
	<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. AIKIN, PATRICIA, A., MRS.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 11545 N. PA BE SHAN TRAIL

City CHARLEVOIX	State MI	Zip Code 49720-2113
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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
07		28		2017

**Transaction ID : SA11A.517108**

Amount of Each Receipt this Period  
50.00

Memo Item  
CONTRIBUTION

**B. AINES, PAULA, A., ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5410 BLACKISTONE RD

City BETHESDA	State MD	Zip Code 20816-1821
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) PHRMA	Occupation (for Individual) EXECUTIVE VICE PRESIDENT
--	---

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
07		27		2017

**Transaction ID : SA11A.515960**

Amount of Each Receipt this Period  
1000.00

Memo Item  
CONTRIBUTION

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

Mailing Address 2121 OLEANDER CT

City AURORA	State IL	Zip Code 60502-6788
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FEC ID number of contributing federal political committee. **C**

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

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
07		16		2017

**Transaction ID : SA11A.514923**

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: (check only one)	PAGE 11 OF 997
	<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. ALBERT, WILLIAM, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2121 OLEANDER CT

City AURORA State IL Zip Code 60502-6788

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

Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) ECOMMERCE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 08 / 16 / 2017  
**Transaction ID : SA11A.518022**

Amount of Each Receipt this Period 50.00

Memo Item CONTRIBUTION

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

Mailing Address 6334 LESOURDSVILLE W. CHESTER RD.

City HAMILTON State OH Zip Code 45011-8416

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 735.00

Date of Receipt 07 / 05 / 2017  
**Transaction ID : SA11A.514106**

Amount of Each Receipt this Period 105.00

Memo Item CONTRIBUTION

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

Mailing Address 505 FIFTH AVE S STE 900

City SEATTLE State WA Zip Code 98104-3821

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 08 / 31 / 2017  
**Transaction ID : SA11A.519118**

Amount of Each Receipt this Period 5000.00

Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 5155.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 997
	<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. 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 ▼ 270.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 21 / 2017  
**Transaction ID : SA11A.515725**  
 Amount of Each Receipt this Period  
 30.00  
 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 ▼ 270.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 21 / 2017  
**Transaction ID : SA11A.518226**  
 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 ▼ 270.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 21 / 2017  
**Transaction ID : SA11A.521816**  
 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 13 OF 997
	<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. ALLISON, D. KEITH, , MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO BOX 36158

City FAYETTEVILLE	State NC	Zip Code 28303-1158
----------------------	-------------	------------------------

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

Name of Employer (for Individual) SYSTEL BUSINESS EQUIPMENT CO INC	Occupation (for Individual) PRESIDENT
---	--

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  
 09 / 28 / 2017  
**Transaction ID : SA11A.522207**

Amount of Each Receipt this Period  
1000.00

Memo Item  
CONTRIBUTION

**B. ALLISON, PAUL, , MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1707 W. 120TH. CT

City TULSA	State OK	Zip Code 74037-
---------------	-------------	--------------------

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

Name of Employer (for Individual) OWNER	Occupation (for Individual) FRANCHISOR
--	---

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  
 07 / 27 / 2017  
**Transaction ID : SA11A.516219**

Amount of Each Receipt this Period  
50.00

Memo Item  
CONTRIBUTION

**C. ALTMAN, THOMAS, L., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 634 TEXAS STAR DRIVE

City RICHMOND	State TX	Zip Code 77469-5882
------------------	-------------	------------------------

FEC ID number of contributing 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  
 07 / 05 / 2017  
**Transaction ID : SA11A.514071**

Amount of Each Receipt this Period  
250.00

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 14 OF 997
	<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. 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 ▼  
270.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		28		2017

**Transaction ID : SA11A.516669**

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 ▼  
270.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		28		2017

**Transaction ID : SA11A.518648**

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 ▼  
270.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		28		2017

**Transaction ID : SA11A.522485**

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 15 OF 997
	<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. 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 ▼ 225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 27 / 2017  
**Transaction ID : SA11A.516200**  
 Amount of Each Receipt this Period 25.00  
 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 ▼ 225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 27 / 2017  
**Transaction ID : SA11A.518666**  
 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 ▼ 225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 29 / 2017  
**Transaction ID : SA11A.522661**  
 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 16 OF 997
	<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. ANASTASIOU, PANAYIOTES, E., MR.,**

Mailing Address 1201 LAKE SHORE DR N

City BARRINGTON	State IL	Zip Code 60010-3428
--------------------	-------------	------------------------

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

Name of Employer (for Individual) LUNDBECK NORTH AMERICA	Occupation (for Individual) PRESIDENT
---	--

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
08		02		2017

**Transaction ID : SA11A.516815**

Amount of Each Receipt this Period  
1000.00

Memo Item CONTRIBUTION

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

Mailing Address 8850 OLD MILL CREEK RD

City BRENHAM	State TX	Zip Code 77833-1426
-----------------	-------------	------------------------

FEC ID number of contributing 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  

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

**Transaction ID : SA11A.514486**

Amount of Each Receipt this Period  
100.00

Memo Item CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**C. ANDERSON, A SCOTT, , ,**

Mailing Address 1 SOUTH MAIN STREET

City SALT LAKE CITY	State UT	Zip Code 84133-1109
------------------------	-------------	------------------------

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

Name of Employer (for Individual) ZIONS BANK	Occupation (for Individual) BANKER
---	---------------------------------------

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
08		21		2017

**Transaction ID : SA11A.518212**

Amount of Each Receipt this Period  
5000.00

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 17 OF 997
	<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. ANDERSON, A. SCOTT, , MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address ONE S MAIN ST 2ND FL

City SALT LAKE CITY State UT Zip Code 84133-1109

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

Name of Employer (for Individual) ZIONS BANK Occupation (for Individual) PRESIDENT AND CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5353.02

Date of Receipt 08 / 28 / 2017  
**Transaction ID : SA11A.521219**

Amount of Each Receipt this Period 5353.02

Memo Item  
CONTRIBUTION  
JFC EVENT CATERING & ROOM RENTAL

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

Mailing Address 521 KEYSTONE AVE.

City RIVER FOREST State IL Zip Code 60305-1611

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

Name of Employer (for Individual) BARACK FERRAZZANO Occupation (for Individual) ATTORNEY

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 02 / 2017  
**Transaction ID : SA11A.517123**

Amount of Each Receipt this Period - 250.00

Memo Item  
CONTRIBUTION  
CHARGED BACK

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

Mailing Address 521 KEYSTONE AVE.

City RIVER FOREST State IL Zip Code 60305-1611

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

Name of Employer (for Individual) BARACK FERRAZZANO Occupation (for Individual) ATTORNEY

Receipt For:  Primary  General  Other (specify)

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 02 / 2017  
**Transaction ID : SA11A.517124**

Amount of Each Receipt this Period - 250.00

Memo Item  
CONTRIBUTION  
CHARGED BACK

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 4853.02

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

**SCHEDULE A (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 997
	<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. 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 ▼ 690.00

Date of Receipt **07 / 10 / 2017**  
**Transaction ID : SA11A.514350**  
 Amount of Each Receipt this Period 20.00  
 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 ▼ 690.00

Date of Receipt **07 / 13 / 2017**  
**Transaction ID : SA11A.514567**  
 Amount of Each Receipt this Period 10.00  
 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 ▼ 690.00

Date of Receipt **07 / 16 / 2017**  
**Transaction ID : SA11A.514896**  
 Amount of Each Receipt this Period 5.00  
 Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	35.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 997
	<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. 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 ▼ 690.00

Date of Receipt **07 / 27 / 2017**  
**Transaction ID : SA11A.516707**  
 Amount of Each Receipt this Period 150.00  
 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 ▼ 690.00

Date of Receipt **09 / 15 / 2017**  
**Transaction ID : SA11A.521176**  
 Amount of Each Receipt this Period 20.00  
 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 ▼ 690.00

Date of Receipt **09 / 15 / 2017**  
**Transaction ID : SA11A.521177**  
 Amount of Each Receipt this Period 50.00  
 Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	220.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (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 997
	<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. 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 ▼ 690.00

Date of Receipt 09 / 16 / 2017  
**Transaction ID : SA11A.521315**  
 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 ▼ 690.00

Date of Receipt 09 / 16 / 2017  
**Transaction ID : SA11A.521316**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**C. ANDERSON, PHILMORE, B., ,**  
 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 ▼ 7500.00

Date of Receipt 09 / 30 / 2017  
**Transaction ID : SA11A.523064**  
 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: (check only one)	PAGE 21 OF 997
	<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. 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 ▼  
495.00

Date of Receipt  
07 / 14 / 2017  
**Transaction ID : SA11A.514669**

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 ▼  
495.00

Date of Receipt  
07 / 21 / 2017  
**Transaction ID : SA11A.515736**

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 ▼  
495.00

Date of Receipt  
08 / 14 / 2017  
**Transaction ID : SA11A.517877**

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: (check only one)	PAGE 22 OF 997
	<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. 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 ▼  
495.00

Date of Receipt  
MM / DD / YYYY  
08 / 21 / 2017

**Transaction ID : SA11A.518223**

Amount of Each Receipt this Period  
25.00

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 ▼  
495.00

Date of Receipt  
MM / DD / YYYY  
09 / 14 / 2017

**Transaction ID : SA11A.520935**

Amount of Each Receipt this Period  
30.00

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 ▼  
495.00

Date of Receipt  
MM / DD / YYYY  
09 / 21 / 2017

**Transaction ID : SA11A.521812**

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 23 OF 997
	<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. ANDREWS, WILLIAM, F., MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1409 MORAN

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
725.00

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

**Transaction ID : SA11A.517643**

Amount of Each Receipt this Period  
25.00

Memo Item CONTRIBUTION

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

Mailing Address 1409 MORAN

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
725.00

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

**Transaction ID : SA11A.517644**

Amount of Each Receipt this Period  
25.00

Memo Item CONTRIBUTION

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

Mailing Address 1409 MORAN

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
725.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 08 / 2017

**Transaction ID : SA11A.520807**

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 997
	<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. 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 ▼  
1700.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	27	/	2017

**Transaction ID : SA11A.516216**

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 ▼  
1700.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2017

**Transaction ID : SA11A.516936**

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 ▼  
1700.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	27	/	2017

**Transaction ID : SA11A.518679**

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 25 OF 997
	<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 ▼  
1700.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		02		2017

**Transaction ID : SA11A.519866**

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 ▼  
1700.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		27		2017

**Transaction ID : SA11A.522360**

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

**C. ANDROS, GUS, , ,**  
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 ▼  
225.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		14		2017

**Transaction ID : SA11A.514675**

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 26 OF 997
	<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, GUS, , ,**  
 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 ▼ 225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 14 / 2017  
**Transaction ID : SA11A.517873**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION

**B. ANDROS, GUS, , ,**  
 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 ▼ 225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 14 / 2017  
**Transaction ID : SA11A.520931**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION

**C. ANSEL, SUSAN, M., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4409 BLUFFVIEW BLVD  
 City DALLAS State TX Zip Code 75209-2813  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GABLES RESIDENTIAL Occupation (for Individual) COMMERCIAL REAL ESTATE  
 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  
 09 / 07 / 2017  
**Transaction ID : SA11A.519910**  
 Amount of Each Receipt this Period 5400.00  
 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: (check only one)	PAGE 27 OF 997
	<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. ANTAL, 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 ▼  
280.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		06		2017

**Transaction ID : SA11A.514151**

Amount of Each Receipt this Period  
10.00

Memo Item  
CONTRIBUTION

**B. ANTAL, 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 ▼  
280.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		27		2017

**Transaction ID : SA11A.516190**

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

**C. ANTAL, 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 ▼  
280.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		06		2017

**Transaction ID : SA11A.517547**

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 28 OF 997
	<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. ANTAL, 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 ▼  
280.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	27	/	2017

**Transaction ID : SA11A.518692**

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

**B. ANTAL, 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 ▼  
280.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	06	/	2017

**Transaction ID : SA11A.519884**

Amount of Each Receipt this Period  
10.00

Memo Item  
CONTRIBUTION

**C. ANUNDSSEN, JOHN, K., MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 326 BENTLEY DRIVE

City NAPLES	State FL	Zip Code 34110-8634
----------------	-------------	------------------------

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 ▼  
550.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2017

**Transaction ID : SA11A.516483**

Amount of Each Receipt this Period  
150.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	185.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 997
	<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. ANWAR, SYED, J., ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 110 N MARIENFELD ST STE 101

City MIDLAND	State TX	Zip Code 79701-4412
-----------------	-------------	------------------------

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

Name of Employer (for Individual) MIDLAND ENERGY	Occupation (for Individual) PRESIDENT
---	--

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
09		30		2017

**Transaction ID : SA11A.523086**

Amount of Each Receipt this Period  
100000.00

Memo Item  
CONTRIBUTION

**B. APONTE PARSİ, RICARDO, L., MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 195630

City SAN JUAN	State PR	Zip Code 00919-5630
------------------	-------------	------------------------

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 ▼  
5400.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		18		2017

**Transaction ID : SA11A.520693**

Amount of Each Receipt this Period  
5400.00

Memo Item  
CONTRIBUTION

**C. APPLE, CASS, P., MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 249 POLHEMUS AVENUE

City ATHERTON	State CA	Zip Code 94027-5442
------------------	-------------	------------------------

FEC ID number of contributing 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
09		30		2017

**Transaction ID : SA11A.522838**

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	105500.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 30 OF 997
	(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. APPLE, CASS, P., MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 249 POLHEMUS AVENUE

City ATHERTON	State CA	Zip Code 94027-5442
------------------	-------------	------------------------

FEC ID number of contributing 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
09		30		2017

**Transaction ID : SA11A.522839**

Amount of Each Receipt this Period  
100.00

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 ▼  
225.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		18		2017

**Transaction ID : SA11A.515064**

Amount of Each Receipt this Period  
25.00

Memo Item CONTRIBUTION

**C. 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 ▼  
225.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		18		2017

**Transaction ID : SA11A.518142**

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 31 OF 997
	<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. 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 ▼ 225.00

Date of Receipt 09 / 18 / 2017  
**Transaction ID : SA11A.521237**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**B. ARCHER, ROBERT, A., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 401 HIGH ST  
 City SALEM State VA Zip Code 24153-3945  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BLUE RIDGE BEVERAGE Occupation (for Individual) CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3000.00

Date of Receipt 07 / 10 / 2017  
**Transaction ID : SA11A.514278**  
 Amount of Each Receipt this Period 3000.00  
 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 ▼ 450.00

Date of Receipt 07 / 29 / 2017  
**Transaction ID : SA11A.517065**  
 Amount of Each Receipt this Period 50.00  
 Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	3075.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (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 997
	<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. 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 ▼ 450.00

Date of Receipt 08 / 29 / 2017  
**Transaction ID : SA11A.518806**  
 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 ▼ 450.00

Date of Receipt 09 / 29 / 2017  
**Transaction ID : SA11A.522667**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 CONTRIBUTION

**C. ARMSTRONG, PERRY, , MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2728 COHO ST  
 City MADISON State WI Zip Code 53713-3015  
 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 09 / 29 / 2017  
**Transaction ID : SA11A.522296**  
 Amount of Each Receipt this Period 1000.00  
 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: (check only one)	PAGE 33 OF 997
	<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. ARNTSON, GREGORY, S.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2000 NE 42ND #178  
 City PORTLAND State OR Zip Code 97213-1399  
 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 08 / 31 / 2017  
**Transaction ID : SA11A.519185**  
 Amount of Each Receipt this Period 2500.00  
 Memo Item CONTRIBUTION

**B. ARTZT, EDWIN, L., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 65 W AVALANCHE CANYON DR  
 City JACKSON State WY Zip Code 83001-9009  
 FEC ID number of contributing 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 08 / 28 / 2017  
**Transaction ID : SA11A.518501**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item CONTRIBUTION

**C. ARTZT, MARIELUISE, H., MRS.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 65 W AVALANCHE CANYON DR  
 City JACKSON State WY Zip Code 83001-9009  
 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 08 / 28 / 2017  
**Transaction ID : SA11A.518502**  
 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 34 OF 997
	<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**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. ASPLIN, LYLE, I., MR.,**

Mailing Address 1615 HOVEDEN DRIVE

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 ▼  
1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 05 / 2017

**Transaction ID : SA11A.514056**

Amount of Each Receipt this Period  
1000.00

Memo Item  
CONTRIBUTION

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

Mailing Address 16934 DEER PATH DR

City STRONGSVILLE	State OH	Zip Code 44136-6260
----------------------	-------------	------------------------

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 ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2017

**Transaction ID : SA11A.523102**

Amount of Each Receipt this Period  
250.00

Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**C. AURAY, ROBERT, R., MR., JR.**

Mailing Address 610 BERKSHIRE DR

City PITTSBURGH	State PA	Zip Code 15215-1502
--------------------	-------------	------------------------

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

Name of Employer (for Individual) GENECO SUPPLY CHAIN SOLUTIONS	Occupation (for Individual) CEO
--	------------------------------------

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  
 07 / 27 / 2017

**Transaction ID : SA11A.515946**

Amount of Each Receipt this Period  
10000.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	11250.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 997
	<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. AUSEN, AARON, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1735 S ELLIS RD  
 City JANESVILLE State WI Zip Code 53548-9509  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) DALMARAY CONCRETE PRODUCTS INC Occupation (for Individual) VICE PRESIDENT  
 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  
 07 / 02 / 2017  
**Transaction ID : SA11A.513930**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item  
 CONTRIBUTION

**B. AVERY, ELIZABETH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 ▼ 7500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 20 / 2017  
**Transaction ID : SA11A.521529**  
 Amount of Each Receipt this Period  
 2500.00  
 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 Occupation (for Individual) REGISTERED NURSE  
 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  
 07 / 21 / 2017  
**Transaction ID : SA11A.515737**  
 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 36 OF 997
	<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. 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 Occupation (for Individual) REGISTERED NURSE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 08 / 21 / 2017  
**Transaction ID : SA11A.518227**  
 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 Occupation (for Individual) REGISTERED NURSE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 09 / 21 / 2017  
**Transaction ID : SA11A.521824**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**C. BACH, PAUL, DAVID, MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 212 WASHINGTON AVE UNIT 1419  
 City TOWSON State MD Zip Code 21204-4732  
 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 ▼ 500.00

Date of Receipt 09 / 12 / 2017  
**Transaction ID : SA11A.520316**  
 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: (check only one)	PAGE 37 OF 997
	<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. BAILEY, JOHN, E., MR, JR**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 11316 MOONSPRITE WAY

City RALEIGH State NC Zip Code 27614-8546

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 08 / 04 / 2017  
**Transaction ID : SA11A.517297**

Amount of Each Receipt this Period 1000.00

Memo Item CONTRIBUTION

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

Mailing Address 5630 WISCONSIN AVENUE APT 501

City CHEVY CHASE State MD Zip Code 20815-4454

FEC ID number of contributing 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 07 / 05 / 2017  
**Transaction ID : SA11A.514063**

Amount of Each Receipt this Period 1000.00

Memo Item CONTRIBUTION

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

Mailing Address 629 EAST FIFTH STREET

City SALEM State OH Zip Code 44460-1664

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

Name of Employer (for Individual) HICKEY METAL FABRICATION Occupation (for Individual) STEEL FABRICATION WORKER

Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00

Date of Receipt 07 / 28 / 2017  
**Transaction ID : SA11A.516690**

Amount of Each Receipt this Period 100.00

Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2100.00

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

**SCHEDULE A (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 997
	<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. BAKER, DALE, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 629 EAST FIFTH STREET

City SALEM	State OH	Zip Code 44460-1664
---------------	-------------	------------------------

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

Name of Employer (for Individual) HICKEY METAL FABRICATION	Occupation (for Individual) STEEL FABRICATION WORKER
---	---

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
08		28		2017

**Transaction ID : SA11A.518635**

Amount of Each Receipt this Period  
100.00

Memo Item CONTRIBUTION

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

Mailing Address 629 EAST FIFTH STREET

City SALEM	State OH	Zip Code 44460-1664
---------------	-------------	------------------------

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

Name of Employer (for Individual) HICKEY METAL FABRICATION	Occupation (for Individual) STEEL FABRICATION WORKER
---	---

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
09		28		2017

**Transaction ID : SA11A.522476**

Amount of Each Receipt this Period  
100.00

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 ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		18		2017

**Transaction ID : SA11A.515074**

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 39 OF 997
	<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. 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 ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		18		2017

**Transaction ID : SA11A.518158**

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 ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		18		2017

**Transaction ID : SA11A.521244**

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

**C. BAKER, LESLIE, M., , JR**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2034 BUENA VISTA RD

City WINSTON SALEM	State NC	Zip Code 27104-2306
-----------------------	-------------	------------------------

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 ▼  
25000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		28		2017

**Transaction ID : SA11A.522223**

Amount of Each Receipt this Period  
25000.00

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 40 OF 997
	<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. BAKKER, LENNARD, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 10478 MORGAN BLVD

City CEDAR HILLS	State UT	Zip Code 84062-8823
---------------------	-------------	------------------------

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 ▼  
225.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		17		2017

**Transaction ID : SA11A.514877**

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 10478 MORGAN BLVD

City CEDAR HILLS	State UT	Zip Code 84062-8823
---------------------	-------------	------------------------

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 ▼  
225.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		17		2017

**Transaction ID : SA11A.518098**

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

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

Mailing Address 10478 MORGAN BLVD

City CEDAR HILLS	State UT	Zip Code 84062-8823
---------------------	-------------	------------------------

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 ▼  
225.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		17		2017

**Transaction ID : SA11A.521287**

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 41 OF 997
	<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. BALDWIN, ALFRED, E., ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 20 CORPORATE PLAZA DR.

City NEWPORT BEACH	State CA	Zip Code 92660-7901
-----------------------	-------------	------------------------

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

Name of Employer (for Individual) BALDWIN & SONS	Occupation (for Individual) BUILDER/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
08		16		2017

**Transaction ID : SA11A.517972**

Amount of Each Receipt this Period  
5000.00

Memo Item CONTRIBUTION

**B. BALDWIN, DEEANN, , MRS.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 20 CORPORATE PLAZA DR.

City NEWPORT BEACH	State CA	Zip Code 92660-7901
-----------------------	-------------	------------------------

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 ▼  
5000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		16		2017

**Transaction ID : SA11A.517973**

Amount of Each Receipt this Period  
5000.00

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 ▼  
450.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		13		2017

**Transaction ID : SA11A.514598**

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: (check only one)	PAGE 42 OF 997
	<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. 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 ▼  
450.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		13		2017

**Transaction ID : SA11A.517889**

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 ▼  
450.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		13		2017

**Transaction ID : SA11A.520900**

Amount of Each Receipt this Period  
50.00

Memo Item  
CONTRIBUTION

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

Mailing Address 7 TAHITI BEACH ISLAND RD

City CORAL GABLES	State FL	Zip Code 33143-6551
----------------------	-------------	------------------------

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

Name of Employer (for Individual) THE BALOGH CO.	Occupation (for Individual) EXECUTIVE
---	--

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
08		24		2017

**Transaction ID : SA11A.518484**

Amount of Each Receipt this Period  
5400.00

Memo Item  
CONTRIBUTION

<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 43 OF 997
	<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. BANAS, DAVID, A., DR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5594 ALDERBROOK DRIVE

City DUBLIN	State OH	Zip Code 43016-2523
----------------	-------------	------------------------

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

Name of Employer (for Individual) SELF	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
07		20		2017

**Transaction ID : SA11A.515381**

Amount of Each Receipt this Period  
50.00

Memo Item  
CONTRIBUTION

**B. BAO, XING, LONG, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7200 BIRCHBARK COURT

City RALEIGH	State NC	Zip Code 27615-5303
-----------------	-------------	------------------------

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

Name of Employer (for Individual) RECA INTERNATIONAL CORP.	Occupation (for Individual) VICE PRESIDENT
---	---

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
09		25		2017

**Transaction ID : SA11A.521893**

Amount of Each Receipt this Period  
250.00

Memo Item  
CONTRIBUTION

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

Mailing Address 155 DARLINGTON LN

City SEWICKLEY	State PA	Zip Code 15143-9420
-------------------	-------------	------------------------

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

Name of Employer (for Individual) CONCAST METAL PRODUCTS	Occupation (for Individual) PRESIDENT
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
40000.00

Date of Receipt  

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

**Transaction ID : SA11A.514254**

Amount of Each Receipt this Period  
40000.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	40300.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (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 997
	<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. BARENSFELD, DAVID, E., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address **BOX 889**  
 City **ELLWOOD CITY** State **PA** Zip Code **16117-0889**  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) **ELLWOOD GROUP** Occupation (for Individual) **PRESIDENT & CEO**  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **5000.00**

Date of Receipt **07 / 27 / 2017**  
**Transaction ID : SA11A.515935**  
 Amount of Each Receipt this Period **5000.00**  
 Memo Item  
**CONTRIBUTION**

**B. BARNHART, RICHARD, K., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address **40 EVANS LN**  
 City **HAVERFORD** State **PA** Zip Code **19041-1808**  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) **PENNROSE** Occupation (for Individual) **CEO**  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **1250.00**

Date of Receipt **09 / 21 / 2017**  
**Transaction ID : SA11A.521615**  
 Amount of Each Receipt this Period **1250.00**  
 Memo Item  
**CONTRIBUTION**

**C. BAROT, HEMANT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address **6316 BATTLEGATE RD**  
 City **JACKSONVILLE** State **FL** Zip Code **32258-9425**  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) **SMOOTHIE SHACK** Occupation (for Individual) **OWNER**  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ **550.00**

Date of Receipt **07 / 12 / 2017**  
**Transaction ID : SA11A.514524**  
 Amount of Each Receipt this Period **100.00**  
 Memo Item  
**CONTRIBUTION**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>6350.00</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 45 OF 997
	<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. BARRETT, WILLIAM, R., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 28 PINCKNEY LANDING DR.  
 City SHELDON State SC Zip Code 29941-3051  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1750.00

Date of Receipt 07 / 31 / 2017  
**Transaction ID : SA11A.516881**  
 Amount of Each Receipt this Period 500.00  
 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 ▼ 225.00

Date of Receipt 07 / 31 / 2017  
**Transaction ID : SA11A.516918**  
 Amount of Each Receipt this Period 25.00  
 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 ▼ 225.00

Date of Receipt 08 / 31 / 2017  
**Transaction ID : SA11A.519623**  
 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 46 OF 997
	<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. 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 ▼ 225.00

Date of Receipt 09 / 30 / 2017  
**Transaction ID : SA11A.522960**  
 Amount of Each Receipt this Period 25.00  
 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 ELIZABETHTOWN 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 ▼ 450.00

Date of Receipt 07 / 26 / 2017  
**Transaction ID : SA11A.516043**  
 Amount of Each Receipt this Period 50.00  
 Memo Item CONTRIBUTION

**C. BARTLETT, TIMOTHY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7401 US ROUTE 9  
 City ELIZABETHTOWN 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 ▼ 450.00

Date of Receipt 08 / 26 / 2017  
**Transaction ID : SA11A.518741**  
 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 47 OF 997
	<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. 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 ▼  
450.00

Date of Receipt  
MM / DD / YYYY  
09 / 26 / 2017

**Transaction ID : SA11A.522122**

Amount of Each Receipt this Period  
50.00

Memo Item CONTRIBUTION

**B. BASILE, ROBERT, J., MR., SR.**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 210 WOODRIDGE COURT

City LINO LAKES	State MN	Zip Code 55014-5442
--------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1090.00

Date of Receipt  
MM / DD / YYYY  
07 / 16 / 2017

**Transaction ID : SA11A.514910**

Amount of Each Receipt this Period  
20.00

Memo Item CONTRIBUTION

**C. BASILE, ROBERT, J., MR., SR.**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 210 WOODRIDGE COURT

City LINO LAKES	State MN	Zip Code 55014-5442
--------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
1090.00

Date of Receipt  
MM / DD / YYYY  
07 / 29 / 2017

**Transaction ID : SA11A.517048**

Amount of Each Receipt this Period  
75.00

Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	145.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 997
	<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. BASILE, ROBERT, J., MR., SR.**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 210 WOODRIDGE COURT

City LINO LAKES	State MN	Zip Code 55014-5442
--------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1090.00

Date of Receipt  
MM / DD / YYYY  
08 / 02 / 2017

**Transaction ID : SA11A.517286**

Amount of Each Receipt this Period  
100.00

Memo Item CONTRIBUTION

**B. BASILE, ROBERT, J., MR., SR.**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 210 WOODRIDGE COURT

City LINO LAKES	State MN	Zip Code 55014-5442
--------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1090.00

Date of Receipt  
MM / DD / YYYY  
08 / 16 / 2017

**Transaction ID : SA11A.518020**

Amount of Each Receipt this Period  
20.00

Memo Item CONTRIBUTION

**C. BASILE, ROBERT, J., MR., SR.**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 210 WOODRIDGE COURT

City LINO LAKES	State MN	Zip Code 55014-5442
--------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
1090.00

Date of Receipt  
MM / DD / YYYY  
08 / 29 / 2017

**Transaction ID : SA11A.518827**

Amount of Each Receipt this Period  
75.00

Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	195.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 997
	<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**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. BASILE, ROBERT, J., MR., SR.</b>			Date of Receipt
Mailing Address 210 WOODRIDGE COURT			<input type="text" value="09"/> / <input type="text" value="02"/> / <input type="text" value="2017"/>
City LINO LAKES	State MN	Zip Code 55014-5442	<b>Transaction ID : SA11A.519859</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="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 ▼ <input type="text" value="1090.00"/>		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. BASILE, ROBERT, J., MR., SR.</b>			Date of Receipt
Mailing Address 210 WOODRIDGE COURT			<input type="text" value="09"/> / <input type="text" value="16"/> / <input type="text" value="2017"/>
City LINO LAKES	State MN	Zip Code 55014-5442	<b>Transaction ID : SA11A.521355</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="20.00"/>
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 ▼ <input type="text" value="1090.00"/>		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. BASILE, ROBERT, J., MR., SR.</b>			Date of Receipt
Mailing Address 210 WOODRIDGE COURT			<input type="text" value="09"/> / <input type="text" value="23"/> / <input type="text" value="2017"/>
City LINO LAKES	State MN	Zip Code 55014-5442	<b>Transaction ID : SA11A.522032</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="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 ▼ <input type="text" value="1090.00"/>		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="70.00"/>
<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 50 OF 997
	<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. BASILE, ROBERT, J., MR., SR.**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 210 WOODRIDGE COURT

City LINO LAKES	State MN	Zip Code 55014-5442
--------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1090.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		23		2017

**Transaction ID : SA11A.522033**

Amount of Each Receipt this Period  
25.00

Memo Item CONTRIBUTION

**B. BASILE, ROBERT, J., MR., SR.**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 210 WOODRIDGE COURT

City LINO LAKES	State MN	Zip Code 55014-5442
--------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1090.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		26		2017

**Transaction ID : SA11A.522085**

Amount of Each Receipt this Period  
10.00

Memo Item CONTRIBUTION

**C. BASILE, ROBERT, J., MR., SR.**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 210 WOODRIDGE COURT

City LINO LAKES	State MN	Zip Code 55014-5442
--------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
1090.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		26		2017

**Transaction ID : SA11A.522086**

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 51 OF 997
	<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. BASILE, ROBERT, J., MR., SR.**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 210 WOODRIDGE COURT

City LINO LAKES	State MN	Zip Code 55014-5442
--------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1090.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		29		2017

**Transaction ID : SA11A.522658**

Amount of Each Receipt this Period  
75.00

Memo Item  
CONTRIBUTION

**B. BASSFORD, DAVID, E., ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6720 FORT DENT WAY  
STE 230

City TUKWILA	State WA	Zip Code 98188-2589
-----------------	-------------	------------------------

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 ▼  
12500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		31		2017

**Transaction ID : SA11A.519124**

Amount of Each Receipt this Period  
12500.00

Memo Item  
CONTRIBUTION

**C. BASSFORD, DENNIS, J., ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4380 92ND AVE SE

City MERCER ISLAND	State WA	Zip Code 98040-4215
-----------------------	-------------	------------------------

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 ▼  
12500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		31		2017

**Transaction ID : SA11A.519123**

Amount of Each Receipt this Period  
12500.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	25075.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 OF 997
	<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. BATEMAN, RUSSELL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1102 N 850 E  
 City BOUNTIFUL State UT Zip Code 84010-2665  
 FEC ID number of contributing 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  
 07 / 26 / 2017  
**Transaction ID : SA11A.516035**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item  
 CONTRIBUTION

**B. BATEMAN, RUSSELL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1102 N 850 E  
 City BOUNTIFUL State UT Zip Code 84010-2665  
 FEC ID number of contributing 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  
 08 / 26 / 2017  
**Transaction ID : SA11A.518730**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item  
 CONTRIBUTION

**C. BATES, RICHARD, B., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2000 HARRIS ROAD  
 City CHARLOTTE State NC Zip Code 28211-2152  
 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  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 16 / 2017  
**Transaction ID : SA11A.518008**  
 Amount of Each Receipt this Period  
 10000.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	10100.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (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 997
	<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. BATTEN, COLIN, , MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6447 GOOD NEWS CHURCH ROAD

City STANTONSBURG	State NC	Zip Code 27883-9300
----------------------	-------------	------------------------

FEC ID number of contributing 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
07	/	28	/	2017

**Transaction ID : SA11A.516335**

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

**B. BAXTER, HAROLD, J., ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 996 OLD EAGLE SCHOOL RD  
STE 1117

City WAYNE	State PA	Zip Code 19087-1806
---------------	-------------	------------------------

FEC ID number of contributing 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
07	/	27	/	2017

**Transaction ID : SA11A.515951**

Amount of Each Receipt this Period  
5000.00

Memo Item  
CONTRIBUTION

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

Mailing Address 444 BILLY DRIVE

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 ▼  
225.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	19	/	2017

**Transaction ID : SA11A.515401**

Amount of Each Receipt this Period  
25.00

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 54 OF 997
	(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. BEAVERS, DONNA, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 444 BILLY DRIVE

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 ▼  
225.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		19		2017

**Transaction ID : SA11A.518282**

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

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

Mailing Address 444 BILLY DRIVE

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 ▼  
225.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		19		2017

**Transaction ID : SA11A.521482**

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

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

Mailing Address 7 IRONWOOD ROAD

City SAN ANTONIO	State TX	Zip Code 78212-2541
---------------------	-------------	------------------------

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

Name of Employer (for Individual) WINE CONSULTANTS, INC	Occupation (for Individual) EXECUTIVE
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
2300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		24		2017

**Transaction ID : SA11A.522019**

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 55 OF 997
	<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. 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 ▼  
397.50

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		11		2017

**Transaction ID : SA11A.517829**

Amount of Each Receipt this Period  
50.00

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 ▼  
397.50

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		06		2017

**Transaction ID : SA11A.520802**

Amount of Each Receipt this Period  
97.50

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 ▼  
397.50

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		25		2017

**Transaction ID : SA11A.522150**

Amount of Each Receipt this Period  
50.00

Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	197.50
<b>TOTAL</b> This Period (last page this line number 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 997
	(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. BEDESCHI, SILVIO, M., MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3107 SUNSET BOULEVARD

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 ▼  
3000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		09		2017

**Transaction ID : SA11A.517624**

Amount of Each Receipt this Period  
1000.00

Memo Item CONTRIBUTION

**B. BEDESCHI, SILVIO, M., MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3107 SUNSET BOULEVARD

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 ▼  
3000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		20		2017

**Transaction ID : SA11A.521520**

Amount of Each Receipt this Period  
1000.00

Memo Item CONTRIBUTION

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

Mailing Address 490 PALMDALE DR.

City OLDSMAR	State FL	Zip Code 34677-2068
-----------------	-------------	------------------------

FEC ID number of contributing 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
07		26		2017

**Transaction ID : SA11A.516023**

Amount of Each Receipt this Period  
100.00

Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2100.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



**SCHEDULE A (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 997
	<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. BEDNARSKI, IRENE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 490 PALMDALE DR.  
 City OLDSMAR State FL Zip Code 34677-2068  
 FEC ID number of contributing 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 **08 / 26 / 2017**  
**Transaction ID : SA11A.518722**  
 Amount of Each Receipt this Period 100.00  
 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 BOULEVARD APT 522  
 City SAN ANTONIO State TX Zip Code 78245-3547  
 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 ▼ 645.00

Date of Receipt **09 / 21 / 2017**  
**Transaction ID : SA11A.521704**  
 Amount of Each Receipt this Period 50.00  
 Memo Item CONTRIBUTION

**C. BEIGELMAN, EUGENE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 233 E 81ST ST APT 3A  
 City NEW YORK State NY Zip Code 10028-2689  
 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 **08 / 31 / 2017**  
**Transaction ID : SA11A.519221**  
 Amount of Each Receipt this Period 2500.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2650.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 58 OF 997
	(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. BELL, LISA, A., MS.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 729 HARRISON RD

City VILLANOVA	State PA	Zip Code 19085-1112
-------------------	-------------	------------------------

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 ▼  
5000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		21		2017

**Transaction ID : SA11A.521626**

Amount of Each Receipt this Period  
5000.00

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 ▼  
2250.00

Date of Receipt  

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

**Transaction ID : SA11A.514357**

Amount of Each Receipt this Period  
250.00

Memo Item  
CONTRIBUTION

**C. 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 ▼  
2250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		10		2017

**Transaction ID : SA11A.517777**

Amount of Each Receipt this Period  
250.00

Memo Item  
CONTRIBUTION

<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 59 OF 997
	<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. 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 ▼ 2250.00

Date of Receipt 09 / 10 / 2017  
**Transaction ID : SA11A.520838**  
 Amount of Each Receipt this Period 250.00  
 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 ▼ 225.00

Date of Receipt 07 / 25 / 2017  
**Transaction ID : SA11A.515898**  
 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 ▼ 225.00

Date of Receipt 08 / 25 / 2017  
**Transaction ID : SA11A.518573**  
 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 60 OF 997
	<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. 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 ▼  
225.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		25		2017

**Transaction ID : SA11A.521979**

Amount of Each Receipt this Period  
25.00

Memo Item CONTRIBUTION

**B. BEOWNING, 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 ▼  
800.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		14		2017

**Transaction ID : SA11A.514674**

Amount of Each Receipt this Period  
100.00

Memo Item CONTRIBUTION

**C. BEOWNING, 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 ▼  
800.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		14		2017

**Transaction ID : SA11A.517874**

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 61 OF 997
	<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. 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. <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 ▼ 800.00	

Date of Receipt  
09 / 14 / 2017  
**Transaction ID : SA11A.520918**

Amount of Each Receipt this Period  
100.00

Memo Item CONTRIBUTION

**B. BERGSON, SIMON, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 15 W 63 ST

City NEW YORK	State NY	Zip Code 10023-7143
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer (for Individual) MANHATTAN BEER DISTRIBUTORS	Occupation (for Individual) EXECUTIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Date of Receipt  
07 / 10 / 2017  
**Transaction ID : SA11A.514276**

Amount of Each Receipt this Period  
1000.00

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. <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  
07 / 29 / 2017  
**Transaction ID : SA11A.517066**

Amount of Each Receipt this Period  
25.00

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:	PAGE 62 OF 997
	(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. 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 ▼  
225.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		29		2017

**Transaction ID : SA11A.518807**

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 ▼  
225.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		29		2017

**Transaction ID : SA11A.522665**

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 ▼  
225.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		01		2017

**Transaction ID : SA11A.513948**

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 63 OF 997
	<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 ▼  
225.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		01		2017

**Transaction ID : SA11A.517177**

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 ▼  
225.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		01		2017

**Transaction ID : SA11A.519761**

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 ▼  
675.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		27		2017

**Transaction ID : SA11A.516197**

Amount of Each Receipt this Period  
75.00

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 64 OF 997
	<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. 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 ▼  
675.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		27		2017

**Transaction ID : SA11A.518699**

Amount of Each Receipt this Period  
75.00

Memo Item CONTRIBUTION

**B. 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 ▼  
675.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		27		2017

**Transaction ID : SA11A.522374**

Amount of Each Receipt this Period  
75.00

Memo Item CONTRIBUTION

**C. BETLER, RAYMOND, T., ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1433 BRISTOL DR

City SOUTH PARK	State PA	Zip Code 15129-8973
--------------------	-------------	------------------------

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

Name of Employer (for Individual) WABTEC	Occupation (for Individual) PRESIDENT AND 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
07		10		2017

**Transaction ID : SA11A.514255**

Amount of Each Receipt this Period  
1000.00

Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1150.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 OF 997
	<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. BEVERAGE, BERT, T., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO BOX 17067  
 City AUSTIN State TX Zip Code 78760-7067  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) TITO'S VODKA Occupation (for Individual) EXECUTIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 07 / 11 / 2017  
**Transaction ID : SA11A.514434**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item  
**CONTRIBUTION**

**B. BIBLE, SHELLEY, B., MRS.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2805 BARTRAM RD  
 City WINSTON SALEM State NC Zip Code 27106-5104  
 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 09 / 18 / 2017  
**Transaction ID : SA11A.520675**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item  
**CONTRIBUTION**

**C. BJORNSTAD, JEFF, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 76 CEDAR STREET 1302  
 City SEATTLE State WA Zip Code 98121-4100  
 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 08 / 21 / 2017  
**Transaction ID : SA11A.518216**  
 Amount of Each Receipt this Period 1000.00  
 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 66 OF 997
	<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. BLACK, BILL, , MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5920 WILLIAMSON ROAD  
 City PRESCOTT State AZ Zip Code 86305-  
 FEC ID number of contributing 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  
 07 / 24 / 2017  
**Transaction ID : SA11A.515767**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item  
 CONTRIBUTION

**B. BLACK, BILL, , MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5920 WILLIAMSON ROAD  
 City PRESCOTT State AZ Zip Code 86305-  
 FEC ID number of contributing 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  
 08 / 24 / 2017  
**Transaction ID : SA11A.518518**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item  
 CONTRIBUTION

**C. BLACK, BILL, , MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5920 WILLIAMSON ROAD  
 City PRESCOTT State AZ Zip Code 86305-  
 FEC ID number of contributing 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  
 09 / 24 / 2017  
**Transaction ID : SA11A.522005**  
 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 67 OF 997
	<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. BLACK, CHARLES, R., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 601 N FAIRFAX ST STE 402  
 City ALEXANDRIA State VA Zip Code 22314-2079  
 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 08 / 31 / 2017  
**Transaction ID : SA11A.519125**  
 Amount of Each Receipt this Period 1000.00  
 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 ▼ 450.00

Date of Receipt 07 / 02 / 2017  
**Transaction ID : SA11A.513929**  
 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 ▼ 450.00

Date of Receipt 08 / 02 / 2017  
**Transaction ID : SA11A.517292**  
 Amount of Each Receipt this Period 50.00  
 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: (check only one)	PAGE 68 OF 997
	<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. 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 ▼ 450.00

Date of Receipt 09 / 02 / 2017  
**Transaction ID : SA11A.519869**  
 Amount of Each Receipt this Period 50.00  
 Memo Item CONTRIBUTION

**B. BLINN, RICHARD, P., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 67 BLOSSOM RD  
 City WINDHAM State NH Zip Code 03087-1536  
 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 ▼ 500.00

Date of Receipt 09 / 28 / 2017  
**Transaction ID : SA11A.522218**  
 Amount of Each Receipt this Period 500.00  
 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 ▼ 225.00

Date of Receipt 07 / 17 / 2017  
**Transaction ID : SA11A.514859**  
 Amount of Each Receipt this Period 25.00  
 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 69 OF 997
	<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. 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 ▼  
225.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		17		2017

**Transaction ID : SA11A.518086**

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 ▼  
225.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		17		2017

**Transaction ID : SA11A.521278**

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

**C. BLOXOM, JOHN, M., MR. , JR.**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 1588

City YAKIMA	State WA	Zip Code 98907-1588
----------------	-------------	------------------------

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

Name of Employer (for Individual) MT ADAMS ORCHARDS	Occupation (for Individual) FRUIT BUSINESS
--	---

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
08		31		2017

**Transaction ID : SA11A.519116**

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 70 OF 997
	<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. 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 ▼ 225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 12 / 2017  
**Transaction ID : SA11A.514525**  
 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 ▼ 225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 12 / 2017  
**Transaction ID : SA11A.517951**  
 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 ▼ 225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 12 / 2017  
**Transaction ID : SA11A.520881**  
 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 71 OF 997
	<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. BODE, JOHN, W., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1701 PENNSYLVANIA AVE NW STE 950  
 City WASHINGTON State DC Zip Code 20006-5806  
 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 **7500.00**

Date of Receipt **07 / 16 / 2017**  
**Transaction ID : SA11A.514547**  
 Amount of Each Receipt this Period **2500.00**  
 Memo Item  
**CONTRIBUTION**

**B. BODINE, JACK, , MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 50 CREEKWOOD LN  
 City ST LOUIS State MO Zip Code 63124-1118  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **10000.00**

Date of Receipt **07 / 06 / 2017**  
**Transaction ID : SA11A.514131**  
 Amount of Each Receipt this Period **10000.00**  
 Memo Item  
**CONTRIBUTION**

**C. BOKHARI, RAZA, , DR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 437 N SPRING MILL RD  
 City VILLANOVA State PA Zip Code 19085-1925  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) PARKWAY CLINICAL Occupation (for Individual) CHAIRMAN  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **25000.00**

Date of Receipt **09 / 30 / 2017**  
**Transaction ID : SA11A.522714**  
 Amount of Each Receipt this Period **25000.00**  
 Memo Item  
**CONTRIBUTION**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>37500.00</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 72 OF 997
	<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 ▼  
920.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		24		2017

**Transaction ID : SA11A.515760**

Amount of Each Receipt this Period  
20.00

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 ▼  
920.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		26		2017

**Transaction ID : SA11A.516063**

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 ▼  
920.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		26		2017

**Transaction ID : SA11A.518752**

Amount of Each Receipt this Period  
100.00

Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	220.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 73 OF 997
	<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. 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 ▼  
920.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		26		2017

**Transaction ID : SA11A.522136**

Amount of Each Receipt this Period  
100.00

Memo Item CONTRIBUTION

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

Mailing Address 2037 LAKESIDE DR.

City LEXINGTON	State KY	Zip Code 40502-3016
-------------------	-------------	------------------------

FEC ID number of contributing 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
09		30		2017

**Transaction ID : SA11A.522715**

Amount of Each Receipt this Period  
5000.00

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 ▼  
225.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		29		2017

**Transaction ID : SA11A.517064**

Amount of Each Receipt this Period  
25.00

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: (check only one)	PAGE 74 OF 997
	<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. 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 ▼ 225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 29 / 2017  
**Transaction ID : SA11A.518826**  
 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 ▼ 225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 29 / 2017  
**Transaction ID : SA11A.522672**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**C. BOONE, WILLIAM, JOHN, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 900 WALCOTT WAY  
 City CARY State NC Zip Code 27519-8348  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GLAXO SMITH KLINE Occupation (for Individual) MANAGEMENT  
 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  
 07 / 27 / 2017  
**Transaction ID : SA11A.515973**  
 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: (check only one)	PAGE 75 OF 997
	<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. 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 ▼ 900.00

Date of Receipt **07 / 21 / 2017**  
**Transaction ID : SA11A.515731**  
 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 ▼ 900.00

Date of Receipt **08 / 21 / 2017**  
**Transaction ID : SA11A.518232**  
 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 ▼ 900.00

Date of Receipt **09 / 21 / 2017**  
**Transaction ID : SA11A.521831**  
 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 76 OF 997
	<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. BOUNDS, HILLARY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 555 BRYANT ST #918  
 City PALO ALTO State CA Zip Code 94301-1704  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CHAN ZUCKERBERG INITATIVE Occupation (for Individual) ATTORNEY  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 09 / 18 / 2017  
**Transaction ID : SA11A.520942**  
 Amount of Each Receipt this Period 2500.00  
 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 ▼ 450.00

Date of Receipt 07 / 28 / 2017  
**Transaction ID : SA11A.516683**  
 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 ▼ 450.00

Date of Receipt 08 / 28 / 2017  
**Transaction ID : SA11A.518631**  
 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 77 OF 997
	<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. 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 ▼ 450.00

Date of Receipt 09 / 28 / 2017  
**Transaction ID : SA11A.522471**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
**CONTRIBUTION**

**B. BOWEN, LANE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10966 SECRET VIEW DR  
 City SANDY State UT Zip Code 84092-4949  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) AVALON HEALTH CARE Occupation (for Individual) CEO SKILLED NURSING DIVISION  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 08 / 31 / 2017  
**Transaction ID : SA11A.519192**  
 Amount of Each Receipt this Period 1000.00  
 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 ▼ 275.00

Date of Receipt 07 / 12 / 2017  
**Transaction ID : SA11A.514526**  
 Amount of Each Receipt this Period 25.00  
 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: (check only one)	PAGE 78 OF 997
	<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. 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 ▼ 275.00

Date of Receipt 08 / 12 / 2017  
**Transaction ID : SA11A.517952**  
 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 ▼ 275.00

Date of Receipt 09 / 12 / 2017  
**Transaction ID : SA11A.520880**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**C. BOYD, CHARLIE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. BOX 271518 APT #22  
 City SALT LAKE CITY State UT Zip Code 84127-1518  
 FEC ID number of contributing 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 09 / 22 / 2017  
**Transaction ID : SA11A.522057**  
 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 79 OF 997
	<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. BOYDSTON, ROBERT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1356 W COWLES STREET  
 City LONG BEACH State CA Zip Code 90813-2735  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SCALE PLACE INC Occupation (for Individual) SCALE TECH  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 21 / 2017  
**Transaction ID : SA11A.521670**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
**CONTRIBUTION**

**B. BOZZUTO, THOMAS, S., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6025 HOLLINS AVE  
 City BALTIMORE State MD Zip Code 21210-1006  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) THE BOZZUTO GROUP Occupation (for Individual) BUILDER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5400.00

Date of Receipt 09 / 07 / 2017  
**Transaction ID : SA11A.519722**  
 Amount of Each Receipt this Period 5400.00  
 Memo Item  
**CONTRIBUTION**

**C. BRADLEY, WILLIAM, B., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1520 BOXTHORNE LANE  
 City WINSTON SALEM State NC Zip Code 27106-4467  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BB&T Occupation (for Individual) EXECUTIVE  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 18 / 2017  
**Transaction ID : SA11A.520676**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item  
**CONTRIBUTION**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	6650.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (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 997
	<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. 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 ▼ 275.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 20 / 2017  
**Transaction ID : SA11A.515691**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**B. 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 ▼ 275.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 25 / 2017  
**Transaction ID : SA11A.516071**  
 Amount of Each Receipt this Period 25.00  
 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 ▼ 275.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 31 / 2017  
**Transaction ID : SA11A.516867**  
 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 81 OF 997
	<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. 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 ▼ 275.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 04 / 2017  
**Transaction ID : SA11A.517602**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item  
 CONTRIBUTION

**B. BRAMBLETT, SHAWNA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO BOX 128  
 City WILMORE State KY Zip Code 40390-0128  
 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  
 09 / 30 / 2017  
**Transaction ID : SA11A.523089**  
 Amount of Each Receipt this Period  
 2000.00  
 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 ▼ 900.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 17 / 2017  
**Transaction ID : SA11A.514858**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2125.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 82 OF 997
	<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. 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 ▼  
900.00

Date of Receipt  
08 / 17 / 2017  
**Transaction ID : SA11A.518084**

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 ▼  
900.00

Date of Receipt  
09 / 17 / 2017  
**Transaction ID : SA11A.521277**

Amount of Each Receipt this Period  
100.00

Memo Item CONTRIBUTION

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

Mailing Address 170 E 77TH ST  
APT 4B

City NEW YORK	State NY	Zip Code 10075-1913
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SANOFI SA	Occupation (for Individual) CEO
--	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
25000.00

Date of Receipt  
07 / 24 / 2017  
**Transaction ID : SA11A.515681**

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: (check only one)	PAGE 83 OF 997
	<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. BRAVE, ROBERT, G., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2719 N UNIVERSITY AVENUE  
 City LITTLE ROCK State AR Zip Code 72207-2738  
 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 07 / 06 / 2017  
**Transaction ID : SA11A.514073**  
 Amount of Each Receipt this Period 150.00  
 Memo Item CONTRIBUTION

**B. BREARTON, MARY, C., MS.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 28G NOBHILL  
 City ROSELAND State NJ Zip Code 07068-3805  
 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 ▼ 300.00

Date of Receipt 09 / 19 / 2017  
**Transaction ID : SA11A.521084**  
 Amount of Each Receipt this Period 200.00  
 Memo Item CONTRIBUTION

**C. BREIDINGER, DAVID, R., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 196 HILLTOP DR.  
 City CHURCHVILLE State PA Zip Code 18966-1370  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BREIDINGER & ASSOCIATES LLC Occupation (for Individual) BUSINESS CONSULTANT  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 09 / 28 / 2017  
**Transaction ID : SA11A.522215**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1350.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (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 997
	<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. BRENNAN, DAVID, R., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 639 GULF SHORE BLVD N  
 City NAPLES State FL Zip Code 34102-5552  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) ALEVION Occupation (for Individual) CHAIRMAN OF THE BOARD  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 10000.00

Date of Receipt 08 / 28 / 2017  
**Transaction ID : SA11A.518490**  
 Amount of Each Receipt this Period 10000.00  
 Memo Item CONTRIBUTION

**B. BRENNAN, ROSEANNE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 106 DUNDEE  
 City WILLIAMSBURG State VA Zip Code 23188-9118  
 FEC ID number of contributing 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 07 / 23 / 2017  
**Transaction ID : SA11A.515817**  
 Amount of Each Receipt this Period 50.00  
 Memo Item CONTRIBUTION

**C. BRENNAN, ROSEANNE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 106 DUNDEE  
 City WILLIAMSBURG State VA Zip Code 23188-9118  
 FEC ID number of contributing 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 08 / 25 / 2017  
**Transaction ID : SA11A.518584**  
 Amount of Each Receipt this Period 50.00  
 Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	10100.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 85 OF 997
	(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. BRENNAN, ROSEANNE, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 106 DUNDEE

City WILLIAMSBURG State VA Zip Code 23188-9118

FEC ID number of contributing 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  
 09 / 01 / 2017

**Transaction ID : SA11A.519778**

Amount of Each Receipt this Period  
50.00

Memo Item CONTRIBUTION

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

Mailing Address 80 W 23RD AVENUE

City EUGENE State OR Zip Code 97405-2871

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  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 19 / 2017

**Transaction ID : SA11A.521038**

Amount of Each Receipt this Period  
100.00

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 ▼  
225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 11 / 2017

**Transaction ID : SA11A.514461**

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: (check only one)	PAGE 86 OF 997
	<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. 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 ▼  
225.00

Date of Receipt  
MM / DD / YYYY  
08 / 11 / 2017

**Transaction ID : SA11A.517835**

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 ▼  
225.00

Date of Receipt  
MM / DD / YYYY  
09 / 11 / 2017

**Transaction ID : SA11A.520830**

Amount of Each Receipt this Period  
25.00

Memo Item CONTRIBUTION

**C. BRINKMEYER, MARC, A., ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1085 HORNBY CREEK RD

City SANDPOINT	State ID	Zip Code 83864-8395
-------------------	-------------	------------------------

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

Name of Employer (for Individual) IDAHO FOREST GROUP	Occupation (for Individual) CHAIRMAN, PRESIDENT & CO-OWNE
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
77500.00

Date of Receipt  
MM / DD / YYYY  
08 / 31 / 2017

**Transaction ID : SA11A.519210**

Amount of Each Receipt this Period  
75000.00

Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	75050.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (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 997
	<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. 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 ▼ 360.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 25 / 2017  
**Transaction ID : SA11A.515912**  
 Amount of Each Receipt this Period  
 40.00  
 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 ▼ 360.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 25 / 2017  
**Transaction ID : SA11A.518586**  
 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 ▼ 360.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 25 / 2017  
**Transaction ID : SA11A.521984**  
 Amount of Each Receipt this Period  
 40.00  
 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: (check only one)	PAGE 88 OF 997
	<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. BRITSCH, HANS, , MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address P.O. BOX 2018

City VISTA	State CA	Zip Code 92085-2018
---------------	-------------	------------------------

FEC ID number of contributing 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
08	/	21	/	2017

**Transaction ID : SA11A.518111**

Amount of Each Receipt this Period  
250.00

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 ▼  
495.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	22	/	2017

**Transaction ID : SA11A.51852**

Amount of Each Receipt this Period  
55.00

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 ▼  
495.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	22	/	2017

**Transaction ID : SA11A.518420**

Amount of Each Receipt this Period  
55.00

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: (check only one)	PAGE 89 OF 997
	<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. 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 ▼ 495.00

Date of Receipt 09 / 22 / 2017  
**Transaction ID : SA11A.521923**  
Amount of Each Receipt this Period 55.00  
 Memo Item CONTRIBUTION

**B. BROWN, HAROLD, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 1503WESTERNAVE  
City FARIBAULT State MN Zip Code 55021-9267  
FEC ID number of contributing 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 07 / 19 / 2017  
**Transaction ID : SA11A.515423**  
Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION

**C. BROWN, HAROLD, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 1503WESTERNAVE  
City FARIBAULT State MN Zip Code 55021-9267  
FEC ID number of contributing 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 08 / 19 / 2017  
**Transaction ID : SA11A.518300**  
Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 255.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 90 OF 997
	(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. BROWN, HAROLD, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1503WESTERNAVE

City FARIBAULT State MN Zip Code 55021-9267

FEC ID number of contributing 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  
 09 / 19 / 2017

**Transaction ID : SA11A.521497**

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

**B. BROWN, J. MCCAULEY, , MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5208 AVISH LN

City HARRODS CREEK State KY Zip Code 40027-

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 ▼  
2500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 29 / 2017

**Transaction ID : SA11A.522509**

Amount of Each Receipt this Period  
2500.00

Memo Item  
CONTRIBUTION

**C. BROWN, KIM, R., MR. ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address P.O. BOX 129

City FARSON State WY Zip Code 82932-0129

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  
 08 / 31 / 2017

**Transaction ID : SA11A.519104**

Amount of Each Receipt this Period  
5000.00

Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 7600.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 91 OF 997
	<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. BROWNE, RICHARD, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 15108 W HICKORY RD

City ZION	State IL	Zip Code 60099-9525
--------------	-------------	------------------------

FEC ID number of contributing 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
07		30		2017

**Transaction ID : SA11A.516959**

Amount of Each Receipt this Period  
100.00

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 ▼  
225.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		22		2017

**Transaction ID : SA11A.515842**

Amount of Each Receipt this Period  
25.00

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 ▼  
225.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		22		2017

**Transaction ID : SA11A.518411**

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 92 OF 997
	<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. 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 ▼ 225.00

Date of Receipt 09 / 22 / 2017  
**Transaction ID : SA11A.521915**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**B. BROWN, STANLEY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10214 N 54TH PL  
 City PARADISE VALLEY State AZ Zip Code 85253-1166  
 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 ▼ 800.00

Date of Receipt 07 / 27 / 2017  
**Transaction ID : SA11A.516225**  
 Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION

**C. BROWN, STANLEY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10214 N 54TH PL  
 City PARADISE VALLEY State AZ Zip Code 85253-1166  
 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 ▼ 800.00

Date of Receipt 08 / 01 / 2017  
**Transaction ID : SA11A.517199**  
 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 93 OF 997
	<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. BROWN, W., DOUGLAS, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1593 SAUCON VALLEY RD  
 City BETHLEHEM State PA Zip Code 18015-5259  
 FEC ID number of contributing 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 09 / 21 / 2017  
**Transaction ID : SA11A.521627**  
 Amount of Each Receipt this Period 2500.00  
 Memo Item CONTRIBUTION

**B. BRYANT, SHARON, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 653 SUTALLEE RIDGE TRAIL  
 City WHITE State GA Zip Code 30184-3035  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) EBRYIT, INC. Occupation (for Individual) CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 11 / 2017  
**Transaction ID : SA11A.514465**  
 Amount of Each Receipt this Period 50.00  
 Memo Item CONTRIBUTION

**C. BRYANT, SHARON, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 653 SUTALLEE RIDGE TRAIL  
 City WHITE State GA Zip Code 30184-3035  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) EBRYIT, INC. Occupation (for Individual) CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 11 / 2017  
**Transaction ID : SA11A.517840**  
 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 94 OF 997
	<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. BUCKLEY, ROBERT, R., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3401 MOORE STREET  
 City PHILADELPHIA State PA Zip Code 19145-1005  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BUCKLEY& CO INC Occupation (for Individual) CONTRACTOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 09 / 18 / 2017  
**Transaction ID : SA11A.520993**  
 Amount of Each Receipt this Period 200.00  
 Memo Item CONTRIBUTION

**B. BUCKLEY, ROBERT, R., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3401 MOORE STREET  
 City PHILADELPHIA State PA Zip Code 19145-1005  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BUCKLEY& CO INC Occupation (for Individual) CONTRACTOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 09 / 30 / 2017  
**Transaction ID : SA11A.523068**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item CONTRIBUTION

**C. BUGG, BRUCE, , , JR.**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 410 ELIZABETH RD  
 City SAN ANTONIO State TX Zip Code 78209-5935  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) ARGYLE INVESTMENTS Occupation (for Individual) CHAIRMAN AND CEO  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 07 / 10 / 2017  
**Transaction ID : SA11A.514274**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	6200.00
<b>TOTAL</b> This Period (last page this line number 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 997
	(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. BUNDRANT, CHARLES, H., MR. ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5303 SHILSHOLE AVE NW  
 City SEATTLE State WA Zip Code 98107-4021  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) TRIDENT SEAFOODS Occupation (for Individual) CHAIRMAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 08 / 31 / 2017  
**Transaction ID : SA11A.519114**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item  
 CONTRIBUTION

**B. BUNDRANT, DIANE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3640 W COMMODORE WAY  
 City SEATTLE State WA Zip Code 98199-1107  
 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 08 / 31 / 2017  
**Transaction ID : SA11A.519113**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item  
 CONTRIBUTION

**C. BUONO, FRANCIS, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5900 28TH STREET NORTH  
 City ARLINGTON State VA Zip Code 22207-1235  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) COMCAST CORPORATION Occupation (for Individual) ATTORNEY  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 09 / 18 / 2017  
**Transaction ID : SA11A.521254**  
 Amount of Each Receipt this Period 2500.00  
 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 96 OF 997
	<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. BURCHFIELD, JOHN, A., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10502 ROYAL POINTS DRIVE  
 City NORTHPORT State AL Zip Code 35475-3139  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NHS MANAGEMENT LLC Occupation (for Individual) VP AL OPERATIONS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt **07 / 13 / 2017**  
**Transaction ID : SA11A.514498**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item  
 CONTRIBUTION

**B. 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) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **09 / 19 / 2017**  
**Transaction ID : SA11A.521098**  
 Amount of Each Receipt this Period 250.00  
 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 ▼ 450.00

Date of Receipt **07 / 29 / 2017**  
**Transaction ID : SA11A.517073**  
 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 97 OF 997
	<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. 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 ▼ 450.00

Date of Receipt **08 / 29 / 2017**  
**Transaction ID : SA11A.518813**  
 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 ▼ 450.00

Date of Receipt **09 / 29 / 2017**  
**Transaction ID : SA11A.522668**  
 Amount of Each Receipt this Period 50.00  
 Memo Item CONTRIBUTION

**C. BURKE, COLEMAN, P., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 61 LINKS RD  
 City HOBE SOUND State FL Zip Code 33455-2318  
 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 **08 / 31 / 2017**  
**Transaction ID : SA11A.519217**  
 Amount of Each Receipt this Period 10000.00  
 Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	10100.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 98 OF 997
	<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, GRETCHEN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 W 64TH ST  
 11A  
 City NEW YORK State NY Zip Code 10023-6734  
 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  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2017  
**Transaction ID : SA11A.523076**  
 Amount of Each Receipt this Period  
 33900.00  
 Memo Item  
 CONTRIBUTION

**B. BURKE, JOHN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 17310 HILL LAKES COURT  
 496  
 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 ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 19 / 2017  
**Transaction ID : SA11A.515397**  
 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  
 496  
 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 ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 19 / 2017  
**Transaction ID : SA11A.518279**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	33950.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (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 997
	<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. BURKE, JOHN, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 17310 HILL LAKES COURT  
496

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 ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
09 / 19 / 2017

**Transaction ID : SA11A.521480**

Amount of Each Receipt this Period  
25.00

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 ▼  
243.00

Date of Receipt  
MM / DD / YYYY  
07 / 27 / 2017

**Transaction ID : SA11A.516179**

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 ▼  
243.00

Date of Receipt  
MM / DD / YYYY  
08 / 27 / 2017

**Transaction ID : SA11A.518678**

Amount of Each Receipt this Period  
27.00

Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 79.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 100 OF 997
	<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 ▼ 243.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 27 / 2017  
**Transaction ID : SA11A.522362**  
 Amount of Each Receipt this Period  
 27.00  
 Memo Item  
 CONTRIBUTION

**B. 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 ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 28 / 2017  
**Transaction ID : SA11A.516348**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**C. BUSH, ROY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 214 S 58TH AVENUE  
 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 ▼ 900.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 01 / 2017  
**Transaction ID : SA11A.513987**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	227.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 101 OF 997
	<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. BUSH, ROY, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 214 S 58TH AVENUE

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 ▼  
900.00

Date of Receipt  
MM / DD / YYYY  
08 / 01 / 2017

**Transaction ID : SA11A.517161**

Amount of Each Receipt this Period  
100.00

Memo Item CONTRIBUTION

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

Mailing Address 214 S 58TH AVENUE

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 ▼  
900.00

Date of Receipt  
MM / DD / YYYY  
09 / 01 / 2017

**Transaction ID : SA11A.519750**

Amount of Each Receipt this Period  
100.00

Memo Item CONTRIBUTION

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

Mailing Address 116 VILLAGE GREEN

City VICTORIA	State TX	Zip Code 77904-3859
------------------	-------------	------------------------

FEC ID number of contributing 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  
MM / DD / YYYY  
07 / 18 / 2017

**Transaction ID : SA11A.515068**

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 102 OF 997
	<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. CADDICK, DAVID, W., MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1636 KENMARE DR

City DRESHER	State PA	Zip Code 19025-1248
-----------------	-------------	------------------------

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

Name of Employer (for Individual) CADDICK CONSTRUCTION CO.	Occupation (for Individual) PRINCIPAL
---	--

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
09		30		2017

**Transaction ID : SA11A.523069**

Amount of Each Receipt this Period  
2500.00

Memo Item  
CONTRIBUTION

**B. CADDICK, DAVID, W., MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1636 KENMARE DR

City DRESHER	State PA	Zip Code 19025-1248
-----------------	-------------	------------------------

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

Name of Employer (for Individual) CADDICK CONSTRUCTION CO.	Occupation (for Individual) PRINCIPAL
---	--

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
09		30		2017

**Transaction ID : SA11A.523070**

Amount of Each Receipt this Period  
2500.00

Memo Item  
CONTRIBUTION

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

Mailing Address 345 PARK AVE

City NEW YORK	State NY	Zip Code 10154-0004
------------------	-------------	------------------------

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

Name of Employer (for Individual) BMS	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
07		20		2017

**Transaction ID : SA11A.515385**

Amount of Each Receipt this Period  
15000.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	20000.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 103 OF 997
	<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. CALLAGHAN, JONATHAN, D., MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1111 HARKER AVE

City PALO ALTO	State CA	Zip Code 94301-3421
-------------------	-------------	------------------------

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

Name of Employer (for Individual) TRUE VENTURES MANAGEMENT	Occupation (for Individual) MANAGING MEMBER
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3000.00

Date of Receipt  

M M / D D / Y Y Y Y Y
09 / 07 / 2017

**Transaction ID : SA11A.519741**

Amount of Each Receipt this Period  
3000.00

Memo Item  
CONTRIBUTION

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

Mailing Address 35 WINDSOR DR

City ELMHURST	State IL	Zip Code 60126-3971
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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
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

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

**Transaction ID : SA11A.514233**

Amount of Each Receipt this Period  
500.00

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 ▼  
900.00

Date of Receipt  

M M / D D / Y Y Y Y Y
07 / 27 / 2017

**Transaction ID : SA11A.516189**

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 104 OF 997
	<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. 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 ▼  
900.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		27		2017

**Transaction ID : SA11A.518694**

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 ▼  
900.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		27		2017

**Transaction ID : SA11A.522376**

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 ▼  
410.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		24		2017

**Transaction ID : SA11A.515770**

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 105 OF 997
	<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. 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 ▼  
410.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	24	/	2017

**Transaction ID : SA11A.518522**

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 ▼  
410.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	24	/	2017

**Transaction ID : SA11A.522007**

Amount of Each Receipt this Period  
50.00

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 ▼  
900.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	16	/	2017

**Transaction ID : SA11A.514926**

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 106 OF 997
	<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. 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 ▼  
900.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		16		2017

**Transaction ID : SA11A.518026**

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 ▼  
900.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		16		2017

**Transaction ID : SA11A.521354**

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

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

Mailing Address 2910 LAZY LANE BLVD

City HOUSTON	State TX	Zip Code 77019-1302
-----------------	-------------	------------------------

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

Name of Employer (for Individual) CAMDEN PROPERTY TRUST	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
08		02		2017

**Transaction ID : SA11A.517132**

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 107 OF 997
	<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. CARAMANICO, THOMAS, A., MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 848 BUCK LANE  
City HAVERFORD State PA Zip Code 19041-1204  
FEC ID number of contributing federal political committee. **C**  
Name of Employer (for Individual) MCCORMICK TAYLOR INC Occupation (for Individual) PRESIDENT  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 5000.00

Date of Receipt **09 / 30 / 2017**  
**Transaction ID : SA11A.523079**  
Amount of Each Receipt this Period 5000.00  
 Memo Item CONTRIBUTION

**B. CARD, BRADFORD, , ,**  
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 ▼ 5000.00

Date of Receipt **07 / 25 / 2017**  
**Transaction ID : SA11A.515754**  
Amount of Each Receipt this Period 2500.00  
 Memo Item CONTRIBUTION

**C. CARLEY, C. DAVID, , MR., JR.**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 4 BELLEVIEW BOULEVARD, APT 608 APT. 608  
City CLEARWATER State FL Zip Code 33756-1960  
FEC ID number of contributing 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 **08 / 01 / 2017**  
**Transaction ID : SA11A.516776**  
Amount of Each Receipt this Period 250.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 7750.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (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 997
	<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. CARLEY, C. DAVID, , MR., JR.**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4 BELLEVIEW BOULEVARD, APT 608  
APT. 608

City CLEARWATER State FL Zip Code 33756-1960

FEC ID number of contributing 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  
MM / DD / YYYY  
09 / 25 / 2017

**Transaction ID : SA11A.521930**

Amount of Each Receipt this Period  
250.00

Memo Item CONTRIBUTION

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

Mailing Address PO BOX 195556

City SAN JUAN State PR Zip Code 00919-5556

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

Name of Employer (for Individual) HU3 INTERNATIONAL Occupation (for Individual) INSURANCE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
10000.00

Date of Receipt  
MM / DD / YYYY  
08 / 31 / 2017

**Transaction ID : SA11A.519144**

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 ▼  
220.00

Date of Receipt  
MM / DD / YYYY  
09 / 15 / 2017

**Transaction ID : SA11A.521182**

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: (check only one)	PAGE 109 OF 997
	<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. 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 ▼ 225.00

Date of Receipt **07 / 16 / 2017**  
**Transaction ID : SA11A.514913**  
 Amount of Each Receipt this Period 25.00  
 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 ▼ 225.00

Date of Receipt **08 / 16 / 2017**  
**Transaction ID : SA11A.518010**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**C. 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 ▼ 225.00

Date of Receipt **09 / 16 / 2017**  
**Transaction ID : SA11A.521340**  
 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 110 OF 997
	<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. CARTER, DARYL, J., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1920 MAIN ST STE 150  
 City IRVINE State CA Zip Code 92614-7289  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) AVANATH CAPITAL MANAGEMENT Occupation (for Individual) CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2700.00

Date of Receipt 08 / 28 / 2017  
**Transaction ID : SA11A.518540**  
 Amount of Each Receipt this Period 2700.00  
 Memo Item  
**CONTRIBUTION**

**B. CARTER, DENISE, R., MS.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 22395 AURA VISTA WAY  
 City CALDWELL State ID Zip Code 83607-5528  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) PACIFIC WEST COMMUNITIES Occupation (for Individual) AFFORDABLE HOUSING DEVELOPM  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 08 / 28 / 2017  
**Transaction ID : SA11A.518541**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item  
**CONTRIBUTION**

**C. CARTER, JASON, C., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10197 HWY 183 N  
 City GONZALES State TX Zip Code 78629-5249  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) POST ACUTE MEDICAL Occupation (for Individual) COO  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 07 / 11 / 2017  
**Transaction ID : SA11A.514439**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item  
**CONTRIBUTION**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	8700.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (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 997
	<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. 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 ▼  
700.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		01		2017

**Transaction ID : SA11A.513978**

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 ▼  
700.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		09		2017

**Transaction ID : SA11A.514380**

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 ▼  
700.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		27		2017

**Transaction ID : SA11A.516186**

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 112 OF 997
	<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. 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 ▼  
700.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	01	/	2017

**Transaction ID : SA11A.517196**

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 ▼  
700.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	09	/	2017

**Transaction ID : SA11A.517723**

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 ▼  
700.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	27	/	2017

**Transaction ID : SA11A.518681**

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 113 OF 997
	<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. 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 ▼  
700.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		01		2017

**Transaction ID : SA11A.519773**

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 ▼  
700.00

Date of Receipt  

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

**Transaction ID : SA11A.520850**

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 ▼  
700.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		27		2017

**Transaction ID : SA11A.522369**

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 114 OF 997
	<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. 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 ▼ 700.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 29 / 2017  
**Transaction ID : SA11A.522573**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item  
 CONTRIBUTION

**B. CARTER, PATRICK, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8540 E PINCHOT AVE  
 City SCOTTSDALE State AZ Zip Code 85251-7312  
 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 ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 12 / 2017  
**Transaction ID : SA11A.514515**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item  
 CONTRIBUTION

**C. CARTER, PATRICK, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8540 E PINCHOT AVE  
 City SCOTTSDALE State AZ Zip Code 85251-7312  
 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 ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 13 / 2017  
**Transaction ID : SA11A.514572**  
 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 115 OF 997
	<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. CARTER, PATRICK, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8540 E PINCHOT AVE

City SCOTTSDALE	State AZ	Zip Code 85251-7312
--------------------	-------------	------------------------

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 ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
08 / 12 / 2017

**Transaction ID : SA11A.517946**

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

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

Mailing Address 8540 E PINCHOT AVE

City SCOTTSDALE	State AZ	Zip Code 85251-7312
--------------------	-------------	------------------------

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 ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
09 / 12 / 2017

**Transaction ID : SA11A.520876**

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

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

Mailing Address 8124 WELLINGTON RD

City ALEXANDRIA	State VA	Zip Code 22308-1214
--------------------	-------------	------------------------

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  
MM / DD / YYYY  
07 / 27 / 2017

**Transaction ID : SA11A.515967**

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 116 OF 997
	<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. CASEY, MICHAEL, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1111 W EL CAMINO REAL, STE 109 MB

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 ▼  
900.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		28		2017

**Transaction ID : SA11A.516679**

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

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 ▼  
900.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		28		2017

**Transaction ID : SA11A.518624**

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

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 ▼  
900.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		28		2017

**Transaction ID : SA11A.522468**

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 117 OF 997
	<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. CASSAN, DORIS, O., ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2737 78TH AVE SE  
STE 201

City MERCER ISLAND State WA Zip Code 98040-2843

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  
MM / DD / YYYY  
08 / 31 / 2017

**Transaction ID : SA11A.519134**

Amount of Each Receipt this Period  
2500.00

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 ▼  
550.00

Date of Receipt  
MM / DD / YYYY  
07 / 26 / 2017

**Transaction ID : SA11A.516024**

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 ▼  
550.00

Date of Receipt  
MM / DD / YYYY  
08 / 26 / 2017

**Transaction ID : SA11A.518723**

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2700.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (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 997
<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. 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 ▼  
550.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		26		2017

**Transaction ID : SA11A.522118**

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

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

Mailing Address 7939 CHATEAU POINT LANE

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 ▼  
450.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		22		2017

**Transaction ID : SA11A.515851**

Amount of Each Receipt this Period  
50.00

Memo Item  
CONTRIBUTION

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

Mailing Address 7939 CHATEAU POINT LANE

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 ▼  
450.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		22		2017

**Transaction ID : SA11A.518401**

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 119 OF 997
	<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. CASTRO, VINCENT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7939 CHATEAU POINT LANE  
 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 ▼ 450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 22 / 2017  
**Transaction ID : SA11A.521905**  
 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) FINANCIAL SERVICES  
 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  
 07 / 01 / 2017  
**Transaction ID : SA11A.513973**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item  
 CONTRIBUTION

**C. 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) FINANCIAL SERVICES  
 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  
 08 / 01 / 2017  
**Transaction ID : SA11A.517197**  
 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 120 OF 997
	<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. 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) FINANCIAL SERVICES  
 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  
 09 / 01 / 2017  
**Transaction ID : SA11A.519783**  
 Amount of Each Receipt this Period  
 50.00  
 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 ▼ 225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 16 / 2017  
**Transaction ID : SA11A.514912**  
 Amount of Each Receipt this Period  
 25.00  
 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 ▼ 225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 16 / 2017  
**Transaction ID : SA11A.518011**  
 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 121 OF 997
	<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. 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 ▼ 225.00

Date of Receipt 09 / 16 / 2017  
**Transaction ID : SA11A.521339**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**B. CAVANAUGH, STEVEN, M., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9036 SAND RIDGE DR  
 City HOLLAND State OH Zip Code 43528-9222  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) HCR MANORCARE Occupation (for Individual) EXECUTIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 07 / 13 / 2017  
**Transaction ID : SA11A.514501**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item CONTRIBUTION

**C. CAZALOT, CLARENCE, P., , JR.**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6 WEXFORD CT  
 City HOUSTON State TX Zip Code 77024-6611  
 FEC ID number of contributing 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 07 / 10 / 2017  
**Transaction ID : SA11A.514265**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....▶ 10025.00  
**TOTAL** This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 122 OF 997
	<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. CEO, JOSEPH, , MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 982 CELIA LANE

City LEXINGTON	State KY	Zip Code 40504-2255
-------------------	-------------	------------------------

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  
MM / DD / YYYY  
08 / 10 / 2017

**Transaction ID : SA11A.517689**

Amount of Each Receipt this Period  
50.00

Memo Item CONTRIBUTION

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

Mailing Address 982 CELIA LANE

City LEXINGTON	State KY	Zip Code 40504-2255
-------------------	-------------	------------------------

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  
MM / DD / YYYY  
09 / 19 / 2017

**Transaction ID : SA11A.521146**

Amount of Each Receipt this Period  
50.00

Memo Item CONTRIBUTION

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

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 ▼  
10000.00

Date of Receipt  
MM / DD / YYYY  
09 / 30 / 2017

**Transaction ID : SA11A.522872**

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 123 OF 997
	<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. CHAPA, PAUL, D., ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8022 SAINT LAURENT DR

City CORPUS CHRISTI	State TX	Zip Code 78414-6016
------------------------	-------------	------------------------

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

Name of Employer (for Individual) LINEBARGER GOGGAN BLAIR	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
07		10		2017

**Transaction ID : SA11A.514257**

Amount of Each Receipt this Period  
1500.00

Memo Item  
CONTRIBUTION

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

Mailing Address BAY FARM LANE; P.O. BOX5

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 ▼  
450.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		26		2017

**Transaction ID : SA11A.516025**

Amount of Each Receipt this Period  
50.00

Memo Item  
CONTRIBUTION

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

Mailing Address BAY FARM LANE; P.O. BOX5

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 ▼  
450.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		26		2017

**Transaction ID : SA11A.518727**

Amount of Each Receipt this Period  
50.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1600.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (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 997
	<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. CHAPMAN, JOHN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address BAY FARM LANE; P.O. BOX5  
 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 ▼ 450.00

Date of Receipt 09 / 26 / 2017  
**Transaction ID : SA11A.522112**  
 Amount of Each Receipt this Period 50.00  
 Memo Item CONTRIBUTION

**B. CHAPPELL, MICHAEL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2818 UNIVERSITY TER NW  
 City WASHINGTON State DC Zip Code 20016-3459  
 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 ▼ 5000.00

Date of Receipt 09 / 13 / 2017  
**Transaction ID : SA11A.520888**  
 Amount of Each Receipt this Period 2500.00  
 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 ▼ 300.00

Date of Receipt 07 / 12 / 2017  
**Transaction ID : SA11A.514519**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....▶ 2575.00  
**TOTAL** This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 125 OF 997
	<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. 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 ▼ 300.00

Date of Receipt **07 / 27 / 2017**  
**Transaction ID : SA11A.516169**  
 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 ▼ 300.00

Date of Receipt **08 / 12 / 2017**  
**Transaction ID : SA11A.517947**  
 Amount of Each Receipt this Period 25.00  
 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 ▼ 300.00

Date of Receipt **09 / 12 / 2017**  
**Transaction ID : SA11A.520868**  
 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 126 OF 997
	<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. CHENEY, RICHARD, B., MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4205 GREENS PLACE

City WILSON State WY Zip Code 83014-9635

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
10000.00

Date of Receipt  
08 / 31 / 2017  
Transaction ID : SA11A.519112

Amount of Each Receipt this Period  
10000.00

Memo Item CONTRIBUTION

**B. CHERIPKA, KEVIN, J., ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9611 ESPIRIT COURT SE

City OLYMPIA State WA Zip Code 98513-6680

FEC ID number of contributing 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  
09 / 20 / 2017  
Transaction ID : SA11A.521516

Amount of Each Receipt this Period  
500.00

Memo Item CONTRIBUTION

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

Mailing Address 425 INDUSTRIAL DR.

City WELCOME State NC Zip Code 27374-

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

Name of Employer (for Individual) RICHARD CHILDRESS RACING Occupation (for Individual) OWNER

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
09 / 30 / 2017  
Transaction ID : SA11A.522716

Amount of Each Receipt this Period  
5000.00

Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 15500.00

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

**SCHEDULE A (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 997
	<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. CHIN, WILLIAM, W., DR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 118 N COLUMBUS ST  
 City ALEXANDRIA State VA Zip Code 22314-3038  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) PHRMA Occupation (for Individual) PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 27 / 2017  
**Transaction ID : SA11A.515977**  
 Amount of Each Receipt this Period 500.00  
 Memo Item CONTRIBUTION

**B. CHODY, BEVERLY, ANN, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO BOX 1359  
 City CEDAR PARK State TX Zip Code 78630-1359  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WILCO Occupation (for Individual) EXECUTIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 10000.00

Date of Receipt 07 / 13 / 2017  
**Transaction ID : SA11A.514488**  
 Amount of Each Receipt this Period 10000.00  
 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 ▼ 225.00

Date of Receipt 07 / 18 / 2017  
**Transaction ID : SA11A.515084**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	10525.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 128 OF 997
	<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. 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 ▼  
225.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	18	/	2017

**Transaction ID : SA11A.518154**

Amount of Each Receipt this Period  
25.00

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 ▼  
225.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	18	/	2017

**Transaction ID : SA11A.521252**

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

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

Mailing Address 11 AVON STREET  
APT 1

City SOMERVILLE	State MA	Zip Code 02143-1601
--------------------	-------------	------------------------

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
07	/	28	/	2017

**Transaction ID : SA11A.516270**

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 129 OF 997
	<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 ▼  
225.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		18		2017

**Transaction ID : SA11A.515062**

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 ▼  
225.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		18		2017

**Transaction ID : SA11A.518138**

Amount of Each Receipt this Period  
25.00

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 ▼  
225.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		18		2017

**Transaction ID : SA11A.521235**

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 130 OF 997
<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. CLARKE, BRIAN, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5025 GRAND AVE.

City WESTERN SPRINGS	State IL	Zip Code 60558-1823
-------------------------	-------------	------------------------

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

Name of Employer (for Individual) KENSINGTON INTERNATIONAL	Occupation (for Individual) SEARCH CONSULTANT
---	--

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
07	/	16	/	2017

**Transaction ID : SA11A.514915**

Amount of Each Receipt this Period  
100.00

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) NOT EMPLOYED	Occupation (for Individual) NOT EMPLOYED
---	---

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
07	/	28	/	2017

**Transaction ID : SA11A.516656**

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) NOT EMPLOYED	Occupation (for Individual) NOT EMPLOYED
---	---

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
08	/	28	/	2017

**Transaction ID : SA11A.518616**

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 131 OF 997
<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. 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) NOT EMPLOYED	Occupation (for Individual) NOT EMPLOYED
---	---

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
09	/	28	/	2017

**Transaction ID : SA11A.522455**

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 ▼  
450.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2017

**Transaction ID : SA11A.516906**

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 ▼  
450.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2017

**Transaction ID : SA11A.519617**

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 132 OF 997
	<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 ▼  
450.00

Date of Receipt  
MM / DD / YYYY  
09 / 30 / 2017

**Transaction ID : SA11A.522948**

Amount of Each Receipt this Period  
50.00

Memo Item CONTRIBUTION

**B. CLARK, ELLOINE, H., MRS.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3716 MAPLEWOOD AVENUE

City DALLAS	State TX	Zip Code 75205-2827
----------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2700.00

Date of Receipt  
MM / DD / YYYY  
07 / 10 / 2017

**Transaction ID : SA11A.514239**

Amount of Each Receipt this Period  
2700.00

Memo Item CONTRIBUTION

**C. CLARK, FRANKLIN, S., MR., III**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 505 FORSYTHE ST

City FAYETTEVILLE	State NC	Zip Code 28304-3769
----------------------	-------------	------------------------

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  
MM / DD / YYYY  
09 / 28 / 2017

**Transaction ID : SA11A.522213**

Amount of Each Receipt this Period  
1000.00

Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3750.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (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 997
	<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. CLARK, FRANKLIN, S., MR., IV**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO BOX 53394  
 City FAYETTEVILLE State NC Zip Code 28305-3394  
 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 ▼ 1000.00

Date of Receipt 09 / 28 / 2017  
**Transaction ID : SA11A.522231**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item CONTRIBUTION

**B. CLARK, MRS. WM, H., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3716 MAPLEWOOD AVENUE  
 City DALLAS State TX Zip Code 75205-2827  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 NONE RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 08 / 07 / 2017  
**Transaction ID : SA11A.517355**  
 Amount of Each Receipt this Period 500.00  
 Memo Item CONTRIBUTION

**C. 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) Occupation (for Individual)  
 NONE RETIRED  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt 07 / 27 / 2017  
**Transaction ID : SA11A.516183**  
 Amount of Each Receipt this Period 35.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... 1535.00  
**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (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 997
	<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. 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 ▼ 340.00

Date of Receipt **08 / 27 / 2017**  
**Transaction ID : SA11A.518690**  
 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 ▼ 340.00

Date of Receipt **09 / 27 / 2017**  
**Transaction ID : SA11A.522344**  
 Amount of Each Receipt this Period 35.00  
 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 ▼ 225.00

Date of Receipt **07 / 28 / 2017**  
**Transaction ID : SA11A.516702**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 95.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 135 OF 997
	<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. 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 ▼  
225.00

Date of Receipt  
MM / DD / YYYY  
08 / 28 / 2017

**Transaction ID : SA11A.518655**

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 ▼  
225.00

Date of Receipt  
MM / DD / YYYY  
09 / 28 / 2017

**Transaction ID : SA11A.522465**

Amount of Each Receipt this Period  
25.00

Memo Item CONTRIBUTION

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

Mailing Address 2195 SPRINGMEADOW DR.

City SPRING HILL State FL Zip Code 34606-3769

FEC ID number of contributing 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  
MM / DD / YYYY  
07 / 26 / 2017

**Transaction ID : SA11A.516015**

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 136 OF 997
	<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. CLEMONS, BARBARA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2195 SPRINGMEADOW DR.  
 City SPRING HILL State FL Zip Code 34606-3769  
 FEC ID number of contributing 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 **07 / 28 / 2017**  
**Transaction ID : SA11A.516667**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**B. CLEMONS, BARBARA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2195 SPRINGMEADOW DR.  
 City SPRING HILL State FL Zip Code 34606-3769  
 FEC ID number of contributing 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 **07 / 31 / 2017**  
**Transaction ID : SA11A.516866**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**C. CLEMONS, BARBARA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2195 SPRINGMEADOW DR.  
 City SPRING HILL State FL Zip Code 34606-3769  
 FEC ID number of contributing 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 **08 / 04 / 2017**  
**Transaction ID : SA11A.517424**  
 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 137 OF 997
	<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. CLEMONS, BARBARA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2195 SPRINGMEADOW DR.  
 City SPRING HILL State FL Zip Code 34606-3769  
 FEC ID number of contributing 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 08 / 28 / 2017  
**Transaction ID : SA11A.518645**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**B. CLEMONS, BARBARA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2195 SPRINGMEADOW DR.  
 City SPRING HILL State FL Zip Code 34606-3769  
 FEC ID number of contributing 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 09 / 28 / 2017  
**Transaction ID : SA11A.522459**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**C. CLEVELAND, JAY, , MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4565 WILLIAM PENN HWY  
 City MURRYSVILLE State PA Zip Code 15668-2003  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CLEVELAND BROTHERS EQUIPMENT CO., INC. Occupation (for Individual) PRESIDENT  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 10000.00

Date of Receipt 07 / 27 / 2017  
**Transaction ID : SA11A.515932**  
 Amount of Each Receipt this Period 10000.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 10050.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 138 OF 997
	<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. CLIFFORD, GEORGANNA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 818 W. RIVERSIDE, 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/INVESTM  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 900.00

Date of Receipt 07 / 09 / 2017  
**Transaction ID : SA11A.514384**  
 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, 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/INVESTM  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 900.00

Date of Receipt 08 / 09 / 2017  
**Transaction ID : SA11A.517725**  
 Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION

**C. CLIFFORD, GEORGANNA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 818 W. RIVERSIDE, 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/INVESTM  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 900.00

Date of Receipt 09 / 09 / 2017  
**Transaction ID : SA11A.520860**  
 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 139 OF 997
	<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. COADY, JOHN, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2857 PARADISE RD..  
2601

City LAS VEGAS State NV Zip Code 89109-5284

FEC ID number of contributing 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  
08 / 29 / 2017  
**Transaction ID : SA11A.518769**

Amount of Each Receipt this Period  
100.00

Memo Item CONTRIBUTION

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

Mailing Address 2857 PARADISE RD..  
2601

City LAS VEGAS State NV Zip Code 89109-5284

FEC ID number of contributing 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  
08 / 29 / 2017  
**Transaction ID : SA11A.518770**

Amount of Each Receipt this Period  
100.00

Memo Item CONTRIBUTION

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

Mailing Address 2857 PARADISE RD..  
2601

City LAS VEGAS State NV Zip Code 89109-5284

FEC ID number of contributing 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  
09 / 29 / 2017  
**Transaction ID : SA11A.522651**

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 140 OF 997
	<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. COBURN, RONALD, O., MR., JR.**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1552 JESSE LANE

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 ▼  
650.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		20		2017

**Transaction ID : SA11A.521580**

Amount of Each Receipt this Period  
200.00

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 ▼  
243.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		27		2017

**Transaction ID : SA11A.516223**

Amount of Each Receipt this Period  
27.00

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 ▼  
243.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		27		2017

**Transaction ID : SA11A.518677**

Amount of Each Receipt this Period  
27.00

Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	254.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (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 997
	<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**

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

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 ▼  
243.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 27 / 2017

**Transaction ID : SA11A.522340**

Amount of Each Receipt this Period  
27.00

Memo Item CONTRIBUTION

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

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 ▼  
225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 26 / 2017

**Transaction ID : SA11A.516056**

Amount of Each Receipt this Period  
25.00

Memo Item CONTRIBUTION

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

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 ▼  
225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 26 / 2017

**Transaction ID : SA11A.518719**

Amount of Each Receipt this Period  
25.00

Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	77.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 142 OF 997
	<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. 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 ▼  
225.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		26		2017

**Transaction ID : SA11A.522106**

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

**B. COFFEE, HAROLD, C., MR., JR.**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 25 AMBER DRIVE

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 ▼  
700.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		19		2017

**Transaction ID : SA11A.521109**

Amount of Each Receipt this Period  
500.00

Memo Item  
CONTRIBUTION

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

Mailing Address 10405 SANDRINGHAM CT

City POTOMAC	State MD	Zip Code 20854-1901
-----------------	-------------	------------------------

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

Name of Employer (for Individual) FEDERAL HEALTH COUNSEL, LLC	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
07		27		2017

**Transaction ID : SA11A.515963**

Amount of Each Receipt this Period  
10000.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	10525.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (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 997
	<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. COLE, JAMES, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7404 VISTA DEL ARROYO AVENUE 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 ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 03 / 2017  
**Transaction ID : SA11A.517270**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**B. COLE, JAMES, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7404 VISTA DEL ARROYO AVENUE 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 ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 19 / 2017  
**Transaction ID : SA11A.521091**  
 Amount of Each Receipt this Period  
 100.00  
 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 ▼ 1179.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 01 / 2017  
**Transaction ID : SA11A.513966**  
 Amount of Each Receipt this Period  
 131.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	331.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (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 997
	<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. 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 ▼ 1179.00

Date of Receipt 08 / 01 / 2017  
**Transaction ID : SA11A.517166**  
 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 ▼ 1179.00

Date of Receipt 09 / 01 / 2017  
**Transaction ID : SA11A.519751**  
 Amount of Each Receipt this Period 131.00  
 Memo Item CONTRIBUTION

**C. COLLIER, NINA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2 ROBERT DR.  
 City SHORT HILLS State NJ Zip Code 07078-1507  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WASHINGTON2 ADVOCATES Occupation (for Individual) CONSULTANT  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 08 / 21 / 2017  
**Transaction ID : SA11A.518214**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....▶ 1262.00  
**TOTAL** This Period (last page this line number only).....▶



**SCHEDULE A (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 997
	<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. COLON, NORMA, ORTIZ, DR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address PO BOX 426

City BAYAMON	State PR	Zip Code 00960-0426
-----------------	-------------	------------------------

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

Name of Employer (for Individual) HOSPITAL HERMANOS MELENDEZ	Occupation (for Individual) PHYSICIAN
---	--

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
09		18		2017

**Transaction ID : SA11A.520690**

Amount of Each Receipt this Period  
5000.00

Memo Item  
CONTRIBUTION

**B. COLON-ESCOBAR, 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 ▼  
450.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		09		2017

**Transaction ID : SA11A.514386**

Amount of Each Receipt this Period  
50.00

Memo Item  
CONTRIBUTION

**C. COLON-ESCOBAR, 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 ▼  
450.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		09		2017

**Transaction ID : SA11A.517726**

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: (check only one)	PAGE 146 OF 997
	<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. COLON-ESCOBAR, 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 ▼ 450.00

Date of Receipt 09 / 09 / 2017  
**Transaction ID : SA11A.520859**  
 Amount of Each Receipt this Period 50.00  
 Memo Item CONTRIBUTION

**B. COLYER, APRIL, L., MRS.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1409 JESSAMINE STATION PIKE  
 City NICHOLASVILLE State KY Zip Code 40356-8601  
 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 09 / 30 / 2017  
**Transaction ID : SA11A.523088**  
 Amount of Each Receipt this Period 2000.00  
 Memo Item CONTRIBUTION

**C. CONAN, ALFRED, J., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO BOX 473  
 City NEWTOWN SQUARE State PA Zip Code 19073-0473  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) DELMONT UTILITIES INC Occupation (for Individual) CEO  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 09 / 30 / 2017  
**Transaction ID : SA11A.523083**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 7050.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (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 997
	<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. CONDA, CESAR, V., ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 901 7TH STREET NW  
SUITE 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  
MM / DD / YYYY  
07 / 10 / 2017

**Transaction ID : SA11A.514226**

Amount of Each Receipt this Period  
2500.00

Memo Item CONTRIBUTION

**B. CONDA, CESAR, V., ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 901 7TH STREET NW  
SUITE 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  
MM / DD / YYYY  
09 / 30 / 2017

**Transaction ID : SA11A.523063**

Amount of Each Receipt this Period  
2500.00

Memo Item CONTRIBUTION

**C. CONNORS, MICHELE, P., ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 471

City ORMOND BEACH State FL Zip Code 32175-0471

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

Name of Employer (for Individual) S.R. PERROTT, INC. Occupation (for Individual) PRESIDENT

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
07 / 10 / 2017

**Transaction ID : SA11A.514267**

Amount of Each Receipt this Period  
500.00

Memo Item CONTRIBUTION

<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 148 OF 997
	<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. 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 ▼ 225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 21 / 2017  
**Transaction ID : SA11A.515740**  
 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 ▼ 225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 21 / 2017  
**Transaction ID : SA11A.518238**  
 Amount of Each Receipt this Period  
 25.00  
 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 ▼ 225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 21 / 2017  
**Transaction ID : SA11A.521826**  
 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 149 OF 997
	<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. 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 ▼ 450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 21 / 2017  
**Transaction ID : SA11A.515751**  
 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 ▼ 450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 21 / 2017  
**Transaction ID : SA11A.518246**  
 Amount of Each Receipt this Period  
 50.00  
 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 ▼ 450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 21 / 2017  
**Transaction ID : SA11A.521836**  
 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 150 OF 997
	<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. 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 ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	19	/	2017

**Transaction ID : SA11A.521126**

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

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

Mailing Address 1301 SHORT SHUN RD

City NICHOLASVILLE	State KY	Zip Code 40356-8978
-----------------------	-------------	------------------------

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
09	/	30	/	2017

**Transaction ID : SA11A.523087**

Amount of Each Receipt this Period  
2000.00

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) V/P INDUSTRY RELATIONS
---	---

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
07	/	28	/	2017

**Transaction ID : SA11A.516681**

Amount of Each Receipt this Period  
50.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2150.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (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 997
	<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) V/P INDUSTRY RELATIONS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 08 / 28 / 2017  
**Transaction ID : SA11A.518628**  
 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) V/P INDUSTRY RELATIONS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 09 / 28 / 2017  
**Transaction ID : SA11A.522474**  
 Amount of Each Receipt this Period 50.00  
 Memo Item CONTRIBUTION

**C. COUCH, THERESA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3035 LAKE BLUFF DRIVE  
 City DECATUR State IL Zip Code 62521-4834  
 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 09 / 18 / 2017  
**Transaction ID : SA11A.521000**  
 Amount of Each Receipt this Period 400.00  
 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: (check only one)	PAGE 152 OF 997
	<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. COURIE, DAVID, T., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1810 WINTERLOCHEN RD  
 City FAYETTEVILLE State NC Zip Code 28305-5255  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BEAVER, COURIE, STERNLICHT HEARP LLP Occupation (for Individual) ATTORNEY  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **09 / 28 / 2017**  
**Transaction ID : SA11A.522210**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item CONTRIBUTION

**B. COWLES, JAMES, P., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO BOX 2160  
 City SPOKANE State WA Zip Code 99210-2160  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) INLAND EMPIRE PAPER Occupation (for Individual) EXECUTIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 10000.00

Date of Receipt **08 / 28 / 2017**  
**Transaction ID : SA11A.518507**  
 Amount of Each Receipt this Period 10000.00  
 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 ▼ 500.00

Date of Receipt **07 / 31 / 2017**  
**Transaction ID : SA11A.516903**  
 Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	11100.00
<b>TOTAL</b> This Period (last page this line number only).....	



**SCHEDULE A (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 997
	<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. 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 ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
08 / 31 / 2017

**Transaction ID : SA11A.519615**

Amount of Each Receipt this Period  
100.00

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 ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
09 / 30 / 2017

**Transaction ID : SA11A.522946**

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

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

Mailing Address 170 RAINBOW DRIVE #7084

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 ▼  
330.00

Date of Receipt  
MM / DD / YYYY  
07 / 25 / 2017

**Transaction ID : SA11A.515893**

Amount of Each Receipt this Period  
10.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	210.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (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 997
	<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. CRAIG, JUDY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 170 RAINBOW DRIVE #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 ▼ 330.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 31 / 2017  
**Transaction ID : SA11A.516913**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item  
 CONTRIBUTION

**B. CRAIG, JUDY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 170 RAINBOW DRIVE #7084  
 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 ▼ 330.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 25 / 2017  
**Transaction ID : SA11A.518569**  
 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  
 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 ▼ 330.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 31 / 2017  
**Transaction ID : SA11A.519649**  
 Amount of Each Receipt this Period  
 25.00  
 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 155 OF 997
	<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. CRAIG, JUDY, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 170 RAINBOW DRIVE #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 ▼  
330.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	25	/	2017

**Transaction ID : SA11A.521968**

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

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 ▼  
330.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2017

**Transaction ID : SA11A.522997**

Amount of Each Receipt this Period  
25.00

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 ▼  
225.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	28	/	2017

**Transaction ID : SA11A.516704**

Amount of Each Receipt this Period  
25.00

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 156 OF 997
	<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. 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 ▼ 225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 28 / 2017  
**Transaction ID : SA11A.518646**  
 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 ▼ 225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 28 / 2017  
**Transaction ID : SA11A.522493**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item  
 CONTRIBUTION

**C. CROFTON, MICHAEL, G., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1740 E WILLOW GROVE AVE  
 City LAVEROCK State PA Zip Code 19038-7262  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) THE PHILADELPHIA TRUST COMPANY Occupation (for Individual) PRESIDENT  
 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  
 09 / 30 / 2017  
**Transaction ID : SA11A.523078**  
 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 157 OF 997
	<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. CROW, JUDITH, H., MRS.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3170 WOODLEIGH LANE  
 City CAMERON PARK State CA Zip Code 95682-8127  
 FEC ID number of contributing 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 **07 / 31 / 2017**  
**Transaction ID : SA11A.516471**  
 Amount of Each Receipt this Period 80.00  
 Memo Item CONTRIBUTION

**B. CUMMINS, JOAN, , MS.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2608 ASHLEY WOODS DRIVE  
 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 ▼ 316.00

Date of Receipt **09 / 07 / 2017**  
**Transaction ID : SA11A.520796**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**C. CUMMINS, JOAN, , MS.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2608 ASHLEY WOODS DRIVE  
 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 ▼ 316.00

Date of Receipt **09 / 29 / 2017**  
**Transaction ID : SA11A.522563**  
 Amount of Each Receipt this Period 50.00  
 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 158 OF 997
	<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. 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) AMGENT INC Occupation (for Individual) DIRECTOR OF GOVERNMENT AFFAI  
 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  
 08 / 04 / 2017  
**Transaction ID : SA11A.517336**  
 Amount of Each Receipt this Period  
 2500.00  
 Memo Item  
 CONTRIBUTION

**B. 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) ATTORNEY  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 17525.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 18 / 2017  
**Transaction ID : SA11A.514828**  
 Amount of Each Receipt this Period  
 2500.00  
 Memo Item  
 CONTRIBUTION

**C. 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) ATTORNEY  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 17525.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 21 / 2017  
**Transaction ID : SA11A.515716**  
 Amount of Each Receipt this Period  
 10000.00  
 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 159 OF 997
	<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. 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) ATTORNEY  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 17525.00

Date of Receipt 09 / 02 / 2017  
**Transaction ID : SA11A.519858**  
Amount of Each Receipt this Period 25.00  
 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 ▼ 500.00

Date of Receipt 07 / 25 / 2017  
**Transaction ID : SA11A.515902**  
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 ▼ 500.00

Date of Receipt 08 / 25 / 2017  
**Transaction ID : SA11A.518572**  
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 160 OF 997
	(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. 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
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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
09	/	25	/	2017

**Transaction ID : SA11A.521982**

Amount of Each Receipt this Period  
50.00

Memo Item  
CONTRIBUTION

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

Mailing Address P.O. BOX 22

City CAMPBELLTOWN	State PA	Zip Code 17010-0022
----------------------	-------------	------------------------

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 ▼  
3500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	30	/	2017

**Transaction ID : SA11A.517000**

Amount of Each Receipt this Period  
500.00

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 ▼  
600.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	07	/	2017

**Transaction ID : SA11A.517361**

Amount of Each Receipt this Period  
500.00

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 161 OF 997
<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. DAMAGHI, NADER, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 10 SHORE DRIVE

City KINGS POINT	State NY	Zip Code 11024-1218
---------------------	-------------	------------------------

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

Name of Employer (for Individual) FIRST QUALITY	Occupation (for Individual) EXECUTIVE
--	--

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
07	/	13	/	2017

**Transaction ID : SA11A.514497**

Amount of Each Receipt this Period  
20000.00

Memo Item  
CONTRIBUTION

**B. DAMBLY, MARK, H., MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 354 DARLINGTON ROAD

City MEDIA	State PA	Zip Code 19063-5504
---------------	-------------	------------------------

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

Name of Employer (for Individual) PENNROSE PROPERTIES LLC	Occupation (for Individual) CHAIRMAN
--	---

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
09	/	21	/	2017

**Transaction ID : SA11A.521616**

Amount of Each Receipt this Period  
1250.00

Memo Item  
CONTRIBUTION

**C. DANKER, JACQUELINE, L., ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 700 ARGYLL RD

City FAYETTEVILLE	State NC	Zip Code 28303-5175
----------------------	-------------	------------------------

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

Name of Employer (for Individual) SELF EMPLOYED	Occupation (for Individual) BUSINESS 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
09	/	21	/	2017

**Transaction ID : SA11A.521620**

Amount of Each Receipt this Period  
1000.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	22250.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (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 997
	<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. 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 ▼ 60000.00

Date of Receipt 07 / 11 / 2017  
**Transaction ID : SA11A.514432**  
Amount of Each Receipt this Period 10000.00  
 Memo Item CONTRIBUTION

**B. DANTCHIK, ARTHUR, , MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 401 E CITY AVE STE 220  
City BALA CYNWYD State PA Zip Code 19004-1117  
FEC ID number of contributing federal political committee. **C**  
Name of Employer (for Individual) SUSQUEHANNA INTERNATIONAL GROUP Occupation (for Individual) MANAGING DIRECTOR  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 8333.33

Date of Receipt 09 / 13 / 2017  
**Transaction ID : SA11A.520334**  
Amount of Each Receipt this Period 8333.33  
 Memo Item CONTRIBUTION

**C. 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 ▼ 243.00

Date of Receipt 07 / 27 / 2017  
**Transaction ID : SA11A.516212**  
Amount of Each Receipt this Period 27.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....▶ 18360.33  
**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE A (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 997
	<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. 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 ▼  
243.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	27	/	2017

**Transaction ID : SA11A.518665**

Amount of Each Receipt this Period  
27.00

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 ▼  
243.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	27	/	2017

**Transaction ID : SA11A.522339**

Amount of Each Receipt this Period  
27.00

Memo Item CONTRIBUTION

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

Mailing Address 1000 PALM WAY

City NORTH PALM BEACH	State FL	Zip Code 33408-2929
--------------------------	-------------	------------------------

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
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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
08	/	31	/	2017

**Transaction ID : SA11A.519213**

Amount of Each Receipt this Period  
5000.00

Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	5054.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 164 OF 997
	<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. DAVIS, ASHLEY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 600 NEW HAMPSHIRE AVE NW THE WATER  
 City WASHINGTON State DC Zip Code 20037-2403  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WEST FRONT STRATEGIES Occupation (for Individual) LOBBYIST  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 09 / 25 / 2017  
**Transaction ID : SA11A.521937**  
 Amount of Each Receipt this Period 2500.00  
 Memo Item  
**CONTRIBUTION**

**B. DAVIS, JAYNE, T., MRS.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2798 E HARD ROCK RD  
 City BOISE State ID Zip Code 83712-5008  
 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 09 / 13 / 2017  
**Transaction ID : SA11A.520339**  
 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 AVENUE NW SUITE 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 ▼ 12500.00

Date of Receipt 07 / 10 / 2017  
**Transaction ID : SA11A.514225**  
 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 165 OF 997
	<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. DAVIS, STEVE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5823 W. MARQUETTE DR.  
 City DENVER State CO Zip Code 80235-3162  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CITY OF DENVER Occupation (for Individual) AIRPORT MANAGER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 07 / 19 / 2017  
**Transaction ID : SA11A.515412**  
 Amount of Each Receipt this Period 50.00  
 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  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 07 / 19 / 2017  
**Transaction ID : SA11A.515408**  
 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 ▼ 225.00

Date of Receipt 08 / 19 / 2017  
**Transaction ID : SA11A.518296**  
 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 166 OF 997
<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. 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. <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>225.00</b>

Date of Receipt  
**09 / 19 / 2017**  
**Transaction ID : SA11A.521493**

Amount of Each Receipt this Period  
**25.00**

Memo Item CONTRIBUTION

**B. DE LA PAZ, BRENT, , MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 16414 SAN PEDRO AVE STE 960

City SAN ANTONIO	State TX	Zip Code 78232-2686
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer (for Individual) THE LAW OFFICE OF BRENT DE LA PAZ		Occupation (for Individual) ATTORNEY
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <b>25000.00</b>

Date of Receipt  
**07 / 27 / 2017**  
**Transaction ID : SA11A.515958**

Amount of Each Receipt this Period  
**25000.00**

Memo Item CONTRIBUTION

**C. DEATON, CHAD, , MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 5520 LYNBROOK DR.

City HOUSTON	State TX	Zip Code 77056-2009
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>5000.00</b>

Date of Receipt  
**08 / 28 / 2017**  
**Transaction ID : SA11A.518536**

Amount of Each Receipt this Period  
**5000.00**

Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>30025.00</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 167 OF 997
	<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. DEATON, ELIZABETH, , MRS.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5520 LYNBROOK DR

City HOUSTON	State TX	Zip Code 77056-2009
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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
08	/	28	/	2017

**Transaction ID : SA11A.518538**

Amount of Each Receipt this Period  
5000.00

Memo Item  
CONTRIBUTION

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

Mailing Address 231 GOLF VIEW RD

City ARDMORE	State PA	Zip Code 19003-1019
-----------------	-------------	------------------------

FEC ID number of contributing 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
09	/	30	/	2017

**Transaction ID : SA11A.522710**

Amount of Each Receipt this Period  
5000.00

Memo Item  
CONTRIBUTION

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

Mailing Address 550 N STATE PARKWAY  
1A

City CHICAGO	State IL	Zip Code 60654-4815
-----------------	-------------	------------------------

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

Name of Employer (for Individual) BOOTSTRAP CAPITAL	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
09	/	11	/	2017

**Transaction ID : SA11A.520834**

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 168 OF 997
	<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 ▼  
350.00

Date of Receipt  
MM / DD / YYYY  
07 / 22 / 2017

**Transaction ID : SA11A.515835**

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 ▼  
350.00

Date of Receipt  
MM / DD / YYYY  
08 / 22 / 2017

**Transaction ID : SA11A.518407**

Amount of Each Receipt this Period  
50.00

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 ▼  
350.00

Date of Receipt  
MM / DD / YYYY  
09 / 22 / 2017

**Transaction ID : SA11A.521910**

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 169 OF 997
	<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. DEBOI, ZACHARY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3151 E LAKELAND LN  
 City EAGLE State ID Zip Code 83616-6269  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) PACIFIC COMPANIES Occupation (for Individual) CFO  
 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  
 08 / 31 / 2017  
**Transaction ID : SA11A.519218**  
 Amount of Each Receipt this Period  
 1000.00  
 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 ▼ 1190.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 27 / 2017  
**Transaction ID : SA11A.516211**  
 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 ▼ 1190.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 27 / 2017  
**Transaction ID : SA11A.518707**  
 Amount of Each Receipt this Period  
 110.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1220.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (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 997
	<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. 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 ▼ 1190.00

Date of Receipt 09 / 27 / 2017  
**Transaction ID : SA11A.522381**  
 Amount of Each Receipt this Period 110.00  
 Memo Item CONTRIBUTION

**B. DEL VALLE, GILBERTO, E., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 170 REINA ISABEL ST VILLA DE TORRI  
 City GUAYNABO State PR Zip Code 00969-3285  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) EMPRESAS FONALLEDAS Occupation (for Individual) CPA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5400.00

Date of Receipt 09 / 18 / 2017  
**Transaction ID : SA11A.520694**  
 Amount of Each Receipt this Period 5400.00  
 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 ▼ 450.00

Date of Receipt 07 / 31 / 2017  
**Transaction ID : SA11A.516938**  
 Amount of Each Receipt this Period 50.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 5560.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 171 OF 997
	<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. 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
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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
08		31		2017

**Transaction ID : SA11A.519639**

Amount of Each Receipt this Period  
50.00

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 ▼  
450.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2017

**Transaction ID : SA11A.522986**

Amount of Each Receipt this Period  
50.00

Memo Item  
CONTRIBUTION

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

Mailing Address 609 SCARLET OAK COURT

City APPLETON	State WI	Zip Code 54915-4512
------------------	-------------	------------------------

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

Name of Employer (for Individual) INTERNATIONAL PAPER	Occupation (for Individual) PROJECT MANAGER
--	--

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
07		24		2017

**Transaction ID : SA11A.515768**

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 172 OF 997
	<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. DELUCA, PETER, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 609 SCARLET OAK COURT

City APPLETON	State WI	Zip Code 54915-4512
------------------	-------------	------------------------

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

Name of Employer (for Individual) INTERNATIONAL PAPER	Occupation (for Individual) PROJECT MANAGER
--	--

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
08		24		2017

**Transaction ID : SA11A.518521**

Amount of Each Receipt this Period  
50.00

Memo Item  
CONTRIBUTION

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

Mailing Address 609 SCARLET OAK COURT

City APPLETON	State WI	Zip Code 54915-4512
------------------	-------------	------------------------

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

Name of Employer (for Individual) INTERNATIONAL PAPER	Occupation (for Individual) PROJECT MANAGER
--	--

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
09		24		2017

**Transaction ID : SA11A.522006**

Amount of Each Receipt this Period  
50.00

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 ▼  
225.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		21		2017

**Transaction ID : SA11A.515741**

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 173 OF 997
	<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  
**DEMETRIUS, JOHN, , ,**

Mailing Address **39 WEINMANN BLVD.**

City <b>WAYNE</b>	State <b>NJ</b>	Zip Code <b>07470-2821</b>
----------------------	--------------------	-------------------------------

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

Name of Employer (for Individual) <b>BUCHBINDER TUNICK &amp; COMPANY LLP</b>	Occupation (for Individual) <b>CPA</b>
---	---

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**225.00**

Date of Receipt  
**08 / 21 / 2017**

**Transaction ID : SA11A.518240**

Amount of Each Receipt this Period  
**25.00**

Memo Item  
**CONTRIBUTION**

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

Mailing Address **39 WEINMANN BLVD.**

City <b>WAYNE</b>	State <b>NJ</b>	Zip Code <b>07470-2821</b>
----------------------	--------------------	-------------------------------

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

Name of Employer (for Individual) <b>BUCHBINDER TUNICK &amp; COMPANY LLP</b>	Occupation (for Individual) <b>CPA</b>
---	---

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**225.00**

Date of Receipt  
**09 / 21 / 2017**

**Transaction ID : SA11A.521820**

Amount of Each Receipt this Period  
**25.00**

Memo Item  
**CONTRIBUTION**

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**DEMOPULOS, GREGORY, A., DR.,**

Mailing Address **4845 FOREST AVE SE**

City <b>MERCER ISLAND</b>	State <b>WA</b>	Zip Code <b>98040-4601</b>
------------------------------	--------------------	-------------------------------

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

Name of Employer (for Individual) <b>OMEROS CORP</b>	Occupation (for Individual) <b>PHYSICIAN</b>
---	---

Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼  
**50000.00**

Date of Receipt  
**08 / 31 / 2017**

**Transaction ID : SA11A.519219**

Amount of Each Receipt this Period  
**50000.00**

Memo Item  
**CONTRIBUTION**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>50050.00</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 174 OF 997
	<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 ▼ 225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 28 / 2017  
**Transaction ID : SA11A.516694**  
 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 ▼ 225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 28 / 2017  
**Transaction ID : SA11A.518636**  
 Amount of Each Receipt this Period  
 25.00  
 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 ▼ 225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 28 / 2017  
**Transaction ID : SA11A.522457**  
 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 175 OF 997
	<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. DEPAUL, PETER, , MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 409 STENTON AVE

City FLOURTOWN	State PA	Zip Code 19031-1327
-------------------	-------------	------------------------

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

Name of Employer (for Individual) DEPAUL GROUP	Occupation (for Individual) OWNER
---	--------------------------------------

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
09		29		2017

**Transaction ID : SA11A.522510**

Amount of Each Receipt this Period  
1000.00

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 ▼  
225.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		14		2017

**Transaction ID : SA11A.514662**

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 ▼  
225.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		14		2017

**Transaction ID : SA11A.517861**

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 176 OF 997
	<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. 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 ▼ 225.00

Date of Receipt **09 / 14 / 2017**  
**Transaction ID : SA11A.520924**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**B. DEVANEY, C. WILLIAM, , MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2909 ROSEFIELD DRIVE  
 City HOUSTON State TX Zip Code 77080-2607  
 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 **08 / 01 / 2017**  
**Transaction ID : SA11A.516805**  
 Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION

**C. DEVANEY, JOSEPH, F., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2 CANDLEWYCK CT  
 City NEW HOPE State PA Zip Code 18938-9312  
 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 **07 / 27 / 2017**  
**Transaction ID : SA11A.515968**  
 Amount of Each Receipt this Period 2500.00  
 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 177 OF 997
	<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. DEVRIS, 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 ▼  
900.00

Date of Receipt  
MM / DD / YYYY  
07 / 01 / 2017

**Transaction ID : SA11A.513974**

Amount of Each Receipt this Period  
100.00

Memo Item CONTRIBUTION

**B. DEVRIS, 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 ▼  
900.00

Date of Receipt  
MM / DD / YYYY  
08 / 01 / 2017

**Transaction ID : SA11A.517195**

Amount of Each Receipt this Period  
100.00

Memo Item CONTRIBUTION

**C. DEVRIS, 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 ▼  
900.00

Date of Receipt  
MM / DD / YYYY  
09 / 01 / 2017

**Transaction ID : SA11A.519785**

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 178 OF 997
	<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 ▼ 400.00

Date of Receipt  
 08 / 02 / 2017  
**Transaction ID : SA11A.517131**  
 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 ▼ 400.00

Date of Receipt  
 08 / 21 / 2017  
**Transaction ID : SA11A.518248**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item CONTRIBUTION

**C. 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 ▼ 400.00

Date of Receipt  
 08 / 31 / 2017  
**Transaction ID : SA11A.519202**  
 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 179 OF 997
	<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. DEWITT, ROBERT, E., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 22 GAIL RD  
 City WESTON State MA Zip Code 02493-2269  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GID Occupation (for Individual) REAL ESTATE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5400.00

Date of Receipt 08 / 28 / 2017  
**Transaction ID : SA11A.518539**  
 Amount of Each Receipt this Period 5400.00  
 Memo Item  
**CONTRIBUTION**

**B. DEXTER, EARLENE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4070 TURNER LANE 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 ▼ 225.00

Date of Receipt 07 / 01 / 2017  
**Transaction ID : SA11A.513944**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
**CONTRIBUTION**

**C. DEXTER, EARLENE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4070 TURNER LANE 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 ▼ 225.00

Date of Receipt 08 / 01 / 2017  
**Transaction ID : SA11A.517174**  
 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 180 OF 997
	<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. DEXTER, EARLENE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4070 TURNER LANE 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 ▼ 225.00

Date of Receipt 09 / 01 / 2017  
**Transaction ID : SA11A.519759**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**B. DIEHL, TOM, , MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 560 WI DELLS PKWY  
 City WISCONSIN DELLS State WI Zip Code 53965-8444  
 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 09 / 29 / 2017  
**Transaction ID : SA11A.522297**  
 Amount of Each Receipt this Period 2500.00  
 Memo Item CONTRIBUTION

**C. DILL, JOYCE, S., MS.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3725 W CENTER STREET  
 City CINCINNATI State OH Zip Code 45227-4446  
 FEC ID number of contributing 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 08 / 18 / 2017  
**Transaction ID : SA11A.518044**  
 Amount of Each Receipt this Period 500.00  
 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 181 OF 997
	<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. DINKEL, JOHN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7474 E CLUBHOUSE DR. #4  
 City SCOTTSDALE State AZ Zip Code 85266-1582  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) VALIC Occupation (for Individual) FINANCIAL PLANNER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt **07 / 16 / 2017**  
**Transaction ID : SA11A.514927**  
 Amount of Each Receipt this Period 30.00  
 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) RETIRED Occupation (for Individual) LAWYER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **07 / 28 / 2017**  
**Transaction ID : SA11A.516304**  
 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) PA HEART & VASCULAR GROUP Occupation (for Individual) NURSE CLINICIAN  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt **07 / 20 / 2017**  
**Transaction ID : SA11A.515696**  
 Amount of Each Receipt this Period 25.00  
 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 182 OF 997
	<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) PA HEART & VASCULAR GROUP	Occupation (for Individual) NURSE CLINICIAN
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  
MM / DD / YYYY  
08 / 20 / 2017

**Transaction ID : SA11A.518266**

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) PA HEART & VASCULAR GROUP	Occupation (for Individual) NURSE CLINICIAN
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  
MM / DD / YYYY  
09 / 20 / 2017

**Transaction ID : SA11A.521723**

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

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

Mailing Address 112 GOOD HAWK LANE

City LANDENBERG	State PA	Zip Code 19350-9129
--------------------	-------------	------------------------

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  
MM / DD / YYYY  
07 / 20 / 2017

**Transaction ID : SA11A.515104**

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: (check only one)	PAGE 183 OF 997
	<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. DODD, GEORGE, T., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 828 PEROLLA DR.  
 City FORT WAYNE State IN Zip Code 46845-4506  
 FEC ID number of contributing 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 **07 / 08 / 2017**  
**Transaction ID : SA11A.514410**  
 Amount of Each Receipt this Period 30.00  
 Memo Item CONTRIBUTION

**B. DODD, GEORGE, T., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 828 PEROLLA DR.  
 City FORT WAYNE State IN Zip Code 46845-4506  
 FEC ID number of contributing 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 **08 / 08 / 2017**  
**Transaction ID : SA11A.517661**  
 Amount of Each Receipt this Period 30.00  
 Memo Item CONTRIBUTION

**C. DODSWORTH, RACHEL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3421 WILLOW OAK RD  
 City CHARLOTTE State NC Zip Code 28209-1523  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) ADSWORTH MEDIA Occupation (for Individual) CEO  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **09 / 29 / 2017**  
**Transaction ID : SA11A.522299**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....▶ 1060.00  
**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE A (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 997
	<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. DONAHUE, RHODORA, J., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1001 LIBERTY AVE  
 STE 850  
 City PITTSBURGH State PA Zip Code 15222-3718  
 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 ▼ 5000.00

Date of Receipt 07 / 27 / 2017  
**Transaction ID : SA11A.515949**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item CONTRIBUTION

**B. DONNELLY, THOMAS, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8846 S. SACRAMENTO AVE.  
 City EVERGREEN PARK State IL Zip Code 60805-1223  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) COOK COUNTY OF ILLINOIS Occupation (for Individual) COMPUTER PROGRAMMER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 07 / 10 / 2017  
**Transaction ID : SA11A.514370**  
 Amount of Each Receipt this Period 5.00  
 Memo Item CONTRIBUTION

**C. DONNELLY, THOMAS, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8846 S. SACRAMENTO AVE.  
 City EVERGREEN PARK State IL Zip Code 60805-1223  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) COOK COUNTY OF ILLINOIS Occupation (for Individual) COMPUTER PROGRAMMER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 09 / 05 / 2017  
**Transaction ID : SA11A.519813**  
 Amount of Each Receipt this Period 20.00  
 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: (check only one)	PAGE 185 OF 997
<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b
<input type="checkbox"/>	13	<input type="checkbox"/>	14
<input type="checkbox"/>		<input type="checkbox"/>	11c
<input type="checkbox"/>		<input type="checkbox"/>	12
<input type="checkbox"/>		<input type="checkbox"/>	15
<input type="checkbox"/>		<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>	17

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

**A. DORSEY, MARGARET, M., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7650 SE 27TH ST  
 UNIT 629  
 City MERCER ISLAND State WA Zip Code 98040-3069  
 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 ▼  
 1500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 31 / 2017  
**Transaction ID : SA11A.519135**  
 Amount of Each Receipt this Period  
 1500.00  
 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) Occupation (for Individual)  
 NONE 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  
 07 / 29 / 2017  
**Transaction ID : SA11A.517076**  
 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) Occupation (for Individual)  
 NONE 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  
 08 / 29 / 2017  
**Transaction ID : SA11A.518815**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	▶	1600.00
<b>TOTAL</b> This Period (last page this line number only).....	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 186 OF 997
	<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. 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 ▼ 450.00

Date of Receipt 09 / 29 / 2017  
**Transaction ID : SA11A.522669**  
 Amount of Each Receipt this Period 50.00  
 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 ▼ 4500.00

Date of Receipt 07 / 18 / 2017  
**Transaction ID : SA11A.515060**  
 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 ▼ 4500.00

Date of Receipt 08 / 18 / 2017  
**Transaction ID : SA11A.518137**  
 Amount of Each Receipt this Period 500.00  
 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 187 OF 997
	<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. 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 ▼ 4500.00

Date of Receipt 09 / 18 / 2017  
**Transaction ID : SA11A.521234**  
Amount of Each Receipt this Period 500.00  
 Memo Item CONTRIBUTION

**B. DOWNS, RAISSA, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 1016 S CAROLINA AVENUE SE  
City WASHINGTON State DC Zip Code 20003-2146  
FEC ID number of contributing federal political committee. **C**  
Name of Employer (for Individual) TARPLIN, DOWNS & YOUNG, LLC Occupation (for Individual) CONSULTANT  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 07 / 25 / 2017  
**Transaction ID : SA11A.515755**  
Amount of Each Receipt this Period 2500.00  
 Memo Item CONTRIBUTION

**C. DREIBELBIS, GALEN, E., ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 265 BLUE COURSE DR STE C1  
City STATE COLLEGE State PA Zip Code 16803-2856  
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 07 / 27 / 2017  
**Transaction ID : SA11A.515954**  
Amount of Each Receipt this Period 2500.00  
 Memo Item CONTRIBUTION

<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 188 OF 997
	<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. 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) GLOBAL-COMM PARTNERS Occupation (for Individual) ENERGY POLICY ANALYST  
 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  
 07 / 30 / 2017  
**Transaction ID : SA11A.517033**  
 Amount of Each Receipt this Period  
 50.00  
 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) GLOBAL-COMM PARTNERS Occupation (for Individual) ENERGY POLICY ANALYST  
 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  
 08 / 30 / 2017  
**Transaction ID : SA11A.518998**  
 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) GLOBAL-COMM PARTNERS Occupation (for Individual) ENERGY POLICY ANALYST  
 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  
 09 / 30 / 2017  
**Transaction ID : SA11A.523017**  
 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 189 OF 997
	<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	<input type="checkbox"/> 17

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

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

Mailing Address 1866 MOUNTAIN TOP ROAD

City BRIDGEWATER	State NJ	Zip Code 08807-2318
---------------------	-------------	------------------------

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

Name of Employer (for Individual) JOHNSON & JOHNSON	Occupation (for Individual) WORLDWIDE CHAIR, PHARMACEUTI
--	---

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
07		24		2017

**Transaction ID : SA11A.515758**

Amount of Each Receipt this Period  
25000.00

Memo Item  
CONTRIBUTION

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

Mailing Address 1866 MOUNTAIN TOP ROAD

City BRIDGEWATER	State NJ	Zip Code 08807-2318
---------------------	-------------	------------------------

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

Name of Employer (for Individual) JOHNSON & JOHNSON	Occupation (for Individual) WORLDWIDE CHAIR, PHARMACEUT
--	--

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
07		25		2017

**Transaction ID : SA11A.515882**

Amount of Each Receipt this Period  
25000.00

Memo Item  
CONTRIBUTION

**C. DUBERSTEIN, KENNETH, M., ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2100 PENNSYLVANIA AVE NW STE 500

City WASHINGTON	State DC	Zip Code 20037-3204
--------------------	-------------	------------------------

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

Name of Employer (for Individual) THE DUBERSTEIN GROUP	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
09		21		2017

**Transaction ID : SA11A.521630**

Amount of Each Receipt this Period  
1000.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	51000.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (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 997
	<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. DUBOIS, GRANT, E., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 215 QUINCY LANE  
 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 ▼ 225.00

Date of Receipt 07 / 29 / 2017  
**Transaction ID : SA11A.517068**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**B. DUBOIS, GRANT, E., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 215 QUINCY LANE  
 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 ▼ 225.00

Date of Receipt 08 / 29 / 2017  
**Transaction ID : SA11A.518809**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**C. DUBOIS, GRANT, E., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 215 QUINCY LANE  
 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 ▼ 225.00

Date of Receipt 09 / 29 / 2017  
**Transaction ID : SA11A.522660**  
 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 191 OF 997
	<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. DUCK, BARBARA, J., MRS.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1374 DRIFTWOOD ACRES DR

City KERNERSVILLE	State NC	Zip Code 27284-7153
----------------------	-------------	------------------------

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

Name of Employer (for Individual) BB&T	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
09	/	18	/	2017

**Transaction ID : SA11A.520677**

Amount of Each Receipt this Period  
1000.00

Memo Item  
CONTRIBUTION

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

Mailing Address 10875 SYMPHONY PARK DRIVE

City NORTH BETHESDA	State MD	Zip Code 20852-3486
------------------------	-------------	------------------------

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

Name of Employer (for Individual) US POSTAL SERVICE	Occupation (for Individual) ATTORNEY
--	---

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
07	/	22	/	2017

**Transaction ID : SA11A.515830**

Amount of Each Receipt this Period  
250.00

Memo Item  
CONTRIBUTION

**C. DUFF, MICHAEL, A., ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 17 INDIANA AVE

City READING	State PA	Zip Code 19608-9783
-----------------	-------------	------------------------

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

Name of Employer (for Individual) PENSKE TRUCK LEASING CO	Occupation (for Individual) ATTORNEY
--	---

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
09	/	21	/	2017

**Transaction ID : SA11A.521624**

Amount of Each Receipt this Period  
1500.00

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 192 OF 997
	<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. 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 ▼  
225.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	17	/	2017

**Transaction ID : SA11A.514848**

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 ▼  
225.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	17	/	2017

**Transaction ID : SA11A.518077**

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 ▼  
225.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	17	/	2017

**Transaction ID : SA11A.521271**

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 193 OF 997
<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. DUNN, ERIC, L., MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 11691 PETTIT STREET

City MORENO VALLEY	State CA	Zip Code 92555-5304
-----------------------	-------------	------------------------

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

Name of Employer (for Individual) ALESHIRE & WYNDER LLP	Occupation (for Individual) ATTORNEY
--	---

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
09	/	19	/	2017

**Transaction ID : SA11A.521099**

Amount of Each Receipt this Period  
250.00

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 ▼  
230.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	24	/	2017

**Transaction ID : SA11A.515769**

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 ▼  
230.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	24	/	2017

**Transaction ID : SA11A.518520**

Amount of Each Receipt this Period  
20.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	290.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (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 997
	<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. 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 ▼ 230.00

Date of Receipt 09 / 24 / 2017  
**Transaction ID : SA11A.522010**  
 Amount of Each Receipt this Period 20.00  
 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 ▼ 225.00

Date of Receipt 07 / 28 / 2017  
**Transaction ID : SA11A.516672**  
 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 ▼ 225.00

Date of Receipt 08 / 28 / 2017  
**Transaction ID : SA11A.518652**  
 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: (check only one)	PAGE 195 OF 997
	<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. 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 ▼  
225.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	28	/	2017

**Transaction ID : SA11A.522456**

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 ▼  
500.00

Date of Receipt  

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

**Transaction ID : SA11A.514363**

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 ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	21	/	2017

**Transaction ID : SA11A.515744**

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 196 OF 997
	<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. 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 ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		10		2017

**Transaction ID : SA11A.517780**

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 ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		21		2017

**Transaction ID : SA11A.518239**

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 ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		10		2017

**Transaction ID : SA11A.520841**

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 197 OF 997
	<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. 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 ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		21		2017

**Transaction ID : SA11A.521829**

Amount of Each Receipt this Period  
25.00

Memo Item CONTRIBUTION

**B. EBSWORTH, BARNEY, A., MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4053 HUNTS POINT RD

City BELLEVUE	State WA	Zip Code 98004-1109
------------------	-------------	------------------------

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

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

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
08		09		2017

**Transaction ID : SA11A.517609**

Amount of Each Receipt this Period  
10000.00

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 ▼  
225.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		19		2017

**Transaction ID : SA11A.515398**

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 198 OF 997
	<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. 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 ▼ 225.00

Date of Receipt 08 / 19 / 2017  
**Transaction ID : SA11A.518281**  
 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 ▼ 225.00

Date of Receipt 09 / 19 / 2017  
**Transaction ID : SA11A.521481**  
 Amount of Each Receipt this Period 25.00  
 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 CANTON 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 ▼ 850.00

Date of Receipt 07 / 27 / 2017  
**Transaction ID : SA11A.516177**  
 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 199 OF 997
	<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. EICHENBAUM, SUMIE, Y., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5060 GOVERNORS WALK DR.  
 City CANTON 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 ▼ 850.00

Date of Receipt **07 / 31 / 2017**  
**Transaction ID : SA11A.516928**  
 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 CANTON 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 ▼ 850.00

Date of Receipt **08 / 27 / 2017**  
**Transaction ID : SA11A.518682**  
 Amount of Each Receipt this Period 50.00  
 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 CANTON 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 ▼ 850.00

Date of Receipt **08 / 31 / 2017**  
**Transaction ID : SA11A.519628**  
 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 200 OF 997
	<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. EICHENBAUM, SUMIE, Y., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5060 GOVERNORS WALK DR.  
 City CANTON 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 ▼ 850.00

Date of Receipt 09 / 27 / 2017  
**Transaction ID : SA11A.522363**  
 Amount of Each Receipt this Period 50.00  
 Memo Item CONTRIBUTION

**B. EIGUREN, ROY, L., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO BOX 1068  
 City BOISE State ID Zip Code 83701-1068  
 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 09 / 13 / 2017  
**Transaction ID : SA11A.520350**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item CONTRIBUTION

**C. EISENHOWER, LELAND, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1806 WINTER CAMP TRAIL  
 City HEDGESVILLE State WV Zip Code 25427-1416  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) LOUIS BERGER Occupation (for Individual) CONSTRUCTION MANAGER  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt 07 / 20 / 2017  
**Transaction ID : SA11A.515694**  
 Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1150.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 201 OF 997
	(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. 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 ▼  
450.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		22		2017

**Transaction ID : SA11A.515832**

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 ▼  
450.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		22		2017

**Transaction ID : SA11A.518402**

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 ▼  
450.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		22		2017

**Transaction ID : SA11A.521904**

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 202 OF 997
	<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. 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 ▼  
450.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		30		2017

**Transaction ID : SA11A.517029**

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 ▼  
450.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		30		2017

**Transaction ID : SA11A.518997**

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 ▼  
450.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2017

**Transaction ID : SA11A.522979**

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 203 OF 997
	<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. ELLIOTT,, DONALD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 101 CASTLE GARDENS DR.  
 City SAN ANTONIO State TX Zip Code 78213-1856  
 FEC ID number of contributing 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 07 / 15 / 2017  
**Transaction ID : SA11A.514944**  
 Amount of Each Receipt this Period 50.00  
 Memo Item CONTRIBUTION

**B. ELLSWORTH, LAURA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 500 GRANT ST 45TH FLOOR  
 City PITTSBURGH State PA Zip Code 15219-2502  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) JONES DAY Occupation (for Individual) ATTORNEY  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 10000.00

Date of Receipt 07 / 27 / 2017  
**Transaction ID : SA11A.515953**  
 Amount of Each Receipt this Period 10000.00  
 Memo Item CONTRIBUTION

**C. ELMORE, MARSHA, , MS.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1005 FM 1340  
 City HUNT State TX Zip Code 78024-3027  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) O/D OF WALDEMAR  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt 07 / 20 / 2017  
**Transaction ID : SA11A.515693**  
 Amount of Each Receipt this Period 100.00  
 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 204 OF 997
	<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. ELMORE, MARSHA, , MS.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 1005 FM 1340

City HUNT	State TX	Zip Code 78024-3027
--------------	-------------	------------------------

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

Name of Employer (for Individual) SELF EMPLOYED	Occupation (for Individual) O/D OF WALDEMAR
--	--

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
08		20		2017

**Transaction ID : SA11A.518262**

Amount of Each Receipt this Period  
100.00

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, INC.	Occupation (for Individual) CONTRACT ADMINISTRATOR
---	---

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
08		01		2017

**Transaction ID : SA11A.516808**

Amount of Each Receipt this Period  
100.00

Memo Item CONTRIBUTION

**C. 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, INC.	Occupation (for Individual) CONTRACT ADMINISTRATOR
---	---

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
09		29		2017

**Transaction ID : SA11A.522583**

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 205 OF 997
	<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. ELTRICH, MARTIN, C., MR, III**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 25 STONE PADDOCK PL  
 City BEDFORD State NY Zip Code 10506-1058  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) AEA INVESTORS LP Occupation (for Individual) PARTNER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 100000.00

Date of Receipt 07 / 24 / 2017  
**Transaction ID : SA11A.515683**  
 Amount of Each Receipt this Period 100000.00  
 Memo Item  
**CONTRIBUTION**

**B. EMMERSON, GEORGE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO BOX 496028  
 City REDDING State CA Zip Code 96049-6028  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SIERRA PACIFIC INDUSTRIES Occupation (for Individual) LUMBERMAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 75000.00

Date of Receipt 08 / 31 / 2017  
**Transaction ID : SA11A.519209**  
 Amount of Each Receipt this Period 75000.00  
 Memo Item  
**CONTRIBUTION**

**C. EMMERSON, MARK, D., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO BOX 496028  
 City REDDING State CA Zip Code 96049-6028  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SIERRA PACIFIC INDUSTRIES Occupation (for Individual) CFO  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 13700.00

Date of Receipt 08 / 31 / 2017  
**Transaction ID : SA11A.519204**  
 Amount of Each Receipt this Period 10000.00  
 Memo Item  
**CONTRIBUTION**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	185000.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 206 OF 997
	<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. ECONOMY JR., ANAS, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1205 ESANDY LAKE ROAD  
 303  
 City COPPELL State TX Zip Code 75019-7387  
 FEC ID number of contributing 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  
 07 / 27 / 2017  
**Transaction ID : SA11A.516218**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item  
 CONTRIBUTION

**B. ECONOMY JR., ANAS, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1205 ESANDY LAKE ROAD  
 303  
 City COPPELL State TX Zip Code 75019-7387  
 FEC ID number of contributing 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  
 08 / 27 / 2017  
**Transaction ID : SA11A.518711**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item  
 CONTRIBUTION

**C. ESTEY, CRAIG, , MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3051 ARABIAN RD  
 City LAS VEGAS State NV Zip Code 89107-4540  
 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 ▼ 200000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 16 / 2017  
**Transaction ID : SA11A.517976**  
 Amount of Each Receipt this Period  
 200000.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	200100.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 207 OF 997
	<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. 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 ▼  
244.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		07		2017

**Transaction ID : SA11A.517365**

Amount of Each Receipt this Period  
53.00

Memo Item  
CONTRIBUTION

**B. 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 ▼  
244.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		19		2017

**Transaction ID : SA11A.521047**

Amount of Each Receipt this Period  
53.00

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 ▼  
900.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		18		2017

**Transaction ID : SA11A.515073**

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	206.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (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 997
	<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. 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 ▼ 900.00

Date of Receipt 08 / 18 / 2017  
**Transaction ID : SA11A.518149**  
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 ▼ 900.00

Date of Receipt 09 / 18 / 2017  
**Transaction ID : SA11A.521245**  
Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION

**C. EVERIST, BARBARA, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 709 TOMAR RD.  
City SIOUX FALLS State SD Zip Code 57105-7053  
FEC ID number of contributing 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 07 / 22 / 2017  
**Transaction ID : SA11A.515854**  
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 209 OF 997
	<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. EVERIST, BARBARA, , ,</b>		Date of Receipt MM / DD / YYYY 08 / 22 / 2017 <b>Transaction ID : SA11A.518400</b>
Mailing Address 709 TOMAR RD.		Amount of Each Receipt this Period 50.00
City SIOUX FALLS	State SD	Zip Code 57105-7053
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 ▼ 450.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. EVERIST, BARBARA, , ,</b>		Date of Receipt MM / DD / YYYY 09 / 22 / 2017 <b>Transaction ID : SA11A.521903</b>
Mailing Address 709 TOMAR RD.		Amount of Each Receipt this Period 50.00
City SIOUX FALLS	State SD	Zip Code 57105-7053
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 ▼ 450.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. FABRICANT, DANIEL, , MR.,</b>		Date of Receipt MM / DD / YYYY 09 / 07 / 2017 <b>Transaction ID : SA11A.519909</b>
Mailing Address 625 POTOMAC RIVER RD		Amount of Each Receipt this Period 2500.00
City MC LEAN	State VA	Zip Code 22102-1402
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item CONTRIBUTION
Name of Employer (for Individual) NATURAL PRODUCTS ASSOCIATION	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).....▶	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 210 OF 997
	<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. FAIRBANKS, LOREN, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1110 S 181 ST PLAZA

City OMAHA	State NE	Zip Code 68130-3727
---------------	-------------	------------------------

FEC ID number of contributing 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
08		18		2017

**Transaction ID : SA11A.518121**

Amount of Each Receipt this Period  
100.00

Memo Item CONTRIBUTION

**B. FARACI, JOHN, V., MR., JR**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 315 W CHERRY CIR

City MEMPHIS	State TN	Zip Code 38117-3015
-----------------	-------------	------------------------

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

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

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
08		28		2017

**Transaction ID : SA11A.518505**

Amount of Each Receipt this Period  
10000.00

Memo Item CONTRIBUTION

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

Mailing Address P.O. BOX 1

City VERSAILLES	State KY	Zip Code 40383-0001
--------------------	-------------	------------------------

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

Name of Employer (for Individual) SELF EMPLOYED	Occupation (for Individual) HORSE BREEDER
--	--

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
08		31		2017

**Transaction ID : SA11A.519087**

Amount of Each Receipt this Period  
10000.00

Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	20100.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (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 997
	<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. FARMER, THOMAS, BRANDON, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 804 KINGS MOUNTAIN RD

City TUSCALOOSA	State AL	Zip Code 35406-2733
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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
07		13		2017

**Transaction ID : SA11A.514505**

Amount of Each Receipt this Period  
5000.00

Memo Item  
CONTRIBUTION

**B. FARR, KYM, , MRS.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 2215 AUGUSTA DR.

City CENTER VALLEY	State PA	Zip Code 18034-8908
-----------------------	-------------	------------------------

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 ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		21		2017

**Transaction ID : SA11A.521651**

Amount of Each Receipt this Period  
500.00

Memo Item  
CONTRIBUTION

**C. FARR, PAUL, A., MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 2215 AUGUSTA DR.

City CENTER VALLEY	State PA	Zip Code 18034-8908
-----------------------	-------------	------------------------

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 ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		21		2017

**Transaction ID : SA11A.521650**

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 212 OF 997
	<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. FARRELL, LEE ANN, , MS.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 17786 DES MOINES MEMORIAL DR

City SEATTLE	State WA	Zip Code 98148-2794
-----------------	-------------	------------------------

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 ▼  
10000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	28	/	2017

**Transaction ID : SA11A.518495**

Amount of Each Receipt this Period  
10000.00

Memo Item  
CONTRIBUTION

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

Mailing Address 6115 TERRYHILL DR

City LA JOLLA	State CA	Zip Code 92037-6837
------------------	-------------	------------------------

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
09	/	13	/	2017

**Transaction ID : SA11A.520353**

Amount of Each Receipt this Period  
1000.00

Memo Item  
CONTRIBUTION

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

Mailing Address 958 BROWNSTONE TRACE

City CARMEL	State IN	Zip Code 46032-4673
----------------	-------------	------------------------

FEC ID number of contributing 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
07	/	07	/	2017

**Transaction ID : SA11A.514309**

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	11100.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (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 997
	<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. FAULKNER, ROBERT, F., MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 3800 FRY AVENUE

City TYLER	State TX	Zip Code 75701-9621
---------------	-------------	------------------------

FEC ID number of contributing 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
08		15		2017

**Transaction ID : SA11A.517847**

Amount of Each Receipt this Period  
200.00

Memo Item CONTRIBUTION

**B. FAULKNER, ROBERT, F., MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 3800 FRY AVENUE

City TYLER	State TX	Zip Code 75701-9621
---------------	-------------	------------------------

FEC ID number of contributing 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
09		19		2017

**Transaction ID : SA11A.521100**

Amount of Each Receipt this Period  
250.00

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 ▼  
225.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		30		2017

**Transaction ID : SA11A.516994**

Amount of Each Receipt this Period  
25.00

Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	475.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (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 997
	<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. 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 ▼  
225.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		30		2017

**Transaction ID : SA11A.518976**

Amount of Each Receipt this Period  
25.00

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 ▼  
225.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2017

**Transaction ID : SA11A.522959**

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

**C. FERGUSON, MICHAEL, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 7601 CHARLESTON DRIVE

City BETHESDA	State MD	Zip Code 20817-1422
------------------	-------------	------------------------

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

Name of Employer (for Individual) BAKER HOSTETLER	Occupation (for Individual) SENIOR ADVISOR
--	---

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
09		11		2017

**Transaction ID : SA11A.520826**

Amount of Each Receipt this Period  
4000.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	4050.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 215 OF 997
	<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. FERRIER, EDWARD, C., MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 24521 PEACHLAND AVENUE

City NEWHALL	State CA	Zip Code 91321-3458
-----------------	-------------	------------------------

FEC ID number of contributing 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
07		14		2017

**Transaction ID : SA11A.514545**

Amount of Each Receipt this Period  
500.00

Memo Item  
CONTRIBUTION

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

Mailing Address 725 9TH AVENUE  
1102

City SEATTLE	State WA	Zip Code 98104-2051
-----------------	-------------	------------------------

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 ▼  
11000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		28		2017

**Transaction ID : SA11A.518537**

Amount of Each Receipt this Period  
10000.00

Memo Item  
CONTRIBUTION

**C. FIELDS, JACK, M., , 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 ▼  
10000.00

Date of Receipt  

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

**Transaction ID : SA11A.514256**

Amount of Each Receipt this Period  
5000.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	15500.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (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 997
	<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. 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) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 990.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 22 / 2017  
**Transaction ID : SA11A.515849**  
 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) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 990.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 22 / 2017  
**Transaction ID : SA11A.518419**  
 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) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 990.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 22 / 2017  
**Transaction ID : SA11A.521924**  
 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 217 OF 997
	<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. FINCH, LARRY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO BOX 1548  
 City WILSON State WY Zip Code 83014-1548  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SIGMA Occupation (for Individual) VENTURE CAPITAL  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 10000.00

Date of Receipt 08 / 31 / 2017  
**Transaction ID : SA11A.519136**  
 Amount of Each Receipt this Period 10000.00  
 Memo Item CONTRIBUTION

**B. FINLEY, ROBERT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11502 HAZE TRAIL  
 City AUSTIN State TX Zip Code 78726-1821  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GREATER AUSTIN DEVELOPMENT Occupation (for Individual) CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 25000.00

Date of Receipt 07 / 11 / 2017  
**Transaction ID : SA11A.514444**  
 Amount of Each Receipt this Period 25000.00  
 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 ▼ 225.00

Date of Receipt 07 / 17 / 2017  
**Transaction ID : SA11A.514876**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	35025.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (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 997
	<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. 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 ▼ 225.00

Date of Receipt 08 / 17 / 2017  
**Transaction ID : SA11A.518102**  
 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 ▼ 225.00

Date of Receipt 09 / 17 / 2017  
**Transaction ID : SA11A.521290**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**C. FISCHER, L, RICHARD, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3606 NEWARK STREET NW  
 City WASHINGTON State DC Zip Code 20016-3180  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MORRISON & FOESTER Occupation (for Individual) ATTORNEY  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 08 / 01 / 2017  
**Transaction ID : SA11A.516790**  
 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 219 OF 997
	<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. FISCHMANN, ROBERTO, , MR.,</b>			Date of Receipt MM / DD / YYYY 09 / 13 / 2017 <b>Transaction ID : SA11A.520332</b>
Mailing Address 3003 TURNER ST			Amount of Each Receipt this Period 2500.00
City ALLENTOWN	State PA	Zip Code 18104-5331	<input type="checkbox"/> Memo Item CONTRIBUTION  REFUNDED \$2,500.00 ON 09/28/2017
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 ▼ 0.00		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. FISH, GEORGE, , ,</b>			Date of Receipt MM / DD / YYYY 07 / 16 / 2017 <b>Transaction ID : SA11A.514911</b>
Mailing Address P.O. BOX 374 1405 S. 200 W.			Amount of Each Receipt this Period 50.00
City MONA	State UT	Zip Code 84645-0374	<input type="checkbox"/> Memo Item CONTRIBUTION
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. FISH, GEORGE, , ,</b>			Date of Receipt MM / DD / YYYY 08 / 16 / 2017 <b>Transaction ID : SA11A.518009</b>
Mailing Address P.O. BOX 374 1405 S. 200 W.			Amount of Each Receipt this Period 50.00
City MONA	State UT	Zip Code 84645-0374	<input type="checkbox"/> Memo Item CONTRIBUTION
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 400.00		

<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 220 OF 997
	<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. FISHER, JOHN, B., MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 110 HILLCREST RD  
City PITTSBURGH State PA Zip Code 15238-2306  
FEC ID number of contributing federal political committee. **C**  
Name of Employer (for Individual) FEDERATED INVESTORS Occupation (for Individual) DIRECTOR  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 09 / 07 / 2017  
**Transaction ID : SA11A.519735**  
Amount of Each Receipt this Period 2000.00  
 Memo Item CONTRIBUTION

**B. FISHMAN, STEVEN, E., MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address C/O ZAC MANAGEMENT GROUP  
1617 JFK BLVD STE 545  
City PHILADELPHIA State PA Zip Code 19103-1858  
FEC ID number of contributing federal political committee. **C**  
Name of Employer (for Individual) ZAC MANAGMENT GROUP Occupation (for Individual) EXECUTIVE  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 09 / 28 / 2017  
**Transaction ID : SA11A.522216**  
Amount of Each Receipt this Period 2000.00  
 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 ▼ 225.00

Date of Receipt 07 / 25 / 2017  
**Transaction ID : SA11A.515910**  
Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....▶ 4025.00  
**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE A (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 997
	<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 ▼  
225.00

Date of Receipt  
MM / DD / YYYY  
08 / 25 / 2017

**Transaction ID : SA11A.518588**

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 ▼  
225.00

Date of Receipt  
MM / DD / YYYY  
09 / 25 / 2017

**Transaction ID : SA11A.521990**

Amount of Each Receipt this Period  
25.00

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 ▼  
300.00

Date of Receipt  
MM / DD / YYYY  
07 / 19 / 2017

**Transaction ID : SA11A.515391**

Amount of Each Receipt this Period  
75.00

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 222 OF 997
	<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. 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 ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		19		2017

**Transaction ID : SA11A.518274**

Amount of Each Receipt this Period  
75.00

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 ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		19		2017

**Transaction ID : SA11A.521479**

Amount of Each Receipt this Period  
75.00

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 ▼  
675.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		23		2017

**Transaction ID : SA11A.515821**

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 223 OF 997
	<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 ▼ 675.00

Date of Receipt 07 / 30 / 2017  
**Transaction ID : SA11A.516999**  
 Amount of Each Receipt this Period 25.00  
 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 ▼ 675.00

Date of Receipt 08 / 23 / 2017  
**Transaction ID : SA11A.518473**  
 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 ▼ 675.00

Date of Receipt 08 / 30 / 2017  
**Transaction ID : SA11A.518979**  
 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 224 OF 997
	<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. 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 ▼  
675.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		23		2017

**Transaction ID : SA11A.522055**

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 ▼  
675.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2017

**Transaction ID : SA11A.522962**

Amount of Each Receipt this Period  
25.00

Memo Item CONTRIBUTION

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

Mailing Address 212 BARROW RD

City LEXINGTON	State KY	Zip Code 40502-1910
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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 BES
---	--

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
09		28		2017

**Transaction ID : SA11A.522217**

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:	PAGE 225 OF 997
	(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. FOGG, PHILLIP, G., ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 4560 SE INTERNATIONAL WAY STE. 100

City MILWAUKIE	State OR	Zip Code 97222-4628
-------------------	-------------	------------------------

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

Name of Employer (for Individual) MARQUIS COMPANIES	Occupation (for Individual) CEO
--	------------------------------------

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
08		31		2017

**Transaction ID : SA11A.519148**

Amount of Each Receipt this Period  
50000.00

Memo Item  
CONTRIBUTION

**B. FOGG, STEVEN, C., MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 3447 BARRINGTON DR.

City WEST LINN	State OR	Zip Code 97068-3642
-------------------	-------------	------------------------

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

Name of Employer (for Individual) MARQUIS COMPANIES	Occupation (for Individual) CFO
--	------------------------------------

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
08		31		2017

**Transaction ID : SA11A.519091**

Amount of Each Receipt this Period  
2500.00

Memo Item  
CONTRIBUTION

**C. 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 ▼  
340.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		01		2017

**Transaction ID : SA11A.513997**

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	52525.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (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 997
	<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. FOLGER, WILLIAM, , ,**

Mailing Address **273 WINNERS CIR**

City <b>RED LION</b>	State <b>PA</b>	Zip Code <b>17356-8798</b>
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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 ▼  
**340.00**

Date of Receipt  
**07 / 27 / 2017**

**Transaction ID : SA11A.516181**

Amount of Each Receipt this Period  
**25.00**

Memo Item  
CONTRIBUTION

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

Mailing Address **273 WINNERS CIR**

City <b>RED LION</b>	State <b>PA</b>	Zip Code <b>17356-8798</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 ▼  
**340.00**

Date of Receipt  
**08 / 27 / 2017**

**Transaction ID : SA11A.518689**

Amount of Each Receipt this Period  
**25.00**

Memo Item  
CONTRIBUTION

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

Mailing Address **273 WINNERS CIR**

City <b>RED LION</b>	State <b>PA</b>	Zip Code <b>17356-8798</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 ▼  
**340.00**

Date of Receipt  
**09 / 27 / 2017**

**Transaction ID : SA11A.522371**

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 227 OF 997
	<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**

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

Mailing Address **273 WINNERS CIR**

City <b>RED LION</b>	State <b>PA</b>	Zip Code <b>17356-8798</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 ▼  
**340.00**

Date of Receipt  
**09 / 30 / 2017**

**Transaction ID : SA11A.522785**

Amount of Each Receipt this Period  
**20.00**

Memo Item  
CONTRIBUTION

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

Mailing Address **273 WINNERS CIR**

City <b>RED LION</b>	State <b>PA</b>	Zip Code <b>17356-8798</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 ▼  
**340.00**

Date of Receipt  
**09 / 30 / 2017**

**Transaction ID : SA11A.522786**

Amount of Each Receipt this Period  
**25.00**

Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**C. FONALLEDAS, JAIME, , MR., JR.**

Mailing Address **PO BOX 364249**

City <b>SAN JUAN</b>	State <b>PR</b>	Zip Code <b>00936-4249</b>
-------------------------	--------------------	-------------------------------

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

Name of Employer (for Individual) <b>EMPRESAS FONALLEDAS</b>	Occupation (for Individual) <b>EXECUTIVE</b>
---	---

Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼  
**10400.00**

Date of Receipt  
**09 / 18 / 2017**

**Transaction ID : SA11A.520688**

Amount of Each Receipt this Period  
**10400.00**

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>10445.00</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 228 OF 997
	<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. FONTEYNE, PAUL, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4 DEEPWOOD LANE

City WESTPORT	State CT	Zip Code 06880-1317
------------------	-------------	------------------------

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

Name of Employer (for Individual) BOEHRINGER INGELHEIM	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
07		20		2017

**Transaction ID : SA11A.515383**

Amount of Each Receipt this Period  
5000.00

Memo Item  
CONTRIBUTION

**B. FORCHT, TERRY, E., MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 500 SCENIC VIEW DR.

City CORBIN	State KY	Zip Code 40701-2150
----------------	-------------	------------------------

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

Name of Employer (for Individual) FORCHT GROUP OF KY	Occupation (for Individual) EXECUTIVE
---	--

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
09		18		2017

**Transaction ID : SA11A.520668**

Amount of Each Receipt this Period  
20000.00

Memo Item  
CONTRIBUTION

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

Mailing Address PO BOX 1088

City ROSEBURG	State OR	Zip Code 97470-0252
------------------	-------------	------------------------

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

Name of Employer (for Individual) ROSEBURG FOREST PRODUCTS	Occupation (for Individual) BUSINESS MANAGER
---	---

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
08		31		2017

**Transaction ID : SA11A.519155**

Amount of Each Receipt this Period  
10000.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	35000.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (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 997
	<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. FORD, DICK, , ,</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 07 / 30 / 2017
Mailing Address 16 DOVERTON DRIVE			<b>Transaction ID : SA11A.517007</b>
City GREENWICH	State CT	Zip Code 06831-3318	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) NONE		Occupation (for Individual) RETIRED	
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. FORD, DICK, , ,</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 08 / 30 / 2017
Mailing Address 16 DOVERTON DRIVE			<b>Transaction ID : SA11A.519016</b>
City GREENWICH	State CT	Zip Code 06831-3318	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) NONE		Occupation (for Individual) RETIRED	
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>C. FORD, DICK, , ,</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 30 / 2017
Mailing Address 16 DOVERTON DRIVE			<b>Transaction ID : SA11A.523015</b>
City GREENWICH	State CT	Zip Code 06831-3318	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) NONE		Occupation (for Individual) RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 900.00		

<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: (check only one)	PAGE 230 OF 997
	<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. 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
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FEC ID number of contributing 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  
MM / DD / YYYY  
07 / 19 / 2017

**Transaction ID : SA11A.515419**

Amount of Each Receipt this Period  
25.00

Memo Item CONTRIBUTION

**B. 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 ▼  
225.00

Date of Receipt  
MM / DD / YYYY  
08 / 19 / 2017

**Transaction ID : SA11A.518289**

Amount of Each Receipt this Period  
25.00

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 ▼  
225.00

Date of Receipt  
MM / DD / YYYY  
09 / 19 / 2017

**Transaction ID : SA11A.521491**

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 231 OF 997
	<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. FORREST, JAMES, CLIFFORD, , III**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3 COLBERT LANE

City PITTSBURGH	State PA	Zip Code 15215-1509
--------------------	-------------	------------------------

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

Name of Employer (for Individual) ROSEBUD MINING CO.	Occupation (for Individual) OWNER
---	--------------------------------------

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
07		10		2017

**Transaction ID : SA11A.514263**

Amount of Each Receipt this Period  
10000.00

Memo Item  
CONTRIBUTION

**B. 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 ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		01		2017

**Transaction ID : SA11A.516770**

Amount of Each Receipt this Period  
300.00

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 ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		19		2017

**Transaction ID : SA11A.521366**

Amount of Each Receipt this Period  
350.00

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 232 OF 997
	<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. FOSTER, RICHARD, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1101 PLANTATION ISL DR. 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 ▼  
225.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		17		2017

**Transaction ID : SA11A.514878**

Amount of Each Receipt this Period  
25.00

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

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 ▼  
225.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		17		2017

**Transaction ID : SA11A.518091**

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

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 ▼  
225.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		17		2017

**Transaction ID : SA11A.521282**

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 233 OF 997
	<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. FOUGHT, E. LOUISE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3305 CHRISTIE BOULEVARD  
 City TOLEDO State OH Zip Code 43606-2862  
 FEC ID number of contributing 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 09 / 19 / 2017  
**Transaction ID : SA11A.521111**  
 Amount of Each Receipt this Period 200.00  
 Memo Item CONTRIBUTION

**B. FOURNIER, FRONA, M., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 437 S ADAMS STREET  
 City HINSDALE State IL Zip Code 60521-3908  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 358.00

Date of Receipt 09 / 14 / 2017  
**Transaction ID : SA11A.520960**  
 Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION

**C. FRALIN, W. HEYWOOD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. BOX 29600  
 City ROANOKE State VA Zip Code 24018-0796  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MFA INC. Occupation (for Individual) CHAIRMAN  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 20000.00

Date of Receipt 07 / 13 / 2017  
**Transaction ID : SA11A.514499**  
 Amount of Each Receipt this Period 20000.00  
 Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	20300.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (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 997
	<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. FRANK, JIM, S., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 666 GARLAND PLACE  
 City DES PLAINES State IL Zip Code 60016-4725  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WHEELS, INC. Occupation (for Individual) CHAIRMAN AND CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 11000.00

Date of Receipt **07 / 10 / 2017**  
**Transaction ID : SA11A.514236**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item CONTRIBUTION

**B. FRANK, JIM, S., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 666 GARLAND PLACE  
 City DES PLAINES State IL Zip Code 60016-4725  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WHEELS, INC. Occupation (for Individual) CHAIRMAN AND CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 11000.00

Date of Receipt **08 / 28 / 2017**  
**Transaction ID : SA11A.518498**  
 Amount of Each Receipt this Period 10000.00  
 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 ▼ 900.00

Date of Receipt **07 / 12 / 2017**  
**Transaction ID : SA11A.514528**  
 Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	11100.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (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 997
	<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. 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 ▼  
900.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		12		2017

**Transaction ID : SA11A.517955**

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 ▼  
900.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		12		2017

**Transaction ID : SA11A.520882**

Amount of Each Receipt this Period  
100.00

Memo Item CONTRIBUTION

**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 ▼  
1200.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		23		2017

**Transaction ID : SA11A.515825**

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 236 OF 997
	(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. 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 ▼  
1200.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		23		2017

**Transaction ID : SA11A.518463**

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 ▼  
1200.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		23		2017

**Transaction ID : SA11A.522045**

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

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

Mailing Address 22 WEATHERFIELD DR

City NEWTOWN	State PA	Zip Code 18940-2611
-----------------	-------------	------------------------

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

Name of Employer (for Individual) MERCK	Occupation (for Individual) EXECUTIVE
--	--

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
07		17		2017

**Transaction ID : SA11A.514612**

Amount of Each Receipt this Period  
50000.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	50200.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 237 OF 997
	<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. FREDERICK, TOWWNSSEND, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1506 LAKESIDE DR. SW  
 City ALEXANDRIA State MN Zip Code 56308-2310  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SANFORD HEALTH BROADWAY CLINIC Occupation (for Individual) PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 07 / 09 / 2017  
**Transaction ID : SA11A.514387**  
 Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION

**B. FREDERICK, TOWWNSSEND, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1506 LAKESIDE DR. SW  
 City ALEXANDRIA State MN Zip Code 56308-2310  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SANFORD HEALTH BROADWAY CLINIC Occupation (for Individual) PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 08 / 09 / 2017  
**Transaction ID : SA11A.517729**  
 Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION

**C. FREDERICK, TOWWNSSEND, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1506 LAKESIDE DR. SW  
 City ALEXANDRIA State MN Zip Code 56308-2310  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SANFORD HEALTH BROADWAY CLINIC Occupation (for Individual) PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 09 / 09 / 2017  
**Transaction ID : SA11A.520852**  
 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 238 OF 997
	<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. FREEMAN, THOMAS, M., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1525 SCOTCH RIDGE ROAD  
 City SCHENECTADY State NY Zip Code 12306-6318  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) STATE UNIVERSITY OF NY Occupation (for Individual) PROFESSOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **07 / 05 / 2017**  
**Transaction ID : SA11A.514047**  
 Amount of Each Receipt this Period 300.00  
 Memo Item CONTRIBUTION

**B. FRERES, ROBERT, , , JR**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO BOX 276  
 City LYONS State OR Zip Code 97358-0276  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FRERES LUMBER COMPANY INC. Occupation (for Individual) LUMBERMAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 7500.00

Date of Receipt **08 / 31 / 2017**  
**Transaction ID : SA11A.519166**  
 Amount of Each Receipt this Period 7500.00  
 Memo Item CONTRIBUTION

**C. FUENTES, JOSE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 750 9TH ST NW STE 750 SUITE 750  
 City WASHINGTON State DC Zip Code 20001-4589  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) EASTPORT STRATEGIES LLC Occupation (for Individual) ATTORNEY  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 12500.00

Date of Receipt **08 / 31 / 2017**  
**Transaction ID : SA11A.519140**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	12800.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 239 OF 997
	(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. FUENTES, JOSE, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 750 9TH ST NW STE 750  
SUITE 750

City WASHINGTON State DC Zip Code 20001-4589

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

Name of Employer (for Individual) EASTPORT STRATEGIES LLC Occupation (for Individual) ATTORNEY

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 12500.00

Date of Receipt 09 / 20 / 2017  
**Transaction ID : SA11A.521528**

Amount of Each Receipt this Period 2500.00

Memo Item CONTRIBUTION

**B. FUITEN, JAMES, D., ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9240 NW GROVELAND RAOD

City HILLSBORO State OR Zip Code 97124-9352

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

Name of Employer (for Individual) METRO WEST AMBULANCE Occupation (for Individual) OWNER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 12500.00

Date of Receipt 08 / 31 / 2017  
**Transaction ID : SA11A.519095**

Amount of Each Receipt this Period 12500.00

Memo Item CONTRIBUTION

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

Mailing Address 8255 WHITE RD

City BEAUMONT State TX Zip Code 77706-5223

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

Name of Employer (for Individual) UNIVERSAL COIN Occupation (for Individual) EXECUTIVE

Receipt For:  Primary  General  Other (specify)

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 11 / 2017  
**Transaction ID : SA11A.514437**

Amount of Each Receipt this Period 500.00

Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 15500.00

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

**SCHEDULE A (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 997
	<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. FULLERTON, LES, O., DR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 14 GREENWAY PLAZA 30-G

City HOUSTON	State TX	Zip Code 77046-1400
-----------------	-------------	------------------------

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  
MM / DD / YYYY  
07 / 10 / 2017

**Transaction ID : SA11A.514270**

Amount of Each Receipt this Period  
1000.00

Memo Item  
CONTRIBUTION

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

Mailing Address P.O. 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 ▼  
270.00

Date of Receipt  
MM / DD / YYYY  
07 / 14 / 2017

**Transaction ID : SA11A.514681**

Amount of Each Receipt this Period  
30.00

Memo Item  
CONTRIBUTION

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

Mailing Address P.O. 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 ▼  
270.00

Date of Receipt  
MM / DD / YYYY  
08 / 14 / 2017

**Transaction ID : SA11A.517879**

Amount of Each Receipt this Period  
30.00

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 241 OF 997
	<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. FULLMER, STEVEN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. 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 ▼ 270.00

Date of Receipt 09 / 14 / 2017  
**Transaction ID : SA11A.520936**  
 Amount of Each Receipt this Period 30.00  
 Memo Item CONTRIBUTION

**B. GABRIEL, HARRY, W., , JR.**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11614 RIVERWOOD RD  
 City PORTLAND State OR Zip Code 97219-8472  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENERATIONS LLC Occupation (for Individual) PRESIDENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 08 / 31 / 2017  
**Transaction ID : SA11A.519168**  
 Amount of Each Receipt this Period 5000.00  
 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) VICE PRESIDENT  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 07 / 10 / 2017  
**Transaction ID : SA11A.514356**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	5055.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (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 997
<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. 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) VICE PRESIDENT
--	---

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
08	/	10	/	2017

**Transaction ID : SA11A.517778**

Amount of Each Receipt this Period  
25.00

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) VICE PRESIDENT
--	---

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
09	/	10	/	2017

**Transaction ID : SA11A.520836**

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

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

Mailing Address 2374 ALEXANDER STREET

City WOODLAND	State CA	Zip Code 95776-5461
------------------	-------------	------------------------

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

Name of Employer (for Individual) ACCESS TRANSPORT & LOGISTICS	Occupation (for Individual) PRESIDENT / 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
07	/	18	/	2017

**Transaction ID : SA11A.515067**

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 243 OF 997
	<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. GALLEGOS, JOE, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2374 ALEXANDER STREET

City WOODLAND	State CA	Zip Code 95776-5461
------------------	-------------	------------------------

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

Name of Employer (for Individual) ACCESS TRANSPORT & LOGISTICS	Occupation (for Individual) PRESIDENT / 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
08		18		2017

**Transaction ID : SA11A.518147**

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

**B. GARBER, MARK, S., ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3344 LAKESIDE DR

City EUGENE	State OR	Zip Code 97401-1592
----------------	-------------	------------------------

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

Name of Employer (for Individual) PINNACLE HEALTHCARE INC.	Occupation (for Individual) HEALTHCARE
---	---

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
08		31		2017

**Transaction ID : SA11A.519194**

Amount of Each Receipt this Period  
5000.00

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 ▼  
401.96

Date of Receipt  

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

**Transaction ID : SA11A.514343**

Amount of Each Receipt this Period  
5.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	5030.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (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 997
	<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, 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 ▼  
401.96

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		31		2017

**Transaction ID : SA11A.516836**

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 ▼  
401.96

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		06		2017

**Transaction ID : SA11A.519876**

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 ▼  
401.96

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		29		2017

**Transaction ID : SA11A.522695**

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: (check only one)	PAGE 245 OF 997
	<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, 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 ▼  
401.96

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2017

**Transaction ID : SA11A.522814**

Amount of Each Receipt this Period  
25.00

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 ▼  
650.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		19		2017

**Transaction ID : SA11A.515414**

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 ▼  
650.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		19		2017

**Transaction ID : SA11A.518297**

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 246 OF 997
	<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. 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 ▼ 650.00

Date of Receipt 09 / 19 / 2017  
**Transaction ID : SA11A.521495**  
 Amount of Each Receipt this Period 50.00  
 Memo Item CONTRIBUTION

**B. GARNER, ALAN, L., DR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 45 HUCKLEBERRY DR  
 City JACKSON State WY Zip Code 83001-9391  
 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 08 / 31 / 2017  
**Transaction ID : SA11A.519139**  
 Amount of Each Receipt this Period 10000.00  
 Memo Item CONTRIBUTION

**C. GARWOOD, CA, , ,**  
 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 ▼ 315.00

Date of Receipt 07 / 21 / 2017  
**Transaction ID : SA11A.515750**  
 Amount of Each Receipt this Period 35.00  
 Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	10085.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (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 997
	<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, CA, , ,**  
 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 ▼ 315.00

Date of Receipt  
 08 / 21 / 2017  
**Transaction ID : SA11A.518244**  
 Amount of Each Receipt this Period 35.00  
 Memo Item CONTRIBUTION

**B. GARWOOD, CA, , ,**  
 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 ▼ 315.00

Date of Receipt  
 09 / 21 / 2017  
**Transaction ID : SA11A.521833**  
 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 ▼ 225.00

Date of Receipt  
 07 / 16 / 2017  
**Transaction ID : SA11A.514931**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	95.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (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 997
	<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. 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 ▼  
225.00

Date of Receipt  
MM / DD / YYYY  
08 / 16 / 2017

**Transaction ID : SA11A.518029**

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
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FEC ID number of contributing 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  
MM / DD / YYYY  
09 / 16 / 2017

**Transaction ID : SA11A.521356**

Amount of Each Receipt this Period  
25.00

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 ▼  
550.00

Date of Receipt  
MM / DD / YYYY  
07 / 25 / 2017

**Transaction ID : SA11A.515895**

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 249 OF 997
	<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. 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 ▼ 550.00

Date of Receipt 08 / 25 / 2017  
**Transaction ID : SA11A.518570**  
 Amount of Each Receipt this Period 50.00  
 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 ▼ 550.00

Date of Receipt 09 / 25 / 2017  
**Transaction ID : SA11A.521974**  
 Amount of Each Receipt this Period 50.00  
 Memo Item CONTRIBUTION

**C. GASKILL, CAROL, C., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. BOX 566  
 City WEBB CITY State MO Zip Code 64870-0566  
 FEC ID number of contributing 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 07 / 28 / 2017  
**Transaction ID : SA11A.516317**  
 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: (check only one)	PAGE 250 OF 997
	<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. GASTON, CHRISTOPHER, L., MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 120 HESKETH ST

City CHEVY CHASE	State MD	Zip Code 20815-4223
---------------------	-------------	------------------------

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

Name of Employer (for Individual) DAVIS & HARMAN	Occupation (for Individual) SENIOR POLICY DIRECTOR
---	---

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
08	/	02	/	2017

**Transaction ID : SA11A.516813**

Amount of Each Receipt this Period  
250.00

Memo Item CONTRIBUTION

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

Mailing Address 370 VISTA CT

City VERO BEACH	State FL	Zip Code 32962-0749
--------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
385.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	25	/	2017

**Transaction ID : SA11A.515901**

Amount of Each Receipt this Period  
55.00

Memo Item CONTRIBUTION

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

Mailing Address 1423 SPRING VALE AVE

City MCLEAN	State VA	Zip Code 22101-3528
----------------	-------------	------------------------

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 ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	28	/	2017

**Transaction ID : SA11A.522447**

Amount of Each Receipt this Period  
1000.00

Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1305.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 251 OF 997
	<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. GEISSINGER, FREDERICK, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 17 SHERATON LANE  
 City RUMSON State NJ Zip Code 07760-1130  
 FEC ID number of contributing 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 07 / 28 / 2017  
**Transaction ID : SA11A.516354**  
 Amount of Each Receipt this Period 300.00  
 Memo Item CONTRIBUTION

**B. GENIRS, ROBERT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5000 ROYAL MARCO WAY 634  
 City MARCO ISLAND State FL Zip Code 34145-1896  
 FEC ID number of contributing 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 07 / 17 / 2017  
**Transaction ID : SA11A.514864**  
 Amount of Each Receipt this Period 50.00  
 Memo Item CONTRIBUTION

**C. GENIRS, ROBERT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5000 ROYAL MARCO WAY 634  
 City MARCO ISLAND State FL Zip Code 34145-1896  
 FEC ID number of contributing 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 08 / 17 / 2017  
**Transaction ID : SA11A.518096**  
 Amount of Each Receipt this Period 50.00  
 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 252 OF 997
	<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. GENIRS, ROBERT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5000 ROYAL MARCO WAY  
 634  
 City MARCO ISLAND State FL Zip Code 34145-1896  
 FEC ID number of contributing 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  
 09 / 17 / 2017  
**Transaction ID : SA11A.521286**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item  
 CONTRIBUTION

**B. GERALD, VIRGINIA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2393 WINDWARD WAY  
 City NAPLES State FL Zip Code 34103-4760  
 FEC ID number of contributing 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  
 07 / 31 / 2017  
**Transaction ID : SA11A.516882**  
 Amount of Each Receipt this Period  
 50.00  
 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 ▼ 900.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 30 / 2017  
**Transaction ID : SA11A.517030**  
 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 253 OF 997
	<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. 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 ▼ 900.00

Date of Receipt **08 / 30 / 2017**  
**Transaction ID : SA11A.518996**  
 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 ▼ 900.00

Date of Receipt **09 / 30 / 2017**  
**Transaction ID : SA11A.522978**  
 Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION

**C. GIALAMAS, GEORGE, T., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8040 EXCELSIOR DR STE 200  
 City MADISON State WI Zip Code 53717-1338  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) THE GIALAMAS CO. INC. Occupation (for Individual) CEO  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt **09 / 28 / 2017**  
**Transaction ID : SA11A.522206**  
 Amount of Each Receipt this Period 2500.00  
 Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2700.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (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 997
	<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. GIANCARLO, CHARLES, H., MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 36 EUCLID AVENUE

City ATHERTON	State CA	Zip Code 94027-5403
------------------	-------------	------------------------

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

Name of Employer (for Individual) PURE STORAGE	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
09		13		2017

**Transaction ID : SA11A.520328**

Amount of Each Receipt this Period  
5000.00

Memo Item  
CONTRIBUTION

**B. GIBBONS, KAREN, , MRS.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address PO BOX 699

City RIDDLE	State OR	Zip Code 97469-0699
----------------	-------------	------------------------

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

Name of Employer (for Individual) ALLEN & GIBBONS LOGGING	Occupation (for Individual) CLERICAL
--	---

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
08		31		2017

**Transaction ID : SA11A.519173**

Amount of Each Receipt this Period  
1250.00

Memo Item  
CONTRIBUTION

**C. GIESECKE, RICHARD, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address P.O. BOX 36

City MARBLE FALLS	State TX	Zip Code 78654-0036
----------------------	-------------	------------------------

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 ▼  
700.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		26		2017

**Transaction ID : SA11A.516050**

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	6350.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (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 997
	<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. GIGLIO, CHARLES, J., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. 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 ▼ 5000.00

Date of Receipt 07 / 10 / 2017  
**Transaction ID : SA11A.514252**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item  
 CONTRIBUTION

**B. GILBERT, DANIEL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1074 WOODWARD AVE  
 City DETROIT State MI Zip Code 48226-1906  
 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 07 / 27 / 2017  
**Transaction ID : SA11A.515950**  
 Amount of Each Receipt this Period 2700.00  
 Memo Item  
 CONTRIBUTION

**C. 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 ▼ 270.00

Date of Receipt 07 / 07 / 2017  
**Transaction ID : SA11A.514298**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	7730.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (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 997
	<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 ▼ 270.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 07 / 2017  
**Transaction ID : SA11A.517525**  
 Amount of Each Receipt this Period  
 30.00  
 Memo Item  
 CONTRIBUTION

**B. 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 ▼ 270.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 07 / 2017  
**Transaction ID : SA11A.520786**  
 Amount of Each Receipt this Period  
 30.00  
 Memo Item  
 CONTRIBUTION

**C. GILL, KENNETH, J., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4200 SANDY PORTER RD  
 City CHARLOTTE State NC Zip Code 28273-3244  
 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 ▼ 25000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 28 / 2017  
**Transaction ID : SA11A.522219**  
 Amount of Each Receipt this Period  
 25000.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	25060.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 257 OF 997
	<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. 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 ▼  
225.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		31		2017

**Transaction ID : SA11A.516909**

Amount of Each Receipt this Period  
25.00

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 ▼  
225.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		31		2017

**Transaction ID : SA11A.519619**

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 ▼  
225.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2017

**Transaction ID : SA11A.522952**

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 258 OF 997
	<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. GILLASPIE, BERTHA, F., MS.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 103 STADIUM VW

City YORKTOWN	State VA	Zip Code 23690-9663
------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
235.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
07		31		2017

**Transaction ID : SA11A.516497**

Amount of Each Receipt this Period  
45.00

Memo Item CONTRIBUTION

**B. GILLASPIE, BERTHA, F., MS.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 103 STADIUM VW

City YORKTOWN	State VA	Zip Code 23690-9663
------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
235.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
09		28		2017

**Transaction ID : SA11A.52282**

Amount of Each Receipt this Period  
45.00

Memo Item CONTRIBUTION

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

Mailing Address 9631 ALBATROSS DR

City ANCHORAGE	State AK	Zip Code 99502-1684
-------------------	-------------	------------------------

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

Name of Employer (for Individual) GENEVA WOODS PHARMACY, INC.	Occupation (for Individual) CHAIRMAN
--	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
08		31		2017

**Transaction ID : SA11A.519193**

Amount of Each Receipt this Period  
2500.00

Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2590.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (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 997
	<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. GIUSTINA, A.J., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4095 SPRING BLVD  
 City EUGENE State OR Zip Code 97405-5808  
 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 ▼ 1666.00

Date of Receipt  
 08 / 31 / 2017  
**Transaction ID : SA11A.519176**  
 Amount of Each Receipt this Period  
 1666.00  
 Memo Item  
 CONTRIBUTION

**B. GIUSTINA, L.M., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2090 WOOD ACRES DR  
 City EUGENE State OR Zip Code 97401-2370  
 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 ▼ 1666.00

Date of Receipt  
 08 / 31 / 2017  
**Transaction ID : SA11A.519178**  
 Amount of Each Receipt this Period  
 1666.00  
 Memo Item  
 CONTRIBUTION

**C. GIUSTINA, MARK, L., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO BOX 989  
 City EUGENE State OR Zip Code 97440-0989  
 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 ▼ 1668.00

Date of Receipt  
 08 / 31 / 2017  
**Transaction ID : SA11A.519177**  
 Amount of Each Receipt this Period  
 1668.00  
 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 260 OF 997
	<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. 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 ▼ 450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 28 / 2017  
**Transaction ID : SA11A.516666**  
 Amount of Each Receipt this Period  
 50.00  
 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 ▼ 450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 28 / 2017  
**Transaction ID : SA11A.518643**  
 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 ▼ 450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 28 / 2017  
**Transaction ID : SA11A.522483**  
 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 261 OF 997
	<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. GLEASON, ROBERT, A., , JR.**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 552 ELKNUD LN  
 City JOHNSTOWN State PA Zip Code 15905-2064  
 FEC ID number of contributing 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 **07 / 27 / 2017**  
**Transaction ID : SA11A.515943**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item CONTRIBUTION

**B. GMERK, DENISE, A., MRS.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1102 WALTONVILLE RD  
 City HUMMELSTOWN State PA Zip Code 17036-8952  
 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 **09 / 28 / 2017**  
**Transaction ID : SA11A.522232**  
 Amount of Each Receipt this Period 2000.00  
 Memo Item CONTRIBUTION

**C. GOBER, JANICE, K., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. BOX 3323  
 City BROOKINGS State OR Zip Code 97415-0535  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SOUTH COAST LUMBER Occupation (for Individual) ASSISTANT  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 7500.00

Date of Receipt **08 / 31 / 2017**  
**Transaction ID : SA11A.519093**  
 Amount of Each Receipt this Period 7500.00  
 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 262 OF 997
	<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. GODINHO, NORMAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 12250 MENALTO DRIVE  
 City LOS ALTOS HILLS State CA Zip Code 94022-6308  
 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 ▼ 7000.00

Date of Receipt 08 / 27 / 2017  
**Transaction ID : SA11A.518664**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item CONTRIBUTION

**B. GODWIN, JIMMY, DALE, MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7560 BROOKFIELD FOREST CT  
 City LEWISVILLE State NC Zip Code 27023-9670  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BB&T Occupation (for Individual) EXECUTIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 18 / 2017  
**Transaction ID : SA11A.520678**  
 Amount of Each Receipt this Period 1000.00  
 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 ▼ 250.00

Date of Receipt 07 / 25 / 2017  
**Transaction ID : SA11A.515892**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	6025.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (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 997
	<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. 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 ▼ 250.00

Date of Receipt  
 08 / 25 / 2017  
**Transaction ID : SA11A.518571**  
 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 ▼ 250.00

Date of Receipt  
 09 / 25 / 2017  
**Transaction ID : SA11A.521970**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**C. GONZALEZ, JORGE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7414 EAST 97 ST  
 City TULSA State OK Zip Code 74133-6412  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) ST. JOHN MEDICAL CENTER Occupation (for Individual) PHYSICIAN  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
 07 / 01 / 2017  
**Transaction ID : SA11A.513947**  
 Amount of Each Receipt this Period 30.00  
 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 264 OF 997
	<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. GONZALEZ, RICHARD, MACHADO, DR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 426

City BAYAMON State PR Zip Code 00960-0426

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

Name of Employer (for Individual) HOSPITAL HERMANO MELENDEZ Occupation (for Individual) PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 10000.00

Date of Receipt 09 / 18 / 2017  
**Transaction ID : SA11A.520689**

Amount of Each Receipt this Period 10000.00

Memo Item CONTRIBUTION

**B. GOODMAN, H. GREG, , MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3314 HUFFMAN MILL PIKE

City LEXINGTON State KY Zip Code 40511-9557

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 09 / 30 / 2017  
**Transaction ID : SA11A.523096**

Amount of Each Receipt this Period 2500.00

Memo Item CONTRIBUTION

**C. 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 ▼ 400.00

Date of Receipt 08 / 03 / 2017  
**Transaction ID : SA11A.517277**

Amount of Each Receipt this Period 100.00

Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 12600.00

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



**SCHEDULE A (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 997
	<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. 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 ▼  
400.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		21		2017

**Transaction ID : SA11A.521669**

Amount of Each Receipt this Period  
200.00

Memo Item  
CONTRIBUTION

**B. GOODRICH, DONNA, C., MRS.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 135 ASHBOURNE LAKE CT

City CLEMMONS	State NC	Zip Code 27012-7906
------------------	-------------	------------------------

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

Name of Employer (for Individual) BB&T	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
09		18		2017

**Transaction ID : SA11A.520679**

Amount of Each Receipt this Period  
1000.00

Memo Item  
CONTRIBUTION

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

Mailing Address 3014 KENTSHIRE CIRCLE

City NAPERVILLE	State IL	Zip Code 60564-8425
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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 BES
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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
07		31		2017

**Transaction ID : SA11A.516486**

Amount of Each Receipt this Period  
500.00

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: (check only one)	PAGE 266 OF 997
	<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. 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) US NRC	Occupation (for Individual) US NRC
---	---------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
450.00

Date of Receipt  
MM / DD / YYYY  
07 / 28 / 2017

**Transaction ID : SA11A.516698**

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) US NRC	Occupation (for Individual) US NRC
---	---------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
450.00

Date of Receipt  
MM / DD / YYYY  
08 / 28 / 2017

**Transaction ID : SA11A.518637**

Amount of Each Receipt this Period  
50.00

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) US NRC	Occupation (for Individual) US NRC
---	---------------------------------------

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
450.00

Date of Receipt  
MM / DD / YYYY  
09 / 28 / 2017

**Transaction ID : SA11A.522482**

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 267 OF 997
	<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. GOSS, ARTHUR, L., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2405 PATRIOT HEIGHTS  
 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) RETIRED 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  
 07 / 31 / 2017  
**Transaction ID : SA11A.516561**  
 Amount of Each Receipt this Period  
 100.00  
 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 ▼  
 360.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 28 / 2017  
**Transaction ID : SA11A.516662**  
 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 ▼  
 360.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 28 / 2017  
**Transaction ID : SA11A.518615**  
 Amount of Each Receipt this Period  
 40.00  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 180.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (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 997
	<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. 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 ▼ 360.00

Date of Receipt 09 / 28 / 2017  
**Transaction ID : SA11A.522461**  
Amount of Each Receipt this Period 40.00  
 Memo Item CONTRIBUTION

**B. GREEN, JAMES, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 5833 SCENIC AVE  
City FIRESTONE State CO Zip Code 80504-5652  
FEC ID number of contributing federal political committee. **C**  
Name of Employer (for Individual) WK REAL ESTATE Occupation (for Individual) REALTOR  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 600.00

Date of Receipt 07 / 21 / 2017  
**Transaction ID : SA11A.515730**  
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 ▼ 900.00

Date of Receipt 07 / 30 / 2017  
**Transaction ID : SA11A.516993**  
Amount of Each Receipt this Period 100.00  
 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: (check only one)	PAGE 269 OF 997
	<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. 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 ▼  
900.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		30		2017

**Transaction ID : SA11A.519017**

Amount of Each Receipt this Period  
100.00

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 ▼  
900.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2017

**Transaction ID : SA11A.523008**

Amount of Each Receipt this Period  
100.00

Memo Item CONTRIBUTION

**C. GREENBERG, JOEL, K., MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 401 CITY AVE  
STE 220

City BALA CYNWYD	State PA	Zip Code 19004-1117
---------------------	-------------	------------------------

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

Name of Employer (for Individual) SUSQUEHANNA INTERNATIONAL GROUP	Occupation (for Individual) MANAGING DIRECTOR
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
8333.34

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		13		2017

**Transaction ID : SA11A.520333**

Amount of Each Receipt this Period  
8333.34

Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	8533.34
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (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 997
	<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. 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 ▼ 225.00

Date of Receipt 07 / 29 / 2017  
**Transaction ID : SA11A.517063**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**B. 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 ▼ 225.00

Date of Receipt 08 / 29 / 2017  
**Transaction ID : SA11A.518805**  
 Amount of Each Receipt this Period 25.00  
 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 ▼ 225.00

Date of Receipt 09 / 29 / 2017  
**Transaction ID : SA11A.522664**  
 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 997
	<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 AVENUE

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 ▼  
470.00

Date of Receipt  
MM / DD / YYYY  
07 / 01 / 2017

**Transaction ID : SA11A.513969**

Amount of Each Receipt this Period  
30.00

Memo Item CONTRIBUTION

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

Mailing Address 2945 BECKET AVENUE

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 ▼  
470.00

Date of Receipt  
MM / DD / YYYY  
07 / 19 / 2017

**Transaction ID : SA11A.515416**

Amount of Each Receipt this Period  
25.00

Memo Item CONTRIBUTION

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

Mailing Address 2945 BECKET AVENUE

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 ▼  
470.00

Date of Receipt  
MM / DD / YYYY  
08 / 01 / 2017

**Transaction ID : SA11A.517193**

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 272 OF 997
	<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 AVENUE

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 ▼  
470.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
08		19		2017

**Transaction ID : SA11A.518307**

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

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

Mailing Address 2945 BECKET AVENUE

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 ▼  
470.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
09		01		2017

**Transaction ID : SA11A.519774**

Amount of Each Receipt this Period  
30.00

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 ▼  
225.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
07		27		2017

**Transaction ID : SA11A.516184**

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 273 OF 997
	<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. 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 ▼ 225.00

Date of Receipt 08 / 27 / 2017  
**Transaction ID : SA11A.518686**  
 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 ▼ 225.00

Date of Receipt 09 / 27 / 2017  
**Transaction ID : SA11A.522367**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**C. GROSNICK, JEANNE, E., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2121 JAMES BUCHANAN DRIVE  
 City ELIZABETHTOWN State PA Zip Code 17022-3172  
 FEC ID number of contributing 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 09 / 18 / 2017  
**Transaction ID : SA11A.521024**  
 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 274 OF 997
	<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. GROSS, DIETRICH, M., MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 769 MICHIGAN AVENUE

City WILMETTE	State IL	Zip Code 60091-1956
------------------	-------------	------------------------

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

Name of Employer (for Individual) JUPITER ALUMINUM	Occupation (for Individual) CEO
---	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
102500.00

Date of Receipt  
MM / DD / YYYY  
08 / 02 / 2017  
**Transaction ID : SA11A.517129**

Amount of Each Receipt this Period  
50000.00

Memo Item  
CONTRIBUTION

**B. GROSS, WALTER, L., MR., III**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 559 S FORBS ROAD

City LEXINGTON	State KY	Zip Code 40504-1149
-------------------	-------------	------------------------

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

Name of Employer (for Individual) PEPSI COLA BOTTLERS INC	Occupation (for Individual) SR. VP GOVERNMENT AFFAIRS
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3500.00

Date of Receipt  
MM / DD / YYYY  
09 / 21 / 2017  
**Transaction ID : SA11A.521628**

Amount of Each Receipt this Period  
2500.00

Memo Item  
CONTRIBUTION

**C. GRUMMAN, JAMES, A., DR., JR., M.D.**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 203 TAMPA DRIVE

City VICTORIA	State TX	Zip Code 77904-1652
------------------	-------------	------------------------

FEC ID number of contributing 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  
MM / DD / YYYY  
09 / 25 / 2017  
**Transaction ID : SA11A.521933**

Amount of Each Receipt this Period  
250.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	52750.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 275 OF 997
	<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 ▼  
225.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		12		2017

**Transaction ID : SA11A.514520**

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 ▼  
225.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		12		2017

**Transaction ID : SA11A.517948**

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 ▼  
225.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		12		2017

**Transaction ID : SA11A.520877**

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 276 OF 997
	<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. GUINN, ALFRED, B., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1111 7TH STREET  
 City WICHITA FALLS State TX Zip Code 76301-2301  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WALSH AND WATTS INC Occupation (for Individual) OIL AND GAS PRODUCTION  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **09 / 18 / 2017**  
**Transaction ID : SA11A.520983**  
 Amount of Each Receipt this Period 250.00  
 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 ▼ 250.00

Date of Receipt **07 / 29 / 2017**  
**Transaction ID : SA11A.517083**  
 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 ▼ 250.00

Date of Receipt **08 / 29 / 2017**  
**Transaction ID : SA11A.518820**  
 Amount of Each Receipt this Period 50.00  
 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 277 OF 997
	<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. 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 ▼ 250.00

Date of Receipt 09 / 21 / 2017  
**Transaction ID : SA11A.521807**

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 ▼ 250.00

Date of Receipt 09 / 29 / 2017  
**Transaction ID : SA11A.522655**

Amount of Each Receipt this Period 50.00

Memo Item CONTRIBUTION

**C. GUNDERSEN, CHRISTINE, ZACK, MS.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2304 PROMETHEUS CT

City HENDERSON State NV Zip Code 89074-5323

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

Name of Employer (for Individual) FUNDAMENTAL/MARINER Occupation (for Individual) EXECUTIVE

Receipt For:  Primary  General  Other (specify)

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 08 / 28 / 2017  
**Transaction ID : SA11A.518542**

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: (check only one)	PAGE 278 OF 997
	<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. GUPTILL, WILLIAM, K., MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2573 SAN ANDRES WAY

City CLAREMONT	State CA	Zip Code 91711-1555
-------------------	-------------	------------------------

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 ▼  
1900.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		31		2017

**Transaction ID : SA11A.516457**

Amount of Each Receipt this Period  
750.00

Memo Item  
CONTRIBUTION

**B. GUSEK, MARK, J., ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5717 CLINTON DR

City ERIE	State PA	Zip Code 16509-2903
--------------	-------------	------------------------

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

Name of Employer (for Individual) THE VILLAGE AT LUTHER SQUARE	Occupation (for Individual) MANAGER
---	--

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
07		27		2017

**Transaction ID : SA11A.515945**

Amount of Each Receipt this Period  
2000.00

Memo Item  
CONTRIBUTION

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

Mailing Address 31 LOMAS DE TESUQUE

City SANTA FE	State NM	Zip Code 87506-1234
------------------	-------------	------------------------

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

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

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
07		14		2017

**Transaction ID : SA11A.514671**

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 279 OF 997
	<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. HA, ANDREW, K., DR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address **623 BETTY ROSE AVENUE**

City <b>GIBBSTOWN</b>	State <b>NJ</b>	Zip Code <b>08027-1431</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 ▼  
**505.00**

Date of Receipt  
**07 / 10 / 2017**

**Transaction ID : SA11A.514485**

Amount of Each Receipt this Period  
**20.00**

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 <b>BEAR CREEK</b>	State <b>PA</b>	Zip Code <b>18602-0125</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 ▼  
**5625.00**

Date of Receipt  
**07 / 24 / 2017**

**Transaction ID : SA11A.515777**

Amount of Each Receipt this Period  
**700.00**

Memo Item CONTRIBUTION

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

Mailing Address **P.O. BOX 125**

City <b>BEAR CREEK</b>	State <b>PA</b>	Zip Code <b>18602-0125</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 ▼  
**5625.00**

Date of Receipt  
**08 / 24 / 2017**

**Transaction ID : SA11A.518514**

Amount of Each Receipt this Period  
**700.00**

Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>1420.00</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 280 OF 997
	<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. 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 ▼ 5625.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 24 / 2017  
**Transaction ID : SA11A.522000**  
 Amount of Each Receipt this Period  
 700.00  
 Memo Item  
 CONTRIBUTION

**B. 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 ▼ 225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 30 / 2017  
**Transaction ID : SA11A.517043**  
 Amount of Each Receipt this Period  
 25.00  
 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 ▼ 225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 30 / 2017  
**Transaction ID : SA11A.519007**  
 Amount of Each Receipt this Period  
 25.00  
 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 281 OF 997
	<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. 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
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FEC ID number of contributing 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
09	/	30	/	2017

**Transaction ID : SA11A.522993**

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 ▼  
510.00

Date of Receipt  

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

**Transaction ID : SA11A.514308**

Amount of Each Receipt this Period  
25.00

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
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Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
510.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	08	/	2017

**Transaction ID : SA11A.514418**

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 282 OF 997
	<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. 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 ▼ 510.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 07 / 2017  
**Transaction ID : SA11A.517533**  
 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 ▼ 510.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 08 / 2017  
**Transaction ID : SA11A.517667**  
 Amount of Each Receipt this Period  
 25.00  
 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 ▼ 510.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 07 / 2017  
**Transaction ID : SA11A.520793**  
 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 283 OF 997
	<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. 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 ▼ 510.00

Date of Receipt 09 / 08 / 2017  
**Transaction ID : SA11A.520810**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**B. HADLEY, MICHAEL, L., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 302 YALE DR  
 City ALEXANDRIA State VA Zip Code 22314-4759  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) DAVIS & HARMAN Occupation (for Individual) ATTORNEY  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 02 / 2017  
**Transaction ID : SA11A.516814**  
 Amount of Each Receipt this Period 250.00  
 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 ▼ 1000.00

Date of Receipt 07 / 20 / 2017  
**Transaction ID : SA11A.515102**  
 Amount of Each Receipt this Period 1000.00  
 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: (check only one)	PAGE 284 OF 997
	<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. HAGERMAN, RON, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7772 LAURELWOOD.LN.

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
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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
07		27		2017

**Transaction ID : SA11A.516213**

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 LAURELWOOD.LN.

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 ▼  
225.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		27		2017

**Transaction ID : SA11A.518674**

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 LAURELWOOD.LN.

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 ▼  
225.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		27		2017

**Transaction ID : SA11A.522357**

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 285 OF 997		
	<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.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**HAHN, JAMES, J., ,**

Mailing Address **90 MAPLEWOOD DR.**

City <b>BREWSTER</b>	State <b>NY</b>	Zip Code <b>10509-5003</b>
-------------------------	--------------------	-------------------------------

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

Name of Employer (for Individual) <b>SELF EMPLOYED</b>	Occupation (for Individual) <b>ENGINEER</b>
---	--

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
07	/	16	/	2017

**Transaction ID : SA11A.514924**

Amount of Each Receipt this Period  

100.00
--------

Memo Item  
**CONTRIBUTION**

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**HAHN, JAMES, J., ,**

Mailing Address **90 MAPLEWOOD DR.**

City <b>BREWSTER</b>	State <b>NY</b>	Zip Code <b>10509-5003</b>
-------------------------	--------------------	-------------------------------

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

Name of Employer (for Individual) <b>SELF EMPLOYED</b>	Occupation (for Individual) <b>ENGINEER</b>
---	--

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
08	/	16	/	2017

**Transaction ID : SA11A.518017**

Amount of Each Receipt this Period  

100.00
--------

Memo Item  
**CONTRIBUTION**

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**HAHN, JAMES, J., ,**

Mailing Address **90 MAPLEWOOD DR.**

City <b>BREWSTER</b>	State <b>NY</b>	Zip Code <b>10509-5003</b>
-------------------------	--------------------	-------------------------------

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

Name of Employer (for Individual) <b>SELF EMPLOYED</b>	Occupation (for Individual) <b>ENGINEER</b>
---	--

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
09	/	16	/	2017

**Transaction ID : SA11A.521348**

Amount of Each Receipt this Period  

100.00
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Memo Item  
**CONTRIBUTION**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>300.00</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 286 OF 997
	<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. HAKKARAINEN, SIMO, PEKKA, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4517 LONGFELLOW CT  
 City DOYLESTOWN State PA Zip Code 18902-1795  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) LUTRON ELECTRONICS Occupation (for Individual) VICE PRESIDENT  
 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  
 09 / 18 / 2017  
**Transaction ID : SA11A.520670**  
 Amount of Each Receipt this Period  
 1250.00  
 Memo Item  
 CONTRIBUTION

**B. HAKKARAINEN, SUSAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4517 LONGFELLOW CT  
 City DOYLESTOWN State PA Zip Code 18902-1795  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) LURON ELECTRONICS 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  
 09 / 18 / 2017  
**Transaction ID : SA11A.520669**  
 Amount of Each Receipt this Period  
 1250.00  
 Memo Item  
 CONTRIBUTION

**C. HALBACH, VALERIE, A., MRS.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8869 HALVERSON DRIVE  
 City ELK GROVE State CA Zip Code 95624-1630  
 FEC ID number of contributing 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  
 07 / 17 / 2017  
**Transaction ID : SA11A.514644**  
 Amount of Each Receipt this Period  
 70.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2570.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 287 OF 997
	<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. HALBACH, VALERIE, A., MRS.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8869 HALVERSON DRIVE

City ELK GROVE	State CA	Zip Code 95624-1630
-------------------	-------------	------------------------

FEC ID number of contributing 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
09		22		2017

**Transaction ID : SA11A.521768**

Amount of Each Receipt this Period  
75.00

Memo Item CONTRIBUTION

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

Mailing Address 10849 W BROOKSIDE DR.

City SUN CITY	State AZ	Zip Code 85351-1005
------------------	-------------	------------------------

FEC ID number of contributing 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
07		02		2017

**Transaction ID : SA11A.513931**

Amount of Each Receipt this Period  
25.00

Memo Item CONTRIBUTION

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

Mailing Address 10849 W BROOKSIDE DR.

City SUN CITY	State AZ	Zip Code 85351-1005
------------------	-------------	------------------------

FEC ID number of contributing 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
08		02		2017

**Transaction ID : SA11A.517293**

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 288 OF 997
	<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. HALE, RICHARD, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 10849 W BROOKSIDE DR.  
City SUN CITY State AZ Zip Code 85351-1005  
FEC ID number of contributing 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 09 / 02 / 2017  
**Transaction ID : SA11A.519868**  
Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**B. HALL, VERNON, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 4752 WESTBRIDGE DRIVE 211  
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 ▼ 450.00

Date of Receipt 07 / 25 / 2017  
**Transaction ID : SA11A.515905**  
Amount of Each Receipt this Period 50.00  
 Memo Item CONTRIBUTION

**C. HALL, VERNON, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 4752 WESTBRIDGE DRIVE 211  
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 ▼ 450.00

Date of Receipt 08 / 25 / 2017  
**Transaction ID : SA11A.518581**  
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 289 OF 997
<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. HALL, VERNON, , ,</b>		Date of Receipt MM / DD / YYYY 09 / 25 / 2017 <b>Transaction ID : SA11A.521986</b>
Mailing Address 4752 WESTBRIDGE DRIVE 211		Amount of Each Receipt this Period 50.00
City OCEANSIDE	State CA	Zip Code 92056-3031
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 ▼ 450.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. HALL, WILLARD, , ,</b>		Date of Receipt MM / DD / YYYY 07 / 06 / 2017 <b>Transaction ID : SA11A.514161</b>
Mailing Address 8105 HUBER		Amount of Each Receipt this Period 25.00
City BELVIDERE	State IL	Zip Code 61008-9397
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 ▼ 225.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. HALL, WILLARD, , ,</b>		Date of Receipt MM / DD / YYYY 08 / 06 / 2017 <b>Transaction ID : SA11A.517553</b>
Mailing Address 8105 HUBER		Amount of Each Receipt this Period 25.00
City BELVIDERE	State IL	Zip Code 61008-9397
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 ▼ 225.00	

<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 290 OF 997
	<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. **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 / D D / Y Y Y Y Y
09 / 06 / 2017

**Transaction ID : SA11A.519889**

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

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

Mailing Address 2229 TAYLOR PARK DRIVE  
APT 412

City REYNOLDSBURG	State OH	Zip Code 43068-7404
----------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
375.00

Date of Receipt  

M M / D D / Y Y Y Y Y
09 / 19 / 2017

**Transaction ID : SA11A.521164**

Amount of Each Receipt this Period  
375.00

Memo Item  
CONTRIBUTION

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

Mailing Address 4425 THOMAS LANE

City BEAUMONT	State TX	Zip Code 77706-7745
------------------	-------------	------------------------

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

Name of Employer (for Individual) SAXONYSECURITIES	Occupation (for Individual) INVESTMENT BROKER
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  

M M / D D / Y Y Y Y Y
07 / 06 / 2017

**Transaction ID : SA11A.514147**

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	425.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 291 OF 997
	<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. HAMMER, BERNARD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4425 THOMAS LANE  
 City BEAUMONT State TX Zip Code 77706-7745  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SAXONYSECURITIES Occupation (for Individual) INVESTMENT BROKER  
 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  
 08 / 06 / 2017  
**Transaction ID : SA11A.517544**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item  
 CONTRIBUTION

**B. HAMMER, BERNARD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4425 THOMAS LANE  
 City BEAUMONT State TX Zip Code 77706-7745  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SAXONYSECURITIES Occupation (for Individual) INVESTMENT BROKER  
 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  
 09 / 06 / 2017  
**Transaction ID : SA11A.519883**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item  
 CONTRIBUTION

**C. HAMMEL, BONNIE, S., MRS.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1523 HAMPTON RD  
 City ALLENTOWN State PA Zip Code 18104-2064  
 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  
 09 / 21 / 2017  
**Transaction ID : SA11A.521653**  
 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 292 OF 997
	<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. HAMMEL, CHARLES, L., , III**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 609 ACADEMY AVE  
 City SEWICKLEY State PA Zip Code 15143-1171  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) PITT OHIO EXPRESS Occupation (for Individual) OWNER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 10000.00

Date of Receipt 07 / 10 / 2017  
**Transaction ID : SA11A.514251**  
 Amount of Each Receipt this Period 10000.00  
 Memo Item CONTRIBUTION

**B. HAMMEL, ROBERT, A., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1523 HAMPTON RD  
 City ALLENTOWN State PA Zip Code 18104-2064  
 FEC ID number of contributing 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 09 / 21 / 2017  
**Transaction ID : SA11A.521652**  
 Amount of Each Receipt this Period 2500.00  
 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 & C SERVICES Occupation (for Individual) PSYCHIATRIST  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 07 / 23 / 2017  
**Transaction ID : SA11A.515826**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	12525.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 293 OF 997
	<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. 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 & C SERVICES Occupation (for Individual) PSYCHIATRIST  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 08 / 23 / 2017  
**Transaction ID : SA11A.518462**  
 Amount of Each Receipt this Period 25.00  
 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 & C SERVICES Occupation (for Individual) PSYCHIATRIST  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 09 / 23 / 2017  
**Transaction ID : SA11A.522044**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**C. HAMPTON, DAVID, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4255 EOLA DR NW  
 City SALEM State OR Zip Code 97304-3345  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) HAMPTON AFFILIATES Occupation (for Individual) FORESTER  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 08 / 31 / 2017  
**Transaction ID : SA11A.519164**  
 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 294 OF 997
	<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. 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 ▼ 445.00

Date of Receipt 07 / 12 / 2017  
**Transaction ID : SA11A.514531**  
 Amount of Each Receipt this Period 20.00  
 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 ▼ 445.00

Date of Receipt 07 / 17 / 2017  
**Transaction ID : SA11A.514883**  
 Amount of Each Receipt this Period 20.00  
 Memo Item CONTRIBUTION

**C. 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 ▼ 445.00

Date of Receipt 07 / 28 / 2017  
**Transaction ID : SA11A.517105**  
 Amount of Each Receipt this Period 75.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....▶ 115.00  
**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE A (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 997
	<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. 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 ▼ 445.00

Date of Receipt **08 / 13 / 2017**  
**Transaction ID : SA11A.517907**  
 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 ▼ 445.00

Date of Receipt **09 / 02 / 2017**  
**Transaction ID : SA11A.519850**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**C. 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 ▼ 445.00

Date of Receipt **09 / 13 / 2017**  
**Transaction ID : SA11A.520893**  
 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 296 OF 997
	<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. 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
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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 ▼  
445.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2017

**Transaction ID : SA11A.522778**

Amount of Each Receipt this Period  
25.00

Memo Item CONTRIBUTION

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

Mailing Address 39 SOUTH LAKESHORE DRIVE

City RANSOM CANYON	State TX	Zip Code 79366-2405
-----------------------	-------------	------------------------

FEC ID number of contributing 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
07		19		2017

**Transaction ID : SA11A.515402**

Amount of Each Receipt this Period  
50.00

Memo Item CONTRIBUTION

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

Mailing Address 39 SOUTH LAKESHORE DRIVE

City RANSOM CANYON	State TX	Zip Code 79366-2405
-----------------------	-------------	------------------------

FEC ID number of contributing 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
08		19		2017

**Transaction ID : SA11A.518293**

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 297 OF 997
	<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. 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 ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		27		2017

**Transaction ID : SA11A.516224**

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 ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		27		2017

**Transaction ID : SA11A.518712**

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 ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		27		2017

**Transaction ID : SA11A.522356**

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 298 OF 997
	<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. HARDIN, VICTORIA, G., MRS.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 716 FAIRFIELD RD

City FAYETTEVILLE	State NC	Zip Code 28303-5331
----------------------	-------------	------------------------

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

Name of Employer (for Individual) HARDIN LAW	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
09	/	21	/	2017

**Transaction ID : SA11A.521635**

Amount of Each Receipt this Period  
1000.00

Memo Item CONTRIBUTION

**B. HARDOCK, RANDOLF, HURST, MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6030 COPELY LANE

City MCLEAN	State VA	Zip Code 22101-2507
----------------	-------------	------------------------

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

Name of Employer (for Individual) DAVIS & HARMAN	Occupation (for Individual) ATTORNEY
---	---

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
08	/	02	/	2017

**Transaction ID : SA11A.516816**

Amount of Each Receipt this Period  
500.00

Memo Item CONTRIBUTION

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

Mailing Address 20 UBBERLY PLACE

City STATEN ISLAND	State NY	Zip Code 10306-1917
-----------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
216.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	27	/	2017

**Transaction ID : SA11A.516208**

Amount of Each Receipt this Period  
27.00

Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1527.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (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 997
	<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. HARKIN, GERARSD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 20 UBBERLY PLACE  
 City STATEN ISLAND State NY Zip Code 10306-1917  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 216.00

Date of Receipt 08 / 27 / 2017  
**Transaction ID : SA11A.518706**  
 Amount of Each Receipt this Period 27.00  
 Memo Item CONTRIBUTION

**B. HARLOW, BRYCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1812 SOLITAIRE LANE  
 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) PRESIDENT AND MANAGING PARTN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 7500.00

Date of Receipt 07 / 17 / 2017  
**Transaction ID : SA11A.514696**  
 Amount of Each Receipt this Period 2500.00  
 Memo Item CONTRIBUTION

**C. HARMON, MARTIN, A., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4020 SIERRA COLLEGE BLVD #200  
 City ROCKLIN State CA Zip Code 95677-3906  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) AUBURN MANOR HOLDING CORP Occupation (for Individual) EXECUTIVE  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 50000.00

Date of Receipt 08 / 09 / 2017  
**Transaction ID : SA11A.517607**  
 Amount of Each Receipt this Period 50000.00  
 Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	52527.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (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 997
	<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. HARPER, MARILYN, K., ,</b>		Date of Receipt MM / DD / YYYY 08 / 10 / 2017
Mailing Address 3209 VIA LA SELVA		<b>Transaction ID : SA11A.517682</b>
City PALOS VERDES ESTAT	State CA	Zip Code 90274-1051
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer (for Individual) RETIRED	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 ▼ 245.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. HARTLEY, W. PAUL, , ,</b>		Date of Receipt MM / DD / YYYY 07 / 15 / 2017
Mailing Address 5290 VIA ANGELINA		<b>Transaction ID : SA11A.514966</b>
City YORBA LINDA	State CA	Zip Code 92886-4513
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 ▼ 225.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. HARTLEY, W. PAUL, , ,</b>		Date of Receipt MM / DD / YYYY 08 / 15 / 2017
Mailing Address 5290 VIA ANGELINA		<b>Transaction ID : SA11A.517987</b>
City YORBA LINDA	State CA	Zip Code 92886-4513
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 ▼ 225.00	

<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 301 OF 997
	<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. HARTLEY, W. PAUL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5290 VIA ANGELINA  
 City YORBA LINDA State CA Zip Code 92886-4513  
 FEC ID number of contributing 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 09 / 15 / 2017  
**Transaction ID : SA11A.521199**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**B. HARTMAN, ROBERT, , MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3500 W ARTHUR AVE  
 City LINCOLNWOOD State IL Zip Code 60712-4032  
 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 08 / 02 / 2017  
**Transaction ID : SA11A.517137**  
 Amount of Each Receipt this Period 2000.00  
 Memo Item CONTRIBUTION

**C. HAUCK, MEGAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 133 DUDDINGTON PLACE 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 ▼ 7500.00

Date of Receipt 07 / 24 / 2017  
**Transaction ID : SA11A.515689**  
 Amount of Each Receipt this Period 2500.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 4525.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (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 997
	<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. HAUGH, MARY, N., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 324 BIRNAM DR  
 City FAYETTEVILLE State NC Zip Code 28305-5201  
 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 09 / 28 / 2017  
**Transaction ID : SA11A.522230**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item CONTRIBUTION

**B. HAWK, DALE, R., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 147 WATER OAK DR  
 City PONTE VEDRA BEACH State FL Zip Code 32082-3040  
 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 09 / 30 / 2017  
**Transaction ID : SA11A.523094**  
 Amount of Each Receipt this Period 5000.00  
 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 ▼ 275.00

Date of Receipt 07 / 21 / 2017  
**Transaction ID : SA11A.515709**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	6025.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (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 997
	<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
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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 ▼  
275.00

Date of Receipt  
MM / DD / YYYY  
07 / 26 / 2017

**Transaction ID : SA11A.516058**

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
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FEC ID number of contributing 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  
MM / DD / YYYY  
08 / 09 / 2017

**Transaction ID : SA11A.517706**

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
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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 ▼  
275.00

Date of Receipt  
MM / DD / YYYY  
08 / 26 / 2017

**Transaction ID : SA11A.518756**

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 304 OF 997
	<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. 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 ▼ 275.00

Date of Receipt 09 / 26 / 2017  
**Transaction ID : SA11A.522133**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**B. 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 ▼ 475.00

Date of Receipt 07 / 30 / 2017  
**Transaction ID : SA11A.517020**  
 Amount of Each Receipt this Period 50.00  
 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 ▼ 475.00

Date of Receipt 08 / 30 / 2017  
**Transaction ID : SA11A.518994**  
 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 305 OF 997
	<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. 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 ▼  
475.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2017

**Transaction ID : SA11A.522977**

Amount of Each Receipt this Period  
50.00

Memo Item CONTRIBUTION

**B. HAYDEN, AGNES, R., ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 929 PENINSULA DR.

City TRAVERSE CITY	State MI	Zip Code 49686-2743
-----------------------	-------------	------------------------

FEC ID number of contributing 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
09		26		2017

**Transaction ID : SA11A.521955**

Amount of Each Receipt this Period  
150.00

Memo Item CONTRIBUTION

**C. HAYDEN, LOIS, L., ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2918 E SNOWBERRY LANE

City SPOKANE	State WA	Zip Code 99223-3415
-----------------	-------------	------------------------

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 ▼  
1400.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		25		2017

**Transaction ID : SA11A.521892**

Amount of Each Receipt this Period  
1000.00

Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1200.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 306 OF 997
	<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. HAYES, VIRGINIA, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 2225 19TH AVENUE

City SAN FRANCISCO	State CA	Zip Code 94116-1804
-----------------------	-------------	------------------------

FEC ID number of contributing 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
08	/	10	/	2017

**Transaction ID : SA11A.517685**

Amount of Each Receipt this Period  
200.00

Memo Item CONTRIBUTION

**B. HEALY, ANN, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 992 KIRKHILL LANE

City LAKE FOREST	State IL	Zip Code 60045-4207
---------------------	-------------	------------------------

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 ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	28	/	2017

**Transaction ID : SA11A.516261**

Amount of Each Receipt this Period  
500.00

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	Occupation (for Individual) REGISTERED NURSE
---	---

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
07	/	21	/	2017

**Transaction ID : SA11A.515747**

Amount of Each Receipt this Period  
50.00

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 307 OF 997
	<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. 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	Occupation (for Individual) REGISTERED NURSE
---	---

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
08		21		2017

**Transaction ID : SA11A.518243**

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	Occupation (for Individual) REGISTERED NURSE
---	---

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
09		21		2017

**Transaction ID : SA11A.521835**

Amount of Each Receipt this Period  
50.00

Memo Item  
CONTRIBUTION

**C. HEINTZ LIPSEY, SUZANNE, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address P.O. BOX 7795

City AVON	State CO	Zip Code 81620-7795
--------------	-------------	------------------------

FEC ID number of contributing 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
09		22		2017

**Transaction ID : SA11A.521769**

Amount of Each Receipt this Period  
3000.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3100.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (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 997
	<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. HEISE, MICHAEL, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address W277N2563 ROCKY POINT RD.

City PEWAUKEE	State WI	Zip Code 53072-4330
------------------	-------------	------------------------

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

Name of Employer (for Individual) WISCONSIN HOMES	Occupation (for Individual) REAL ESTATE
--	--

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
07		31		2017

**Transaction ID : SA11A.516929**

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

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

Mailing Address W277N2563 ROCKY POINT RD.

City PEWAUKEE	State WI	Zip Code 53072-4330
------------------	-------------	------------------------

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

Name of Employer (for Individual) WISCONSIN HOMES	Occupation (for Individual) REAL ESTATE
--	--

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
08		31		2017

**Transaction ID : SA11A.519632**

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

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

Mailing Address W277N2563 ROCKY POINT RD.

City PEWAUKEE	State WI	Zip Code 53072-4330
------------------	-------------	------------------------

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

Name of Employer (for Individual) WISCONSIN HOMES	Occupation (for Individual) REAL ESTATE
--	--

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
09		30		2017

**Transaction ID : SA11A.522966**

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 309 OF 997
	<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. 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 ▼ 10000.00

Date of Receipt 09 / 02 / 2017  
**Transaction ID : SA11A.519679**  
 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 ▼ 10000.00

Date of Receipt 09 / 07 / 2017  
**Transaction ID : SA11A.519908**  
 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 ▼ 450.00

Date of Receipt 07 / 30 / 2017  
**Transaction ID : SA11A.516998**  
 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: (check only one)	PAGE 310 OF 997
	<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. 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 ▼ 450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 30 / 2017  
**Transaction ID : SA11A.519018**  
 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 ▼ 450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2017  
**Transaction ID : SA11A.522944**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item  
 CONTRIBUTION

**C. HENSON, CHRISTOPHER, L., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 550 BELMEADE WAY TRAIL  
 City LEWISVILLE State NC Zip Code 27023-8355  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BB&T Occupation (for Individual) PRESIDENT AND COO  
 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  
 09 / 18 / 2017  
**Transaction ID : SA11A.520674**  
 Amount of Each Receipt this Period  
 1300.00  
 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 311 OF 997
	<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. HEPFNER, MARGETTE, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3030 MCKINNEY AVE #2106

City DALLAS	State TX	Zip Code 75204-2451
----------------	-------------	------------------------

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 ▼  
5400.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		15		2017

**Transaction ID : SA11A.520943**

Amount of Each Receipt this Period  
5400.00

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 ▼  
225.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		02		2017

**Transaction ID : SA11A.513928**

Amount of Each Receipt this Period  
25.00

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 ▼  
225.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		02		2017

**Transaction ID : SA11A.517287**

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 312 OF 997
	<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. 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 ▼ 225.00

Date of Receipt **09 / 02 / 2017**  
**Transaction ID : SA11A.519863**  
 Amount of Each Receipt this Period 25.00  
 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 ▼ 800.00

Date of Receipt **07 / 05 / 2017**  
**Transaction ID : SA11A.514098**  
 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 ▼ 800.00

Date of Receipt **07 / 07 / 2017**  
**Transaction ID : SA11A.514303**  
 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 313 OF 997
	<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 ▼ 800.00

Date of Receipt 08 / 01 / 2017  
**Transaction ID : SA11A.517154**  
 Amount of Each Receipt this Period 25.00  
 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 ▼ 800.00

Date of Receipt 08 / 07 / 2017  
**Transaction ID : SA11A.517530**  
 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 ▼ 800.00

Date of Receipt 09 / 07 / 2017  
**Transaction ID : SA11A.520792**  
 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 314 OF 997
	<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. 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 ▼  
565.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		24		2017

**Transaction ID : SA11A.518605**

Amount of Each Receipt this Period  
20.00

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 ▼  
565.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		24		2017

**Transaction ID : SA11A.522009**

Amount of Each Receipt this Period  
20.00

Memo Item  
CONTRIBUTION

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

Mailing Address 6008 HERITAGE VIEW CR

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 ▼  
3600.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		08		2017

**Transaction ID : SA11A.514419**

Amount of Each Receipt this Period  
400.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	440.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (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 997
	<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. HICKMAN, DIANA, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 6008 HERITAGE VIEW 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 ▼ 3600.00

Date of Receipt **08 / 08 / 2017**  
**Transaction ID : SA11A.517669**  
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  
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 ▼ 3600.00

Date of Receipt **09 / 08 / 2017**  
**Transaction ID : SA11A.520805**  
Amount of Each Receipt this Period 400.00  
 Memo Item CONTRIBUTION

**C. HICKMAN, HERBERT, D., MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 830 BIG VALLEY DRIVE  
City COLORADO SPRINGS State CO Zip Code 80919-1007  
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 ▼ 256.00

Date of Receipt **07 / 28 / 2017**  
**Transaction ID : SA11A.516260**  
Amount of Each Receipt this Period 112.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 912.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 316 OF 997
	<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. HILDE, AL, , , JR.**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9555 SNAKE RIVER RD  
 City JACKSON State WY Zip Code 83001-9347  
 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 08 / 31 / 2017  
**Transaction ID : SA11A.519137**  
 Amount of Each Receipt this Period 10000.00  
 Memo Item CONTRIBUTION

**B. HILL, RICHARD, S., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2303 WINDSOR RD  
 City AUSTIN State TX Zip Code 78703-3116  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) HPI REAL ESTATE INC. Occupation (for Individual) REAL ESTATE  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 07 / 10 / 2017  
**Transaction ID : SA11A.514273**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item CONTRIBUTION

**C. HILL, WANDA, E., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2909 SCHUBBA CT  
 City RALEIGH State NC Zip Code 27614-7576  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GSK Occupation (for Individual) REGULATORY AFFAIRS  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 07 / 27 / 2017  
**Transaction ID : SA11A.515974**  
 Amount of Each Receipt this Period 1000.00  
 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 317 OF 997
	<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. HILLIS, GENEVIEVE, E., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 21 E HURON STREET APT 1705  
 City CHICAGO State IL Zip Code 60611-3855  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) DIRECT SUPPLY INC Occupation (for Individual) PRINCIPAL  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 25000.00

Date of Receipt **07 / 13 / 2017**  
**Transaction ID : SA11A.514495**  
 Amount of Each Receipt this Period 25000.00  
 Memo Item  
 CONTRIBUTION

**B. HILLIS, JENNIFER, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 951 E WYE LANE  
 City FOX POINT State WI Zip Code 53217-3649  
 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 ▼ 8064.39

Date of Receipt **08 / 23 / 2017**  
**Transaction ID : SA11A.518314**  
 Amount of Each Receipt this Period 8064.39  
 Memo Item  
 CONTRIBUTION  
 JFC EVENT CATERING

**C. HILLIS, ROBERT, J., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 951 E WYE LANE  
 City FOX POINT State WI Zip Code 53217-3649  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) DIRECT SUPPLY, INC. Occupation (for Individual) PRESIDENT & CEO  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 65000.00

Date of Receipt **07 / 13 / 2017**  
**Transaction ID : SA11A.514500**  
 Amount of Each Receipt this Period 50000.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	83064.39
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (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 997
	<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. HILLIER, ROBIN, L.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1161 GREEN KNOLL DR  
 City WESTERVILLE State OH Zip Code 43081-7043  
 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 08 / 31 / 2017  
**Transaction ID : SA11A.519182**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item CONTRIBUTION

**B. HILLMAN, TATNALL, , MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 504 W BLEEKER STREET  
 City ASPEN State CO Zip Code 81611-1228  
 FEC ID number of contributing 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 08 / 01 / 2017  
**Transaction ID : SA11A.516769**  
 Amount of Each Receipt this Period 10000.00  
 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 ▼ 450.00

Date of Receipt 07 / 31 / 2017  
**Transaction ID : SA11A.516863**  
 Amount of Each Receipt this Period 150.00  
 Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	15150.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 319 OF 997
	<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. 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 ▼ 450.00

Date of Receipt 08 / 31 / 2017  
**Transaction ID : SA11A.519658**

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 ▼ 450.00

Date of Receipt 09 / 30 / 2017  
**Transaction ID : SA11A.523004**

Amount of Each Receipt this Period 150.00

Memo Item CONTRIBUTION

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

Mailing Address 1 SUNSET KNOLL CT

City TIMONIUM State MD Zip Code 21093-4775

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 ▼ 500.00

Date of Receipt 07 / 20 / 2017  
**Transaction ID : SA11A.515103**

Amount of Each Receipt this Period 500.00

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 320 OF 997
	<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. HOBBS, DAVID, W., MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1903 MALLINSON WAY

City ALEXANDRIA State VA Zip Code 22308-2760

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

Name of Employer (for Individual) THE HOBBS GROUP Occupation (for Individual) PRESIDENT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 12500.00

Date of Receipt 09 / 30 / 2017  
**Transaction ID : SA11A.523073**

Amount of Each Receipt this Period 2500.00

Memo Item CONTRIBUTION

**B. HOCK, STACY, A., ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3331 WESTLAKE DR

City AUSTIN State TX Zip Code 78746-1901

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 50000.00

Date of Receipt 08 / 28 / 2017  
**Transaction ID : SA11A.518534**

Amount of Each Receipt this Period 50000.00

Memo Item CONTRIBUTION

**C. 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 ▼ 900.00

Date of Receipt 07 / 31 / 2017  
**Transaction ID : SA11A.516537**

Amount of Each Receipt this Period 200.00

Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 52700.00

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



**SCHEDULE A (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 997
	<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 ▼ 900.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 22 / 2017  
**Transaction ID : SA11A.521771**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**B. HOGAN, BRIAN, J., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2740 TURNBERRY PARK LN  
 City SAINT LOUIS State MO Zip Code 63131-3040  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) HOGAN TRUCK LEASING 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  
 07 / 27 / 2017  
**Transaction ID : SA11A.515980**  
 Amount of Each Receipt this Period  
 3500.00  
 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 ▼ 450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 17 / 2017  
**Transaction ID : SA11A.514866**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3650.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (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 997
	<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. 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 ▼ 450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 17 / 2017  
**Transaction ID : SA11A.518090**  
 Amount of Each Receipt this Period  
 50.00  
 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 ▼ 450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 17 / 2017  
**Transaction ID : SA11A.521281**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item  
 CONTRIBUTION

**C. HOGAN, PATRICIA, A., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 601 N GRANADOS AVENUE  
 City SOLANA BEACH State CA Zip Code 92075-1218  
 FEC ID number of contributing 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  
 09 / 18 / 2017  
**Transaction ID : SA11A.521015**  
 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 323 OF 997
	<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. HOGGARD, BOB, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 143 SALMON CREEI LANE P.O. BOX 222

City MERRY HILL	State NC	Zip Code 27957-0222
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  
07 / 30 / 2017  
**Transaction ID : SA11A.517036**

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

**B. HOGGARD, BOB, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 143 SALMON CREEI LANE P.O. BOX 222

City MERRY HILL	State NC	Zip Code 27957-0222
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  
08 / 30 / 2017  
**Transaction ID : SA11A.519019**

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

**C. HOGGARD, BOB, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 143 SALMON CREEI LANE P.O. BOX 222

City MERRY HILL	State NC	Zip Code 27957-0222
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  
09 / 30 / 2017  
**Transaction ID : SA11A.523010**

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 324 OF 997		
	<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. HOHLT, RICHARD, F., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7901 KENT RD  
 City ALEXANDRIA State VA Zip Code 22308-1328  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED LOBBYIST AND FEDERAL C  
 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  
 08 / 28 / 2017  
**Transaction ID : SA11A.518492**  
 Amount of Each Receipt this Period  
 50000.00  
 Memo Item  
 CONTRIBUTION

**B. HOLLAND, CLYDE, P., MR., JR.**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1111 MAIN STREET #500  
 City VANCOUVER State WA Zip Code 98660-2991  
 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 ▼  
 75000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 23 / 2017  
**Transaction ID : SA11A.518316**  
 Amount of Each Receipt this Period  
 75000.00  
 Memo Item  
 CONTRIBUTION

**C. HOLT, NORMAN, , MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2104 KARNES DR.  
 City KELLER State TX Zip Code 76248-8388  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) FINANCIAL CONSULTANT  
 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  
 07 / 14 / 2017  
**Transaction ID : SA11A.514656**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	125100.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 325 OF 997
	<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. HOLT, NORMAN, , MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 2104 KARNES DR.  
City KELLER State TX Zip Code 76248-8388  
FEC ID number of contributing federal political committee. **C**  
Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) FINANCIAL CONSULTANT  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 900.00

Date of Receipt 08 / 14 / 2017  
**Transaction ID : SA11A.517857**  
Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION

**B. HOLT, NORMAN, , MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 2104 KARNES DR.  
City KELLER State TX Zip Code 76248-8388  
FEC ID number of contributing federal political committee. **C**  
Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) FINANCIAL CONSULTANT  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 900.00

Date of Receipt 09 / 14 / 2017  
**Transaction ID : SA11A.520921**  
Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION

**C. HOOKER, ELLEN, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 4623 NASHWOOD LN  
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 ▼ 225.00

Date of Receipt 07 / 30 / 2017  
**Transaction ID : SA11A.517018**  
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 326 OF 997
	<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. HOOKER, ELLEN, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 4623 NASHWOOD LN  
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 ▼ 225.00

Date of Receipt 08 / 30 / 2017  
Transaction ID : SA11A.518992  
Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**B. HOOKER, ELLEN, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 4623 NASHWOOD LN  
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 ▼ 225.00

Date of Receipt 09 / 30 / 2017  
Transaction ID : SA11A.522974  
Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**C. HOPKINS, LIZ, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 3101 CREEKSIDE DR  
City BRENHAM State TX Zip Code 77833-9315  
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 07 / 10 / 2017  
Transaction ID : SA11A.514269  
Amount of Each Receipt this Period 5000.00  
 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 327 OF 997
	<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. HOPKINS, NINA, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 2614 GUN AND ROD RD  
City BRENHAM State TX Zip Code 77833-6036  
FEC ID number of contributing federal political committee. **C**  
Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) DISTRIBUTOR  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 2700.00

Date of Receipt **07 / 10 / 2017**  
**Transaction ID : SA11A.514277**  
Amount of Each Receipt this Period 2700.00  
 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 ▼ 225.00

Date of Receipt **07 / 30 / 2017**  
**Transaction ID : SA11A.517028**  
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 ▼ 225.00

Date of Receipt **08 / 30 / 2017**  
**Transaction ID : SA11A.519020**  
Amount of Each Receipt this Period 25.00  
 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 328 OF 997
	<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. 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 ▼ 225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2017  
**Transaction ID : SA11A.523011**  
 Amount of Each Receipt this Period  
 25.00  
 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 ▼ 900.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 19 / 2017  
**Transaction ID : SA11A.515426**  
 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 ▼ 900.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 19 / 2017  
**Transaction ID : SA11A.518299**  
 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 329 OF 997
	<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 ▼  
900.00

Date of Receipt  
MM / DD / YYYY  
09 / 19 / 2017

**Transaction ID : SA11A.521503**

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 ▼  
2250.00

Date of Receipt  
MM / DD / YYYY  
07 / 21 / 2017

**Transaction ID : SA11A.515726**

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 ▼  
2250.00

Date of Receipt  
MM / DD / YYYY  
08 / 21 / 2017

**Transaction ID : SA11A.518225**

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: (check only one)	PAGE 330 OF 997
	<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. 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 ▼ 2250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 21 / 2017  
**Transaction ID : SA11A.521815**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item  
 CONTRIBUTION

**B. HOUNTZ, MATTHEW, , ,**  
 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 ▼ 225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 14 / 2017  
**Transaction ID : SA11A.514665**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item  
 CONTRIBUTION

**C. HOUNTZ, MATTHEW, , ,**  
 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 ▼ 225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 14 / 2017  
**Transaction ID : SA11A.517868**  
 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 331 OF 997
	<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. HOUNTZ, MATTHEW, , ,**  
 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 ▼ 225.00

Date of Receipt 09 / 14 / 2017  
**Transaction ID : SA11A.520923**  
 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 ▼ 450.00

Date of Receipt 07 / 25 / 2017  
**Transaction ID : SA11A.515894**  
 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 ▼ 450.00

Date of Receipt 08 / 25 / 2017  
**Transaction ID : SA11A.518577**  
 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 332 OF 997
	<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. 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 ▼ 450.00

Date of Receipt 09 / 25 / 2017  
**Transaction ID : SA11A.521983**  
 Amount of Each Receipt this Period 50.00  
 Memo Item CONTRIBUTION

**B. 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 ▼ 300.00

Date of Receipt 07 / 31 / 2017  
**Transaction ID : SA11A.516527**  
 Amount of Each Receipt this Period 100.00  
 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 ▼ 450.00

Date of Receipt 07 / 17 / 2017  
**Transaction ID : SA11A.514870**  
 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 333 OF 997
	<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. 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 ▼ 450.00

Date of Receipt 08 / 17 / 2017  
**Transaction ID : SA11A.518093**  
 Amount of Each Receipt this Period 50.00  
 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 ▼ 450.00

Date of Receipt 09 / 17 / 2017  
**Transaction ID : SA11A.521283**  
 Amount of Each Receipt this Period 50.00  
 Memo Item CONTRIBUTION

**C. HUCKABEE, HELENA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7553 S WILLOW CIRCLE  
 City CENTENNIAL State CO Zip Code 80112-2761  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) EMERGE PC Occupation (for Individual) PRESIDENT & SMALL BUSINESS OWI  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 07 / 11 / 2017  
**Transaction ID : SA11A.514462**  
 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 334 OF 997
	<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. HUCKABEE, HELENA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7553 S WILLOW CIRCLE  
 City CENTENNIAL State CO Zip Code 80112-2761  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) EMERGE PC Occupation (for Individual) PRESIDENT & SMALL BUSINESS OW  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 08 / 11 / 2017  
**Transaction ID : SA11A.517834**  
 Amount of Each Receipt this Period 50.00  
 Memo Item CONTRIBUTION

**B. HUCKABEE, HELENA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7553 S WILLOW CIRCLE  
 City CENTENNIAL State CO Zip Code 80112-2761  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) EMERGE PC Occupation (for Individual) PRESIDENT & SMALL BUSINESS OW  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 09 / 11 / 2017  
**Transaction ID : SA11A.520828**  
 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 ▼ 650.00

Date of Receipt 07 / 08 / 2017  
**Transaction ID : SA11A.514413**  
 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 335 OF 997
	<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. 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 ▼  
650.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 22 / 2017  
**Transaction ID : SA11A.515847**

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 ▼  
650.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 08 / 2017  
**Transaction ID : SA11A.517662**

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 ▼  
650.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 22 / 2017  
**Transaction ID : SA11A.518415**

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 336 OF 997
	<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. 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 ▼  
650.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		08		2017

**Transaction ID : SA11A.520814**

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 ▼  
650.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		22		2017

**Transaction ID : SA11A.521918**

Amount of Each Receipt this Period  
50.00

Memo Item  
CONTRIBUTION

**C. HUDSPATH III, JOHN, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 ▼  
225.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		31		2017

**Transaction ID : SA11A.516923**

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 337 OF 997
	<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. HUDSPATH III, JOHN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 ▼ 225.00

Date of Receipt 08 / 31 / 2017  
**Transaction ID : SA11A.519652**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**B. HUDSPATH III, JOHN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 ▼ 225.00

Date of Receipt 09 / 30 / 2017  
**Transaction ID : SA11A.523001**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**C. HUGHES, LAWRENCE, P., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8865 OVERLAZE DR  
 City MEDINA State WA Zip Code 98039-5347  
 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 ▼ 10000.00

Date of Receipt 08 / 28 / 2017  
**Transaction ID : SA11A.518506**  
 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: (check only one)	PAGE 338 OF 997
	<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. HULL, MARCIA, L., MRS.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4342 WEST B ST.  
 City GREELEY State CO Zip Code 80634-5025  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) FAMILY CAREGIVER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 07 / 09 / 2017  
**Transaction ID : SA11A.514389**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**B. HULL, MARCIA, L., MRS.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4342 WEST B ST.  
 City GREELEY State CO Zip Code 80634-5025  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) FAMILY CAREGIVER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 08 / 09 / 2017  
**Transaction ID : SA11A.517727**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**C. HULL, MARCIA, L., MRS.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4342 WEST B ST.  
 City GREELEY State CO Zip Code 80634-5025  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) FAMILY CAREGIVER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 09 / 09 / 2017  
**Transaction ID : SA11A.520861**  
 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 339 OF 997
	<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. HURTADO, GUILLERMO, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 111 SHELLEY AVE  
F

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 ▼  
450.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		26		2017

**Transaction ID : SA11A.516044**

Amount of Each Receipt this Period  
50.00

Memo Item  
CONTRIBUTION

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

Mailing Address 111 SHELLEY AVE  
F

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 ▼  
450.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		26		2017

**Transaction ID : SA11A.518739**

Amount of Each Receipt this Period  
50.00

Memo Item  
CONTRIBUTION

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

Mailing Address 111 SHELLEY AVE  
F

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 ▼  
450.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		26		2017

**Transaction ID : SA11A.522121**

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 340 OF 997
	<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. HUSBY, PAUL, C., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 80 LA BARRANCA DRIVE  
 City SEDONA State AZ Zip Code 86351-6936  
 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  
 07 / 20 / 2017  
**Transaction ID : SA11A.515380**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**B. HUTCHISON, ANDY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4102 55TH AVE NE  
 City SEATTLE State WA Zip Code 98105-4946  
 FEC ID number of contributing 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  
 08 / 21 / 2017  
**Transaction ID : SA11A.518209**  
 Amount of Each Receipt this Period  
 2500.00  
 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 ▼ 2250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 04 / 2017  
**Transaction ID : SA11A.514124**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2850.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (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 997
	<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 ▼ 2250.00

Date of Receipt **08 / 04 / 2017**  
**Transaction ID : SA11A.517430**  
 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 ▼ 2250.00

Date of Receipt **09 / 04 / 2017**  
**Transaction ID : SA11A.519824**  
 Amount of Each Receipt this Period 250.00  
 Memo Item CONTRIBUTION

**C. HUTCHENS, H., TERRY, MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1117 OFFSHORE DR  
 City FAYETTEVILLE State NC Zip Code 28305-5250  
 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 ▼ 10000.00

Date of Receipt **09 / 27 / 2017**  
**Transaction ID : SA11A.522075**  
 Amount of Each Receipt this Period 10000.00  
 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 342 OF 997
	<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. 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 ▼  
450.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		18		2017

**Transaction ID : SA11A.515085**

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 ▼  
450.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		18		2017

**Transaction ID : SA11A.518150**

Amount of Each Receipt this Period  
50.00

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 ▼  
450.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		18		2017

**Transaction ID : SA11A.521248**

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 343 OF 997
	<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.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**IBRAHIM, KAISSAR, , ,**

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 ▼  
250.00

Date of Receipt  

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

**Transaction ID : SA11A.514365**

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

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

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 ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		10		2017

**Transaction ID : SA11A.517783**

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

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

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 ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		10		2017

**Transaction ID : SA11A.520840**

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 344 OF 997
	<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 ▼ 250.00

Date of Receipt **09 / 23 / 2017**  
**Transaction ID : SA11A.522036**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**B. INGLIS, JANET, J., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2829 SW MONTEGO TER  
 City STUART State FL Zip Code 34997-1203  
 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 ▼ 205.00

Date of Receipt **07 / 31 / 2017**  
**Transaction ID : SA11A.516551**  
 Amount of Each Receipt this Period 50.00  
 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 ▼ 450.00

Date of Receipt **07 / 19 / 2017**  
**Transaction ID : SA11A.515417**  
 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 345 OF 997
	<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. 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 ▼ 450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 19 / 2017  
**Transaction ID : SA11A.518303**  
 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) TORA TRADING SERVICES Occupation (for Individual) ENGINEER  
 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  
 09 / 19 / 2017  
**Transaction ID : SA11A.521505**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item  
**CONTRIBUTION**

**C. IRELAND, CHARLES, , , JR**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO BOX 815  
 City MYRTLE CREEK State OR Zip Code 97457-0116  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) THOMAS N IRELAND INC Occupation (for Individual) CEO  
 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  
 08 / 31 / 2017  
**Transaction ID : SA11A.519159**  
 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 346 OF 997
	<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. IVANCIC, CHARLOTTE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1212 NEW YORK AVE STE 1050  
 City WASHINGTON State DC Zip Code 20005-6135  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) TARPLIN DOWNS & YOUNG Occupation (for Individual) PARTNER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 7500.00

Date of Receipt 09 / 07 / 2017  
**Transaction ID : SA11A.519907**  
 Amount of Each Receipt this Period 2500.00  
 Memo Item CONTRIBUTION

**B. 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) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 29 / 2017  
**Transaction ID : SA11A.522522**  
 Amount of Each Receipt this Period 250.00  
 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 ▼ 450.00

Date of Receipt 07 / 31 / 2017  
**Transaction ID : SA11A.516942**  
 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 347 OF 997
	<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. 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 ▼  
450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 31 / 2017

**Transaction ID : SA11A.519643**

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 ▼  
450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2017

**Transaction ID : SA11A.522995**

Amount of Each Receipt this Period  
50.00

Memo Item CONTRIBUTION

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

Mailing Address 425 3RD ST SW UNIT 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 ▼  
7500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 17 / 2017

**Transaction ID : SA11A.514698**

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 348 OF 997
	<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. JANICIK, JOHN, A., MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 42 WAVERLY AVE

City CLARENDON HILLS	State IL	Zip Code 60514-1218
-------------------------	-------------	------------------------

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

Name of Employer (for Individual) MAYER BROWN LLP	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
08		31		2017

**Transaction ID : SA11A.519092**

Amount of Each Receipt this Period  
1000.00

Memo Item  
CONTRIBUTION

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

Mailing Address 8 SAINT CLAIR LAKE DRIVE

City SWANSEA	State IL	Zip Code 62226-6485
-----------------	-------------	------------------------

FEC ID number of contributing 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
09		19		2017

**Transaction ID : SA11A.521108**

Amount of Each Receipt this Period  
50.00

Memo Item  
CONTRIBUTION

**C. JENKINS, KIMBERLY, A., ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 14745 MORGAN CLOSE

City WELLINGTON	State FL	Zip Code 33414-7873
--------------------	-------------	------------------------

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
07		27		2017

**Transaction ID : SA11A.515940**

Amount of Each Receipt this Period  
5000.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	6050.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (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 997
	<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. JENKINS, ROBERT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. BOX 14,  
 150 DOC HENRY ROAD  
 City: WOODY CREEK State: CO Zip Code: 81656-0014  
 FEC ID number of contributing 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: 08 / 22 / 2017  
**Transaction ID : SA11A.518474**  
 Amount of Each Receipt this Period: 250.00  
 Memo Item CONTRIBUTION

**B. JENSEN, HOLLY, K., MRS.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 659 FARWELL DR  
 City: MADISON State: WI Zip Code: 53704-6029  
 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: 09 / 28 / 2017  
**Transaction ID : SA11A.522208**  
 Amount of Each Receipt this Period: 1000.00  
 Memo Item CONTRIBUTION

**C. JIMENEZ, JOSEPH, J., MR., JR**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 230 PARK AVE 21ST FL  
 City: NEW YORK State: NY Zip Code: 10169-2403  
 FEC ID number of contributing federal political committee: C  
 Name of Employer (for Individual): NOVARTIS Occupation (for Individual): CEO  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date: 25000.00

Date of Receipt: 07 / 20 / 2017  
**Transaction ID : SA11A.515094**  
 Amount of Each Receipt this Period: 25000.00  
 Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	26250.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (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 997
	<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. JOHNSON, DAVID, D., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2490 MALABAR DR  
 City EUGENE State OR Zip Code 97403-1856  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) C&D LUMBER CO. Occupation (for Individual) MANAGER  
 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  
 08 / 31 / 2017  
**Transaction ID : SA11A.519188**  
 Amount of Each Receipt this Period  
 2500.00  
 Memo Item  
 CONTRIBUTION

**B. 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 ▼ 925.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 17 / 2017  
**Transaction ID : SA11A.514875**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**C. 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 ▼ 925.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 17 / 2017  
**Transaction ID : SA11A.518095**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2700.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 351 OF 997
	<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. 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 ▼ 925.00

Date of Receipt 09 / 17 / 2017  
**Transaction ID : SA11A.521289**  
 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 342 HIGHWAY 21  
 City CLARKSVILLE State AR Zip Code 72830-7800  
 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 ▼ 375.00

Date of Receipt 07 / 28 / 2017  
**Transaction ID : SA11A.516253**  
 Amount of Each Receipt this Period 50.00  
 Memo Item CONTRIBUTION

**C. JOHNSON, FRANKLIN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 151 E PIKE RD  
 City FALKVILLE State AL Zip Code 35622-5101  
 FEC ID number of contributing 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 07 / 17 / 2017  
**Transaction ID : SA11A.514868**  
 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: (check only one)	PAGE 352 OF 997
	<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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**JOHNSON, FRANKLIN, , ,**

Mailing Address **151 E PIKE RD**

City <b>FALKVILLE</b>	State <b>AL</b>	Zip Code <b>35622-5101</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 ▼  
**800.00**

Date of Receipt  
**08 / 17 / 2017**

**Transaction ID : SA11A.518088**

Amount of Each Receipt this Period  
**100.00**

Memo Item  
CONTRIBUTION

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

Mailing Address **2749 SOUTHWOOD RD**

City <b>BIRMINGHAM</b>	State <b>AL</b>	Zip Code <b>35223-1228</b>
---------------------------	--------------------	-------------------------------

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

Name of Employer (for Individual) <b>PROTECTIVE LIFE</b>	Occupation (for Individual) <b>INSURANCE</b>
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**55000.00**

Date of Receipt  
**08 / 31 / 2017**

**Transaction ID : SA11A.519201**

Amount of Each Receipt this Period  
**50000.00**

Memo Item  
CONTRIBUTION

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

Mailing Address **201 DARTMOOR LN**

City <b>RALEIGH</b>	State <b>NC</b>	Zip Code <b>27614-9748</b>
------------------------	--------------------	-------------------------------

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

Name of Employer (for Individual) <b>GLAXOSMITHKLINE</b>	Occupation (for Individual) <b>EXECUTIVE</b>
---	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
**1000.00**

Date of Receipt  
**07 / 27 / 2017**

**Transaction ID : SA11A.515978**

Amount of Each Receipt this Period  
**1000.00**

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>51100.00</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 353 OF 997
	<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. JOHNSON, ROBERT, J., MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 859 WINDALIER LANE

City WINSTON SALEM	State NC	Zip Code 27106-9843
-----------------------	-------------	------------------------

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

Name of Employer (for Individual) BB&T	Occupation (for Individual) GENERAL COUNSEL
---	--

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
09		18		2017

**Transaction ID : SA11A.520680**

Amount of Each Receipt this Period  
1000.00

Memo Item  
CONTRIBUTION

**B. JOHNSON, THOMAS, H., MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 17798 BEARPATH TRAIL

City EDEN PRAIRIE	State MN	Zip Code 55347-3447
----------------------	-------------	------------------------

FEC ID number of contributing 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
07		31		2017

**Transaction ID : SA11A.516513**

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

**C. JOHNSON EVES, VALERIE, A., ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2118 PEREFRINE CT

City WEST LINN	State OR	Zip Code 97068-2829
-------------------	-------------	------------------------

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

Name of Employer (for Individual) D. R JOHNSON	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
08		31		2017

**Transaction ID : SA11A.519207**

Amount of Each Receipt this Period  
5000.00

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 354 OF 997
	<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. JOHNSON, WILLIAM, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8923 PRAIRIE SCHOONER CIRCLE  
 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 ▼ 900.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 27 / 2017  
**Transaction ID : SA11A.516199**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**B. JOHNSON, WILLIAM, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8923 PRAIRIE SCHOONER CIRCLE  
 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 ▼ 900.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 27 / 2017  
**Transaction ID : SA11A.518701**  
 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 CIRCLE  
 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 ▼ 900.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 27 / 2017  
**Transaction ID : SA11A.522377**  
 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 355 OF 997
	<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. 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 ▼ 450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 21 / 2017  
**Transaction ID : SA11A.515734**  
 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 ▼ 450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 21 / 2017  
**Transaction ID : SA11A.518237**  
 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 ▼ 450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 21 / 2017  
**Transaction ID : SA11A.521825**  
 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 356 OF 997
<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. JONES, ALLAN, , MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address PO BOX 1015

City CLEVELAND	State TN	Zip Code 37364-
-------------------	-------------	--------------------

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

Name of Employer (for Individual) JONES MANAGEMENT SERVICES	Occupation (for Individual) CHAIRMAN
--	---

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
08		31		2017

**Transaction ID : SA11A.519129**

Amount of Each Receipt this Period  
5000.00

Memo Item  
CONTRIBUTION

**B. JONES, CHARLEY, , MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 5201 BOGUS BASIN RD

City BOISE	State ID	Zip Code 83702-1548
---------------	-------------	------------------------

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

Name of Employer (for Individual) STINKER STORES	Occupation (for Individual) OWNER
---	--------------------------------------

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
09		13		2017

**Transaction ID : SA11A.520352**

Amount of Each Receipt this Period  
1000.00

Memo Item  
CONTRIBUTION

**C. JONES, JOHN, BAILEY, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 450 ANATOLE LN

City CLEVELAND	State TN	Zip Code 37312-8226
-------------------	-------------	------------------------

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
08		31		2017

**Transaction ID : SA11A.519132**

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 357 OF 997
	<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. 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 ▼ 900.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 25 / 2017  
**Transaction ID : SA11A.515918**  
 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 ▼ 900.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 25 / 2017  
**Transaction ID : SA11A.518561**  
 Amount of Each Receipt this Period  
 100.00  
 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 ▼ 900.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 25 / 2017  
**Transaction ID : SA11A.521962**  
 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 358 OF 997
	<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. 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 ▼  
288.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		30		2017

**Transaction ID : SA11A.517045**

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 ▼  
288.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		30		2017

**Transaction ID : SA11A.519022**

Amount of Each Receipt this Period  
32.00

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 ▼  
288.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2017

**Transaction ID : SA11A.523013**

Amount of Each Receipt this Period  
32.00

Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	96.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (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 997
	<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. JONES, WILLIAM, A., , III**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 1015

City CLEVELAND State TN Zip Code 37364-1015

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 08 / 31 / 2017  
**Transaction ID : SA11A.519130**

Amount of Each Receipt this Period 5000.00

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 ▼ 450.00

Date of Receipt 07 / 15 / 2017  
**Transaction ID : SA11A.514965**

Amount of Each Receipt this Period 50.00

Memo Item CONTRIBUTION

**C. 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 ▼ 450.00

Date of Receipt 08 / 15 / 2017  
**Transaction ID : SA11A.517990**

Amount of Each Receipt this Period 50.00

Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 5100.00

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

**SCHEDULE A (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 997
	<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. 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 ▼ 450.00

Date of Receipt 09 / 15 / 2017  
**Transaction ID : SA11A.521201**  
 Amount of Each Receipt this Period 50.00  
 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 ▼ 225.00

Date of Receipt 07 / 22 / 2017  
**Transaction ID : SA11A.515853**  
 Amount of Each Receipt this Period 25.00  
 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 ▼ 225.00

Date of Receipt 08 / 22 / 2017  
**Transaction ID : SA11A.518416**  
 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 361 OF 997
	<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. 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 225.00

Date of Receipt 09 / 22 / 2017  
**Transaction ID : SA11A.521921**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**B. 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) MCDONALD, LEVY & TAYLOR Occupation (for Individual) PARALEGAL  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 250.00

Date of Receipt 07 / 09 / 2017  
**Transaction ID : SA11A.514385**  
 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) MCDONALD, LEVY & TAYLOR Occupation (for Individual) PARALEGAL  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 250.00

Date of Receipt 08 / 09 / 2017  
**Transaction ID : SA11A.517724**  
 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 362 OF 997
	<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. 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) MCDONALD, LEVY & TAYLOR Occupation (for Individual) PARALEGAL  
 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  
 09 / 09 / 2017  
**Transaction ID : SA11A.520851**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item  
 CONTRIBUTION

**B. JOYCE, CHARLES, P., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. BOX 483  
 City WELLSVILLE State NY Zip Code 14895-0483  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) OTIS EASTERN SERVICE Occupation (for Individual) CONTRACTOR  
 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  
 08 / 11 / 2017  
**Transaction ID : SA11A.517739**  
 Amount of Each Receipt this Period  
 100000.00  
 Memo Item  
 CONTRIBUTION

**C. 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 ▼ 225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 17 / 2017  
**Transaction ID : SA11A.514862**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	100050.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (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 997
	<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. 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 ▼ 225.00

Date of Receipt 08 / 17 / 2017  
**Transaction ID : SA11A.518094**  
 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 ▼ 225.00

Date of Receipt 09 / 17 / 2017  
**Transaction ID : SA11A.521285**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**C. JUMPER, BILLY, S., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 14006 WOODTHORPE LANE  
 City HOUSTON State TX Zip Code 77079-3241  
 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 ▼ 450.00

Date of Receipt 07 / 31 / 2017  
**Transaction ID : SA11A.516921**  
 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 364 OF 997
	<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. JUMPER, BILLY, S., MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 14006 WOODTHORPE LANE

City HOUSTON	State TX	Zip Code 77079-3241
-----------------	-------------	------------------------

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 ▼  
450.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		31		2017

**Transaction ID : SA11A.519651**

Amount of Each Receipt this Period  
50.00

Memo Item  
CONTRIBUTION

**B. JUMPER, BILLY, S., MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 14006 WOODTHORPE LANE

City HOUSTON	State TX	Zip Code 77079-3241
-----------------	-------------	------------------------

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 ▼  
450.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2017

**Transaction ID : SA11A.523000**

Amount of Each Receipt this Period  
50.00

Memo Item  
CONTRIBUTION

**C. JUNG, JERRY, M., ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address P.O. BOX 7060

City NOVI	State MI	Zip Code 48376-7060
--------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
75000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		31		2017

**Transaction ID : SA11A.519206**

Amount of Each Receipt this Period  
50000.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	50100.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (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 997
	<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. JUNGERS, FRANK, , MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 65604 TWEED RD  
 City BEND State OR Zip Code 97703-9221  
 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 08 / 29 / 2017  
**Transaction ID : SA11A.518762**  
 Amount of Each Receipt this Period 2500.00  
 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 ▼ 350.00

Date of Receipt 07 / 03 / 2017  
**Transaction ID : SA11A.513914**  
 Amount of Each Receipt this Period 50.00  
 Memo Item CONTRIBUTION

**C. 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 ▼ 350.00

Date of Receipt 08 / 03 / 2017  
**Transaction ID : SA11A.517391**  
 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 366 OF 997
	<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. 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 ▼ 350.00

Date of Receipt 09 / 03 / 2017  
**Transaction ID : SA11A.519834**  
 Amount of Each Receipt this Period 50.00  
 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 ▼ 225.00

Date of Receipt 07 / 13 / 2017  
**Transaction ID : SA11A.514603**  
 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 ▼ 225.00

Date of Receipt 08 / 13 / 2017  
**Transaction ID : SA11A.517894**  
 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 367 OF 997
	<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. 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 ▼  
225.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		13		2017

**Transaction ID : SA11A.520902**

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) APC,INC.	Occupation (for Individual) SALES ENGINEER
---	---

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
07		28		2017

**Transaction ID : SA11A.516680**

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) APC,INC.	Occupation (for Individual) SALES ENGINEER
---	---

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
08		28		2017

**Transaction ID : SA11A.518629**

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 368 OF 997
	<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) APC,INC. Occupation (for Individual) SALES ENGINEER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 09 / 28 / 2017  
**Transaction ID : SA11A.522475**  
 Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION

**B. KEELLEN, MATTHEW, B., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 607 TIMBER LANE  
 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 ▼ 7500.00

Date of Receipt 07 / 10 / 2017  
**Transaction ID : SA11A.514329**  
 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 ▼ 300.00

Date of Receipt 07 / 13 / 2017  
**Transaction ID : SA11A.514559**  
 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 369 OF 997
	<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. 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 ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		24		2017

**Transaction ID : SA11A.515780**

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 ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		30		2017

**Transaction ID : SA11A.516992**

Amount of Each Receipt this Period  
25.00

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 ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		05		2017

**Transaction ID : SA11A.517559**

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 370 OF 997
	<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. 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 ▼ 300.00

Date of Receipt **08 / 24 / 2017**  
**Transaction ID : SA11A.518515**  
 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 ▼ 300.00

Date of Receipt **08 / 30 / 2017**  
**Transaction ID : SA11A.518975**  
 Amount of Each Receipt this Period 25.00  
 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 ▼ 300.00

Date of Receipt **09 / 24 / 2017**  
**Transaction ID : SA11A.522001**  
 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 371 OF 997
	<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. 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 ▼ 300.00

Date of Receipt 09 / 30 / 2017  
**Transaction ID : SA11A.522958**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**B. KEITH, TOM, J., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 212 S COOL SPRING ST  
 City FAYETTEVILLE State NC Zip Code 28301-5706  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) TOM KEITH & ASSOCIATES, INC. Occupation (for Individual) FOUNDER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 28 / 2017  
**Transaction ID : SA11A.522209**  
 Amount of Each Receipt this Period 250.00  
 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 ▼ 225.00

Date of Receipt 07 / 01 / 2017  
**Transaction ID : SA11A.513946**  
 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 372 OF 997
	<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. 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 ▼ 225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 01 / 2017  
**Transaction ID : SA11A.517175**  
 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 ▼ 225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 01 / 2017  
**Transaction ID : SA11A.519758**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item  
 CONTRIBUTION

**C. KELLY, DANIEL, T., , JR**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 250 E ALAMEDA STREET  
 APT 240  
 City SANTA FE State NM Zip Code 87501-6203  
 FEC ID number of contributing 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  
 09 / 19 / 2017  
**Transaction ID : SA11A.521090**  
 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 373 OF 997
	<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. KENYON, MARLENE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5035 S NEWCOMBE CT  
 City LITTLETON State CO Zip Code 80127-1398  
 FEC ID number of contributing 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 **07 / 16 / 2017**  
**Transaction ID : SA11A.514934**  
 Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION

**B. KENYON, MARLENE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5035 S NEWCOMBE CT  
 City LITTLETON State CO Zip Code 80127-1398  
 FEC ID number of contributing 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 **09 / 30 / 2017**  
**Transaction ID : SA11A.522828**  
 Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION

**C. KERCKHOVE, GEORGE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1604 SHENANDOAH DRIVE  
 City WAUNAKEE State WI Zip Code 53597-2342  
 FEC ID number of contributing 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 **07 / 08 / 2017**  
**Transaction ID : SA11A.514417**  
 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 374 OF 997
	<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. KERCKHOVE, GEORGE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1604 SHENANDOAH DRIVE  
 City WAUNAKEE State WI Zip Code 53597-2342  
 FEC ID number of contributing 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 08 / 08 / 2017  
**Transaction ID : SA11A.517666**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**B. KERCKHOVE, GEORGE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1604 SHENANDOAH DRIVE  
 City WAUNAKEE State WI Zip Code 53597-2342  
 FEC ID number of contributing 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 09 / 08 / 2017  
**Transaction ID : SA11A.520806**  
 Amount of Each Receipt this Period 25.00  
 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 ▼ 900.00

Date of Receipt 07 / 17 / 2017  
**Transaction ID : SA11A.514851**  
 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 375 OF 997
	<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. 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 ▼  
900.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		17		2017

**Transaction ID : SA11A.518080**

Amount of Each Receipt this Period  
100.00

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 ▼  
900.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		17		2017

**Transaction ID : SA11A.521272**

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

**C. 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 ▼  
900.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		27		2017

**Transaction ID : SA11A.516221**

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 376 OF 997
<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. 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 ▼ 900.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 27 / 2017  
**Transaction ID : SA11A.518672**  
 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 ▼ 900.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 27 / 2017  
**Transaction ID : SA11A.522353**  
 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 ▼ 270.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 27 / 2017  
**Transaction ID : SA11A.516228**  
 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 377 OF 997
	(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. 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 ▼ 270.00

Date of Receipt 08 / 27 / 2017  
**Transaction ID : SA11A.518709**  
 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 ▼ 270.00

Date of Receipt 09 / 27 / 2017  
**Transaction ID : SA11A.522355**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
**CONTRIBUTION**

**C. KIES, KATHLEEN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6109 FRANKLIN PARK ROAD  
 City MC LEAN State VA Zip Code 22101-4214  
 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 ▼ 50000.00

Date of Receipt 09 / 12 / 2017  
**Transaction ID : SA11A.520318**  
 Amount of Each Receipt this Period 50000.00  
 Memo Item  
**CONTRIBUTION**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 50060.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (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 997
	<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. KILLIAN, BRYON, A., MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1125 MAHANTONGO ST

City POTTSVILLE	State PA	Zip Code 17901-3027
--------------------	-------------	------------------------

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
09		30		2017

**Transaction ID : SA11A.523104**

Amount of Each Receipt this Period  
1000.00

Memo Item  
CONTRIBUTION

**B. KING, KELLY, S., MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 108 WESTHAVEN CIRCLE

City WINSTON SALEM	State NC	Zip Code 27104-1855
-----------------------	-------------	------------------------

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

Name of Employer (for Individual) BB&T	Occupation (for Individual) CHAIRMAN AND CEO
---	---

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
09		18		2017

**Transaction ID : SA11A.520673**

Amount of Each Receipt this Period  
2700.00

Memo Item  
CONTRIBUTION

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

Mailing Address 634 S DAISY AVENUE

City SANTA ANA	State CA	Zip Code 92703-4211
-------------------	-------------	------------------------

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 ▼  
650.00

Date of Receipt  

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

**Transaction ID : SA11A.514429**

Amount of Each Receipt this Period  
350.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	4050.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 379 OF 997
	<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. KING, WILLIAM, S., MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 634 S DAISY AVENUE

City SANTA ANA	State CA	Zip Code 92703-4211
-------------------	-------------	------------------------

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 ▼  
650.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		26		2017

**Transaction ID : SA11A.521951**

Amount of Each Receipt this Period  
300.00

Memo Item  
CONTRIBUTION

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

Mailing Address 16 CHESTNUT ST

City WINCHESTER	State MA	Zip Code 01890-3019
--------------------	-------------	------------------------

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

Name of Employer (for Individual) AMG	Occupation (for Individual) GENERAL COUNSEL
--	--

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
08		18		2017

**Transaction ID : SA11A.518038**

Amount of Each Receipt this Period  
50000.00

Memo Item  
CONTRIBUTION

**C. KIRTON, CHARLES, R., ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 208 DESERT VIEW ST

City LAS VEGAS	State NV	Zip Code 89107-2355
-------------------	-------------	------------------------

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

Name of Employer (for Individual) AVALON HEALTH CARE	Occupation (for Individual) CEO/ CHAIRMAN OF BOARD
---	---

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
08		31		2017

**Transaction ID : SA11A.519190**

Amount of Each Receipt this Period  
2500.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	52800.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (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 997
	<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. KLUMP, MICHAEL, A., MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 339 ARGONNE DR

City ATLANTA	State GA	Zip Code 30305-2813
-----------------	-------------	------------------------

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

Name of Employer (for Individual) ARGONNE CAPITAL GROUP	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
08		28		2017

**Transaction ID : SA11A.518500**

Amount of Each Receipt this Period  
5000.00

Memo Item  
CONTRIBUTION

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

Mailing Address 9118 BAY BURY LANE

City WEST PALM BEACH	State FL	Zip Code 33411-1890
-------------------------	-------------	------------------------

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

Name of Employer (for Individual) THE VIKING AGENCY	Occupation (for Individual) INSURANCE
--	--

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
07		30		2017

**Transaction ID : SA11A.517034**

Amount of Each Receipt this Period  
50.00

Memo Item  
CONTRIBUTION

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

Mailing Address 9118 BAY BURY LANE

City WEST PALM BEACH	State FL	Zip Code 33411-1890
-------------------------	-------------	------------------------

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

Name of Employer (for Individual) THE VIKING AGENCY	Occupation (for Individual) INSURANCE
--	--

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
08		30		2017

**Transaction ID : SA11A.519002**

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: (check only one)	PAGE 381 OF 997
	<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**

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 ▼  
900.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 26 / 2017

**Transaction ID : SA11A.516057**

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 ▼  
900.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 26 / 2017

**Transaction ID : SA11A.518721**

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 ▼  
900.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 26 / 2017

**Transaction ID : SA11A.522107**

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 382 OF 997
	<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. <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 ▼ 450.00

Date of Receipt  
MM / DD / YYYY  
07 / 21 / 2017  
**Transaction ID : SA11A.515723**

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. <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 ▼ 450.00

Date of Receipt  
MM / DD / YYYY  
08 / 21 / 2017  
**Transaction ID : SA11A.518224**

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. <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 ▼ 450.00

Date of Receipt  
MM / DD / YYYY  
09 / 21 / 2017  
**Transaction ID : SA11A.521814**

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 383 OF 997
	<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. KNIGHT, PHILIP, H., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 BOWERMAN DR  
 City BEAVERTON State OR Zip Code 97005-0979  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NIKE, INC. Occupation (for Individual) CHAIRMAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 200000.00

Date of Receipt 08 / 09 / 2017  
**Transaction ID : SA11A.517608**  
 Amount of Each Receipt this Period 100000.00  
 Memo Item CONTRIBUTION

**B. KNIPPENBERG, RICHARD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9795 NEW HOPE RD  
 City RISING SUN State IN Zip Code 47040-9111  
 FEC ID number of contributing 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 07 / 28 / 2017  
**Transaction ID : SA11A.516671**  
 Amount of Each Receipt this Period 50.00  
 Memo Item CONTRIBUTION

**C. KNIPPENBERG, RICHARD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9795 NEW HOPE RD  
 City RISING SUN State IN Zip Code 47040-9111  
 FEC ID number of contributing 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 08 / 28 / 2017  
**Transaction ID : SA11A.518650**  
 Amount of Each Receipt this Period 50.00  
 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 384 OF 997
	<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. KNIPPENBERG, RICHARD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9795 NEW HOPE RD  
 City RISING SUN State IN Zip Code 47040-9111  
 FEC ID number of contributing 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 09 / 28 / 2017  
**Transaction ID : SA11A.522492**  
 Amount of Each Receipt this Period 50.00  
 Memo Item CONTRIBUTION

**B. KNUTH, STEVEN, R., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 887 HIGHLANDER TRL  
 City HUDSON State WI Zip Code 54016-7970  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) PUBLIC AFFAIRS COMPANY Occupation (for Individual) PRESIDENT AND CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 07 / 27 / 2017  
**Transaction ID : SA11A.515961**  
 Amount of Each Receipt this Period 2500.00  
 Memo Item CONTRIBUTION

**C. KOCHVAR, REBECCA, S., MRS,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5014 N ARROW CREST WAY  
 City BOISE State ID Zip Code 83703-7000  
 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 09 / 13 / 2017  
**Transaction ID : SA11A.520345**  
 Amount of Each Receipt this Period 1000.00  
 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: (check only one)	PAGE 385 OF 997
	<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. KOCUR, FRANK, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5156 E OTERO CIR  
 City CENTENNIAL State CO Zip Code 80122-3880  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CHS-DENVER Occupation (for Individual) REAL ESTATE  
 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  
 07 / 19 / 2017  
**Transaction ID : SA11A.515421**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item  
 CONTRIBUTION

**B. KOCUR, FRANK, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5156 E OTERO CIR  
 City CENTENNIAL State CO Zip Code 80122-3880  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CHS-DENVER Occupation (for Individual) REAL ESTATE  
 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  
 08 / 19 / 2017  
**Transaction ID : SA11A.518308**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item  
 CONTRIBUTION

**C. KOENIG, WALTER, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 531 SOUTH SCHUYLKILL AVE  
 City NORRISTOWN 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 ▼ 275.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 10 / 2017  
**Transaction ID : SA11A.517770**  
 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 386 OF 997
	<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. KOENIG, WALTER, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 531 SOUTH SCHUYLKILL AVE

City NORRISTOWN	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 ▼  
275.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		28		2017

**Transaction ID : SA11A.522496**

Amount of Each Receipt this Period  
50.00

Memo Item  
CONTRIBUTION

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

Mailing Address 531 SOUTH SCHUYLKILL AVE

City NORRISTOWN	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 ▼  
275.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		28		2017

**Transaction ID : SA11A.522497**

Amount of Each Receipt this Period  
50.00

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 ▼  
270.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		12		2017

**Transaction ID : SA11A.514516**

Amount of Each Receipt this Period  
30.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	130.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 387 OF 997
<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. 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 ▼  
270.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		12		2017

**Transaction ID : SA11A.517957**

Amount of Each Receipt this Period  
30.00

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 ▼  
270.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		12		2017

**Transaction ID : SA11A.520885**

Amount of Each Receipt this Period  
30.00

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 ▼  
225.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		28		2017

**Transaction ID : SA11A.516665**

Amount of Each Receipt this Period  
25.00

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 388 OF 997
	<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. 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 ▼ 225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 28 / 2017  
**Transaction ID : SA11A.518642**  
 Amount of Each Receipt this Period  
 25.00  
 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 ▼ 225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 28 / 2017  
**Transaction ID : SA11A.522464**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item  
 CONTRIBUTION

**C. 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 ▼ 230.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 26 / 2017  
**Transaction ID : SA11A.516055**  
 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 389 OF 997
	<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 ▼ 230.00

Date of Receipt 08 / 26 / 2017  
**Transaction ID : SA11A.518720**

Amount of Each Receipt this Period 25.00

Memo Item CONTRIBUTION

**B. 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 ▼ 230.00

Date of Receipt 09 / 26 / 2017  
**Transaction ID : SA11A.522108**

Amount of Each Receipt this Period 25.00

Memo Item CONTRIBUTION

**C. KRAGOVICH, NICK, , MR., III**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 132 BELLVIEW DRIVE

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 ▼ 370.00

Date of Receipt 07 / 28 / 2017  
**Transaction ID : SA11A.516276**

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 390 OF 997
	<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. KRAGOVICH, NICK, , MR., III**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 132 BELLVIEW DRIVE  
 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 ▼ 370.00

Date of Receipt 09 / 20 / 2017  
**Transaction ID : SA11A.521539**  
 Amount of Each Receipt this Period 75.00  
 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 ▼ 1050.00

Date of Receipt 07 / 26 / 2017  
**Transaction ID : SA11A.516061**  
 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 ▼ 1050.00

Date of Receipt 08 / 26 / 2017  
**Transaction ID : SA11A.518749**  
 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: (check only one)	PAGE 391 OF 997
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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. 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 ▼ 1050.00

Date of Receipt 09 / 26 / 2017  
**Transaction ID : SA11A.522126**  
 Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION

**B. KREKSTEIN, RICH, , MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1790 PEMBERTON RD  
 City BLUE BELL State PA Zip Code 19422-2509  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NFP Occupation (for Individual) INSURANCE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 29 / 2017  
**Transaction ID : SA11A.522298**  
 Amount of Each Receipt this Period 1000.00  
 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 ▼ 225.00

Date of Receipt 07 / 21 / 2017  
**Transaction ID : SA11A.515743**  
 Amount of Each Receipt this Period 25.00  
 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 392 OF 997
	<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. 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 ▼ 225.00

Date of Receipt **08 / 21 / 2017**  
**Transaction ID : SA11A.518241**  
 Amount of Each Receipt this Period 25.00  
 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 ▼ 225.00

Date of Receipt **09 / 21 / 2017**  
**Transaction ID : SA11A.521828**  
 Amount of Each Receipt this Period 25.00  
 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 ▼ 350.00

Date of Receipt **07 / 31 / 2017**  
**Transaction ID : SA11A.516925**  
 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 393 OF 997
	<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 ▼  
350.00

Date of Receipt  
MM / DD / YYYY  
08 / 31 / 2017

**Transaction ID : SA11A.519624**

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 ▼  
350.00

Date of Receipt  
MM / DD / YYYY  
09 / 30 / 2017

**Transaction ID : SA11A.522964**

Amount of Each Receipt this Period  
50.00

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 ▼  
350.00

Date of Receipt  
MM / DD / YYYY  
07 / 12 / 2017

**Transaction ID : SA11A.514521**

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 394 OF 997
	<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. 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 ▼  
350.00

Date of Receipt  
MM / DD / YYYY  
08 / 14 / 2017

**Transaction ID : SA11A.517858**

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 ▼  
350.00

Date of Receipt  
MM / DD / YYYY  
09 / 01 / 2017

**Transaction ID : SA11A.519770**

Amount of Each Receipt this Period  
25.00

Memo Item CONTRIBUTION

**C. KRUGER, BEVERLY, J., ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 1039 S 106TH PLAZA  
APT 201

City OMAHA	State NE	Zip Code 68114-7704
---------------	-------------	------------------------

FEC ID number of contributing 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  
MM / DD / YYYY  
08 / 03 / 2017

**Transaction ID : SA11A.517281**

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 395 OF 997
	<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 ▼ 450.00

Date of Receipt **07 / 19 / 2017**  
**Transaction ID : SA11A.515427**  
 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 ▼ 450.00

Date of Receipt **08 / 19 / 2017**  
**Transaction ID : SA11A.518287**  
 Amount of Each Receipt this Period 50.00  
 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 ▼ 450.00

Date of Receipt **09 / 19 / 2017**  
**Transaction ID : SA11A.521488**  
 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 396 OF 997
	<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. 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) ATTORNEY  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt **07 / 05 / 2017**  
**Transaction ID : SA11A.514052**  
 Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION

**B. 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) ATTORNEY  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt **08 / 04 / 2017**  
**Transaction ID : SA11A.517321**  
 Amount of Each Receipt this Period 200.00  
 Memo Item CONTRIBUTION

**C. KUMAR, K., V., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5600 WISCONSIN AVE UNIT 504  
 City CHEVY CHASE State MD Zip Code 20815-4410  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) KV KUMAR & ASSOCIATES Occupation (for Individual) MANAGING PARTNER  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 3050.00

Date of Receipt **07 / 11 / 2017**  
**Transaction ID : SA11A.514435**  
 Amount of Each Receipt this Period 2700.00  
 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: (check only one)	PAGE 397 OF 997
	<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. KUNKLER, ROBERT, , MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 925 FOREST AVE  
 City WILMETTE State IL Zip Code 60091-1719  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) ABBOTT Occupation (for Individual) MANAGEMENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 08 / 18 / 2017  
**Transaction ID : SA11A.518040**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item CONTRIBUTION

**B. KUPLIS, AIVARS, , MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2070 N CHARTER POINT DR.  
 City ARLINGTON HEIGHTS State IL Zip Code 60004-7221  
 FEC ID number of contributing 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 08 / 12 / 2017  
**Transaction ID : SA11A.517934**  
 Amount of Each Receipt this Period 50.00  
 Memo Item CONTRIBUTION

**C. KUPLIS, AIVARS, , MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2070 N CHARTER POINT DR.  
 City ARLINGTON HEIGHTS State IL Zip Code 60004-7221  
 FEC ID number of contributing 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 09 / 06 / 2017  
**Transaction ID : SA11A.519890**  
 Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	5150.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 398 OF 997
	<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. KUPLIS, AIVARS, , MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2070 N CHARTER POINT DR.

City ARLINGTON HEIGHTS	State IL	Zip Code 60004-7221
---------------------------	-------------	------------------------

FEC ID number of contributing 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
09		30		2017

**Transaction ID : SA11A.522906**

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

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

Mailing Address P.O. BOX 1673

City PINETOP	State AZ	Zip Code 85935-1673
-----------------	-------------	------------------------

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

Name of Employer (for Individual) ENSEMBLE CAPITAL MANAGEMENT	Occupation (for Individual) INVESTMENT MANAGEMENT
--	--

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
08		01		2017

**Transaction ID : SA11A.516801**

Amount of Each Receipt this Period  
5000.00

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 ▼  
280.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		27		2017

**Transaction ID : SA11A.516146**

Amount of Each Receipt this Period  
102.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	5202.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (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 997
	<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. 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 ▼ 280.00

Date of Receipt 08 / 22 / 2017  
**Transaction ID : SA11A.518398**  
Amount of Each Receipt this Period 103.00  
 Memo Item CONTRIBUTION

**B. 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 ▼ 280.00

Date of Receipt 09 / 30 / 2017  
**Transaction ID : SA11A.522869**  
Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**C. LAGANGA, SCOTT, A., ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 4226 11TH ST N  
City ARLINGTON State VA Zip Code 22201-5719  
FEC ID number of contributing federal political committee. **C**  
Name of Employer (for Individual) PHRMA Occupation (for Individual) SVP, STATE ADVOCACY  
Receipt For:  Primary  General  Other (specify)  
Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 07 / 27 / 2017  
**Transaction ID : SA11A.515971**  
Amount of Each Receipt this Period 2000.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2128.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (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 997
	<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. LAMBERT, CHARLES, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8604 HONEY VINE AVE

City LAS VEGAS	State NV	Zip Code 89143-5143
-------------------	-------------	------------------------

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

Name of Employer (for Individual) CHEMONICS	Occupation (for Individual) ECONOMIST
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
MM / DD / YYYY  
08 / 18 / 2017

**Transaction ID : SA11A.518132**

Amount of Each Receipt this Period  
300.00

Memo Item  
CONTRIBUTION

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

Mailing Address 8604 HONEY VINE AVE

City LAS VEGAS	State NV	Zip Code 89143-5143
-------------------	-------------	------------------------

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

Name of Employer (for Individual) CHEMONICS	Occupation (for Individual) ECONOMIST
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
MM / DD / YYYY  
09 / 07 / 2017

**Transaction ID : SA11A.520797**

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

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

Mailing Address 725 FARWELL DR.

City MADISON	State WI	Zip Code 53704-6031
-----------------	-------------	------------------------

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

Name of Employer (for Individual) JON LANCASTER CHEVROLET	Occupation (for Individual) OWNER
--	--------------------------------------

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  
MM / DD / YYYY  
09 / 21 / 2017

**Transaction ID : SA11A.521649**

Amount of Each Receipt this Period  
2500.00

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 401 OF 997
	<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. LANCASTER, SAMUEL, G., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4911 13TH ST NW  
 APT 2  
 City WASHINGTON State DC Zip Code 20011-6903  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) COMCAST Occupation (for Individual) GOVERNMENT AFFAIRS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 09 / 13 / 2017  
**Transaction ID : SA11A.520949**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item CONTRIBUTION

**B. LANE, J., L., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 217 BALL DRIVE  
 City KERRVILLE State TX Zip Code 78028-7026  
 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 ▼ 500.00

Date of Receipt 09 / 21 / 2017  
**Transaction ID : SA11A.521705**  
 Amount of Each Receipt this Period 500.00  
 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 ▼ 525.00

Date of Receipt 07 / 23 / 2017  
**Transaction ID : SA11A.515814**  
 Amount of Each Receipt this Period 50.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 5550.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (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 997
	<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. 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 ▼ 525.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 23 / 2017  
**Transaction ID : SA11A.518467**  
 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 ▼ 525.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 23 / 2017  
**Transaction ID : SA11A.522056**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item  
 CONTRIBUTION

**C. LAROSE, FRANK, J., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6745 SOUTHPOINTE PKWY  
 City BRECKSVILLE State OH Zip Code 44141-3267  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) STATE OF OHIO Occupation (for Individual) STATE SENATOR  
 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  
 07 / 10 / 2017  
**Transaction ID : SA11A.514246**  
 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 403 OF 997
	<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. LAROSE, MARK, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3132 S RIDGE RD

City AKRON	State OH	Zip Code 44333-2683
---------------	-------------	------------------------

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
07	/	10	/	2017

**Transaction ID : SA11A.514247**

Amount of Each Receipt this Period  
500.00

Memo Item  
CONTRIBUTION

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

Mailing Address 857 ALISAL ROAD

City SOLVANG	State CA	Zip Code 93463-2137
-----------------	-------------	------------------------

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 ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2017

**Transaction ID : SA11A.516478**

Amount of Each Receipt this Period  
250.00

Memo Item  
CONTRIBUTION

**C. LARSON, MADELEINE, , 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 ▼  
225.00

Date of Receipt  

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

**Transaction ID : SA11A.514471**

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 404 OF 997
	<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. LARSON, MADELEINE, , 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 ▼ 225.00

Date of Receipt 08 / 11 / 2017  
**Transaction ID : SA11A.517841**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**B. LARSON, MADELEINE, , 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 ▼ 225.00

Date of Receipt 09 / 11 / 2017  
**Transaction ID : SA11A.520833**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**C. LAUER, THOMAS, H., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9 ARLINGTON ST APT TH  
 City BOSTON State MA Zip Code 02116-3413  
 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 08 / 31 / 2017  
**Transaction ID : SA11A.519211**  
 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: (check only one)	PAGE 405 OF 997
	<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. LAUGHERY, HELEN, H., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 503 EVERGREEN RD  
 City ROCKY MOUNT State NC Zip Code 27803-2306  
 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 **08 / 31 / 2017**  
**Transaction ID : SA11A.519138**  
 Amount of Each Receipt this Period 10000.00  
 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 ▼ 225.00

Date of Receipt **07 / 18 / 2017**  
**Transaction ID : SA11A.515078**  
 Amount of Each Receipt this Period 25.00  
 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. **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 **08 / 18 / 2017**  
**Transaction ID : SA11A.518156**  
 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 406 OF 997
	<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. 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 ▼ 225.00

Date of Receipt **09 / 18 / 2017**  
**Transaction ID : SA11A.521246**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**B. LAURITZEN, JANE, G., MS.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3101 DUNBARTON AVENUE NW  
 City CANTON State OH Zip Code 44708-1844  
 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 ▼ 300.00

Date of Receipt **07 / 31 / 2017**  
**Transaction ID : SA11A.516591**  
 Amount of Each Receipt this Period 100.00  
 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 ▼ 450.00

Date of Receipt **07 / 28 / 2017**  
**Transaction ID : SA11A.516685**  
 Amount of Each Receipt this Period 50.00  
 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 407 OF 997
	<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. 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 ▼  
450.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		28		2017

**Transaction ID : SA11A.518627**

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 ▼  
450.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		28		2017

**Transaction ID : SA11A.522472**

Amount of Each Receipt this Period  
50.00

Memo Item  
CONTRIBUTION

**C. LAWRENCE, PETER, W., MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5 BOND STREET

City PORTLAND	State ME	Zip Code 04102-3908
------------------	-------------	------------------------

FEC ID number of contributing 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
09		28		2017

**Transaction ID : SA11A.522275**

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 408 OF 997
	<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. LAWRENCE, TIMOTHY, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 700 5TH STREET NW  
SUITE 200

City WASHINGTON State DC Zip Code 20001-2752

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

Name of Employer (for Individual) PENN QUARTER PARTNERS Occupation (for Individual) ADVOCACY

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 07 / 24 / 2017  
**Transaction ID : SA11A.515679**

Amount of Each Receipt this Period 2500.00

Memo Item CONTRIBUTION

**B. LEAHY, WILLIAM, C., ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7304 IDYLWOOD CT

City FALLS CHURCH State VA Zip Code 22043-1528

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

Name of Employer (for Individual) BAYER Occupation (for Individual) ATTORNEY

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 07 / 25 / 2017  
**Transaction ID : SA11A.515756**

Amount of Each Receipt this Period 5000.00

Memo Item CONTRIBUTION

**C. LEE, CLAUDE, E., ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7476 BEAR CREEK ROAD

City STERRETT State AL Zip Code 35147-9158

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

Name of Employer (for Individual) NHS MANAGEMENT LLC Occupation (for Individual) CFO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 07 / 13 / 2017  
**Transaction ID : SA11A.514494**

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 409 OF 997
	<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. 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 ▼ 225.00

Date of Receipt 07 / 01 / 2017  
**Transaction ID : SA11A.513963**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
**CONTRIBUTION**

**B. 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 ▼ 225.00

Date of Receipt 08 / 01 / 2017  
**Transaction ID : SA11A.517171**  
 Amount of Each Receipt this Period 25.00  
 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 ▼ 225.00

Date of Receipt 09 / 01 / 2017  
**Transaction ID : SA11A.519755**  
 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 410 OF 997
	<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. LEE, JENNIFER, D., MS.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3015 W 13 MILE RD  
 110  
 City ROYAL OAK State MI Zip Code 48073-4414  
 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 ▼ 300.00

Date of Receipt **07 / 27 / 2017**  
**Transaction ID : SA11A.516158**  
 Amount of Each Receipt this Period 150.00  
 Memo Item CONTRIBUTION

**B. LEE, JENNIFER, D., MS.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3015 W 13 MILE RD  
 110  
 City ROYAL OAK State MI Zip Code 48073-4414  
 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 ▼ 300.00

Date of Receipt **08 / 12 / 2017**  
**Transaction ID : SA11A.517930**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**C. LEE, JENNIFER, D., MS.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3015 W 13 MILE RD  
 110  
 City ROYAL OAK State MI Zip Code 48073-4414  
 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 ▼ 300.00

Date of Receipt **09 / 18 / 2017**  
**Transaction ID : SA11A.521228**  
 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 411 OF 997
	<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. LEHMAN, ROBERT, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5847 GOVERNORS HILL

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 ▼  
7500.00

Date of Receipt  

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

**Transaction ID : SA11A.514430**

Amount of Each Receipt this Period  
2500.00

Memo Item  
CONTRIBUTION

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

Mailing Address 300 NEW JERSEY AVE NW 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, LLC	Occupation (for Individual) CONSULTANT
--	---

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
07	/	02	/	2017

**Transaction ID : SA11A.513337**

Amount of Each Receipt this Period  
2500.00

Memo Item  
CONTRIBUTION

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

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 ▼  
225.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	14	/	2017

**Transaction ID : SA11A.514666**

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	5025.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (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 997
	<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. LEN, WON, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 ▼  
225.00

Date of Receipt  
MM / DD / YYYY  
08 / 14 / 2017

**Transaction ID : SA11A.517862**

Amount of Each Receipt this Period  
25.00

Memo Item CONTRIBUTION

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

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 ▼  
225.00

Date of Receipt  
MM / DD / YYYY  
09 / 14 / 2017

**Transaction ID : SA11A.520928**

Amount of Each Receipt this Period  
25.00

Memo Item CONTRIBUTION

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

Mailing Address 1370 LITTLE NECK ROAD

City VIRGINIA BEACH State VA Zip Code 23452-4719

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

Name of Employer (for Individual) MEGELLAN Occupation (for Individual) PHARMACIST

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
450.00

Date of Receipt  
MM / DD / YYYY  
07 / 17 / 2017

**Transaction ID : SA11A.514861**

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 413 OF 997
	<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. LENHART, THOMAS, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1370 LITTLE NECK ROAD  
 City VIRGINIA BEACH State VA Zip Code 23452-4719  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MEGELLAN Occupation (for Individual) PHARMACIST  
 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  
 08 / 17 / 2017  
**Transaction ID : SA11A.518087**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item  
 CONTRIBUTION

**B. LENHART, THOMAS, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1370 LITTLE NECK ROAD  
 City VIRGINIA BEACH State VA Zip Code 23452-4719  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MEGELLAN Occupation (for Individual) PHARMACIST  
 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  
 09 / 17 / 2017  
**Transaction ID : SA11A.521279**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item  
 CONTRIBUTION

**C. LENTZ, LISA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1471 FARRAGOT DROVE  
 City HOLLISTER State CA Zip Code 95023-6705  
 FEC ID number of contributing 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  
 07 / 23 / 2017  
**Transaction ID : SA11A.515815**  
 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 414 OF 997
	<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. LENTZ, LISA, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1471 FARRAGOT DROVE

City HOLLISTER	State CA	Zip Code 95023-6705
-------------------	-------------	------------------------

FEC ID number of contributing 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
08		23		2017

**Transaction ID : SA11A.518468**

Amount of Each Receipt this Period  
25.00

Memo Item CONTRIBUTION

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

Mailing Address 1471 FARRAGOT DROVE

City HOLLISTER	State CA	Zip Code 95023-6705
-------------------	-------------	------------------------

FEC ID number of contributing 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
09		23		2017

**Transaction ID : SA11A.522049**

Amount of Each Receipt this Period  
25.00

Memo Item CONTRIBUTION

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

Mailing Address P.O. BOX 620994

City MIDDLETON	State WI	Zip Code 53562-0994
-------------------	-------------	------------------------

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

Name of Employer (for Individual) THE NORTH CENTRAL GROUP	Occupation (for Individual) CHAIRMAN
--	---

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
09		28		2017

**Transaction ID : SA11A.522205**

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 415 OF 997
	<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. LEPRINO, JAMES, G., MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1830 W 38TH AVE

City DENVER	State CO	Zip Code 80211-2225
----------------	-------------	------------------------

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

Name of Employer (for Individual) LEPRINO FOODS	Occupation (for Individual) EXECUTIVE
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
44300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		21		2017

**Transaction ID : SA11A.521632**

Amount of Each Receipt this Period  
44300.00

Memo Item  
CONTRIBUTION

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

Mailing Address 720 EAST PALISADE AVENUE  
203

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 ▼  
225.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		14		2017

**Transaction ID : SA11A.514673**

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

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

Mailing Address 720 EAST PALISADE AVENUE  
203

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 ▼  
225.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		14		2017

**Transaction ID : SA11A.517870**

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	44350.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (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 997
	<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. LERNER, STEPHEN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 720 EAST PALISADE AVENUE  
 203  
 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 ▼ 225.00

Date of Receipt 09 / 14 / 2017  
**Transaction ID : SA11A.520929**  
 Amount of Each Receipt this Period 25.00  
 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 ▼ 900.00

Date of Receipt 07 / 16 / 2017  
**Transaction ID : SA11A.514925**  
 Amount of Each Receipt this Period 100.00  
 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 ▼ 900.00

Date of Receipt 08 / 16 / 2017  
**Transaction ID : SA11A.518023**  
 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 417 OF 997
	<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. 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 ▼  
900.00

Date of Receipt  
MM / DD / YYYY  
09 / 16 / 2017

**Transaction ID : SA11A.521344**

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

**B. LEWIS, DAVID, R., ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 15319 SW ASHLEY DR

City TIGARD	State OR	Zip Code 97224-1568
----------------	-------------	------------------------

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

Name of Employer (for Individual) CONSONUS PHARMACY	Occupation (for Individual) PRESIDENT
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
MM / DD / YYYY  
08 / 31 / 2017

**Transaction ID : SA11A.519169**

Amount of Each Receipt this Period  
5000.00

Memo Item  
CONTRIBUTION

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

Mailing Address 3197 HARVEST MOON DRIVE

City PALM HARBOR	State FL	Zip Code 34683-2125
---------------------	-------------	------------------------

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

Name of Employer (for Individual) FIS	Occupation (for Individual) SR. DIRECTOR
--	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  
MM / DD / YYYY  
07 / 30 / 2017

**Transaction ID : SA11A.517012**

Amount of Each Receipt this Period  
25.00

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: (check only one)	PAGE 418 OF 997
	<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, JENNY, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3197 HARVEST MOON DRIVE

City PALM HARBOR	State FL	Zip Code 34683-2125
---------------------	-------------	------------------------

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

Name of Employer (for Individual) FIS	Occupation (for Individual) SR. DIRECTOR
--	---

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
08		30		2017

**Transaction ID : SA11A.518987**

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

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

Mailing Address 3197 HARVEST MOON DRIVE

City PALM HARBOR	State FL	Zip Code 34683-2125
---------------------	-------------	------------------------

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

Name of Employer (for Individual) FIS	Occupation (for Individual) SR. DIRECTOR
--	---

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
09		30		2017

**Transaction ID : SA11A.523012**

Amount of Each Receipt this Period  
25.00

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 ▼  
385.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		28		2017

**Transaction ID : SA11A.516238**

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 419 OF 997
	<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, 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 ▼  
385.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	19	/	2017

**Transaction ID : SA11A.521368**

Amount of Each Receipt this Period  
100.00

Memo Item CONTRIBUTION

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

Mailing Address 595 OAKFIELD LANE

City MENLO PARK	State CA	Zip Code 94025-6126
--------------------	-------------	------------------------

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
07	/	28	/	2017

**Transaction ID : SA11A.516298**

Amount of Each Receipt this Period  
400.00

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 ▼  
240.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	16	/	2017

**Transaction ID : SA11A.514893**

Amount of Each Receipt this Period  
10.00

Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	510.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (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 997
	<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. 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 ▼  
240.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		16		2017

**Transaction ID : SA11A.514935**

Amount of Each Receipt this Period  
10.00

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 ▼  
240.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		09		2017

**Transaction ID : SA11A.517702**

Amount of Each Receipt this Period  
10.00

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 ▼  
240.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2017

**Transaction ID : SA11A.522862**

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 421 OF 997
	<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. 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 ▼ 270.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 25 / 2017  
**Transaction ID : SA11A.515891**  
 Amount of Each Receipt this Period  
 30.00  
 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 ▼ 270.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 25 / 2017  
**Transaction ID : SA11A.518574**  
 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 ▼ 270.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 25 / 2017  
**Transaction ID : SA11A.521975**  
 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 422 OF 997
	<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. 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 ▼  
225.00

Date of Receipt  
MM / DD / YYYY  
07 / 01 / 2017

**Transaction ID : SA11A.513965**

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 ▼  
225.00

Date of Receipt  
MM / DD / YYYY  
08 / 01 / 2017

**Transaction ID : SA11A.517169**

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 ▼  
225.00

Date of Receipt  
MM / DD / YYYY  
09 / 01 / 2017

**Transaction ID : SA11A.519753**

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 423 OF 997
	<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. LIN, PAUL, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5404 RAIN CREEK PARKWAY

City AUSTIN	State TX	Zip Code 78759-6234
----------------	-------------	------------------------

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

Name of Employer (for Individual) TEXAS HEALTH AND SCIENCE UNIVERSITY	Occupation (for Individual) DIRECTOR OF DEVELOPMENT
--	--

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
07		10		2017

**Transaction ID : SA11A.514279**

Amount of Each Receipt this Period  
5000.00

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 ▼  
450.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		20		2017

**Transaction ID : SA11A.515695**

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 ▼  
450.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		20		2017

**Transaction ID : SA11A.518267**

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: (check only one)	PAGE 424 OF 997
	<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. 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 ▼ 450.00

Date of Receipt 09 / 20 / 2017  
**Transaction ID : SA11A.521724**

Amount of Each Receipt this Period 50.00

Memo Item CONTRIBUTION

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

Mailing Address 1436 YALE AVE

City SALT LAKE CITY State UT Zip Code 84105-1615

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

Name of Employer (for Individual) AVALON HEALTH CARE Occupation (for Individual) SR VICE PRESIDENT, GOV'T RELATI

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 08 / 31 / 2017  
**Transaction ID : SA11A.519191**

Amount of Each Receipt this Period 1500.00

Memo Item CONTRIBUTION

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

Mailing Address 11 MAPLE STREET

City MILO State ME Zip Code 04463-1136

FEC ID number of contributing 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 07 / 27 / 2017  
**Transaction ID : SA11A.516187**

Amount of Each Receipt this Period 30.00

Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1580.00

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 425 OF 997
	<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. LINDIG, LARK, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11600 ARGONNE FOREST TRAIL  
 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 ▼ 2485.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 25 / 2017  
**Transaction ID : SA11A.515906**  
 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 TRAIL  
 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 ▼ 2485.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 25 / 2017  
**Transaction ID : SA11A.515917**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item  
 CONTRIBUTION

**C. LINDIG, LARK, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11600 ARGONNE FOREST TRAIL  
 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 ▼ 2485.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 25 / 2017  
**Transaction ID : SA11A.518587**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	525.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 426 OF 997
	<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. LINDIG, LARK, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 11600 ARGONNE FOREST TRAIL  
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 ▼  
2485.00

Date of Receipt  
08 / 25 / 2017  
Transaction ID : SA11A.518589

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 TRAIL  
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 ▼  
2485.00

Date of Receipt  
09 / 25 / 2017  
Transaction ID : SA11A.521988

Amount of Each Receipt this Period  
250.00

Memo Item CONTRIBUTION

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

Mailing Address 11600 ARGONNE FOREST TRAIL  
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 ▼  
2485.00

Date of Receipt  
09 / 25 / 2017  
Transaction ID : SA11A.521989

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 427 OF 997
	<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. LINDNER, CRAIG, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 7725 BUCKINGHAM RD  
City CINCINNATI State OH Zip Code 45243-1605  
FEC ID number of contributing federal political committee. **C**  
Name of Employer (for Individual) AMERICAN FINANCIAL GROUP Occupation (for Individual) CEO  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 75000.00

Date of Receipt 07 / 27 / 2017  
**Transaction ID : SA11A.515934**  
Amount of Each Receipt this Period 50000.00  
 Memo Item  
CONTRIBUTION

**B. 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 ▼ 225.00

Date of Receipt 07 / 07 / 2017  
**Transaction ID : SA11A.514299**  
Amount of Each Receipt this Period 25.00  
 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 ▼ 225.00

Date of Receipt 08 / 07 / 2017  
**Transaction ID : SA11A.517526**  
Amount of Each Receipt this Period 25.00  
 Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 50050.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 428 OF 997
	<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	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 ▼  
225.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		07		2017

**Transaction ID : SA11A.520787**

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 ▼  
225.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		25		2017

**Transaction ID : SA11A.515907**

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 ▼  
225.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		26		2017

**Transaction ID : SA11A.518718**

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 429 OF 997
	<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. 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 ▼ 225.00

Date of Receipt **09 / 01 / 2017**  
**Transaction ID : SA11A.519747**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**B. LIPSEY, SUZANNE, H., MS.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO BOX 7795  
 City AVON State CO Zip Code 81620-7795  
 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 ▼ 1275.00

Date of Receipt **07 / 31 / 2017**  
**Transaction ID : SA11A.516568**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item CONTRIBUTION

**C. LIPSEY, SUZANNE, H., MS.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO BOX 7795  
 City AVON State CO Zip Code 81620-7795  
 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 ▼ 1275.00

Date of Receipt **07 / 28 / 2017**  
**Transaction ID : SA11A.516615**  
 Amount of Each Receipt this Period 250.00  
 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: (check only one)	PAGE 430 OF 997
	<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. LIPSEY, SUZANNE, H., MS.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address PO BOX 7795

City AVON	State CO	Zip Code 81620-7795
--------------	-------------	------------------------

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 ▼  
1275.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		28		2017

**Transaction ID : SA11A.516619**

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

**B. LITTLE, JAMES, M., MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 307 OAKMONT LN

City WAXHAW	State NC	Zip Code 28173-6831
----------------	-------------	------------------------

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
09		28		2017

**Transaction ID : SA11A.522220**

Amount of Each Receipt this Period  
25000.00

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) KYGER RESOURCES, INC	Occupation (for Individual) PRESIDENT
---	--

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
08		31		2017

**Transaction ID : SA11A.519789**

Amount of Each Receipt this Period  
200.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	25225.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (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 997
	<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. LITTON, BEVERLY, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1433 CEDAR POST LANE #5

City HOUSTON	State TX	Zip Code 77055-4340
-----------------	-------------	------------------------

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

Name of Employer (for Individual) SPRING BRANCH ISD	Occupation (for Individual) CAREER & TECHNICAL ED. COUNSE
--	--

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
07		27		2017

**Transaction ID : SA11A.516203**

Amount of Each Receipt this Period  
35.00

Memo Item  
CONTRIBUTION

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

Mailing Address P.O. BOX 253

City MCFARLAND	State WI	Zip Code 53558-0253
-------------------	-------------	------------------------

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

Name of Employer (for Individual) MCFARLAND STATE BANK	Occupation (for Individual) CHAIRMAN
---	---

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
09		29		2017

**Transaction ID : SA11A.522294**

Amount of Each Receipt this Period  
2500.00

Memo Item  
CONTRIBUTION

**C. 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 ▼  
7500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		02		2017

**Transaction ID : SA11A.513338**

Amount of Each Receipt this Period  
2500.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	5035.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (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 997
	<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 ▼  
450.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		25		2017

**Transaction ID : SA11A.515914**

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 ▼  
450.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		25		2017

**Transaction ID : SA11A.518567**

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 ▼  
450.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		25		2017

**Transaction ID : SA11A.521966**

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 433 OF 997
	<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. LORD, CARLEEN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1878 ALZOLA DR.  
 City BOISE State ID Zip Code 83716-3404  
 FEC ID number of contributing 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  
 07 / 30 / 2017  
**Transaction ID : SA11A.516960**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**B. LORD, CARLEEN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1878 ALZOLA DR.  
 City BOISE State ID Zip Code 83716-3404  
 FEC ID number of contributing 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  
 08 / 30 / 2017  
**Transaction ID : SA11A.519012**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**C. LORD, CARLEEN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1878 ALZOLA DR.  
 City BOISE State ID Zip Code 83716-3404  
 FEC ID number of contributing 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  
 09 / 30 / 2017  
**Transaction ID : SA11A.522933**  
 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 434 OF 997
	<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. LOTHIAN, JUDITH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 650 76 ST  
 City BROOKLYN State NY Zip Code 11209-3326  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SETON HALL UNIVERSITY Occupation (for Individual) PROFESSOR  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 700.00

Date of Receipt **07 / 21 / 2017**  
**Transaction ID : SA11A.515720**  
 Amount of Each Receipt this Period 100.00  
 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 ▼ 900.00

Date of Receipt **07 / 24 / 2017**  
**Transaction ID : SA11A.515781**  
 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 ▼ 900.00

Date of Receipt **08 / 24 / 2017**  
**Transaction ID : SA11A.518524**  
 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 435 OF 997
	<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. 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 ▼  
900.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		24		2017

**Transaction ID : SA11A.522015**

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

**B. LOUDERMILK, R., CHARLES, MR., SR.**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 415 E PACES FERRY RD STE 300

City ATLANTA	State GA	Zip Code 30305-3303
-----------------	-------------	------------------------

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
09		07		2017

**Transaction ID : SA11A.519738**

Amount of Each Receipt this Period  
2700.00

Memo Item  
CONTRIBUTION

**C. LOUGHLIN, SAMUEL, D., ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 7142 ALEXANDER DR

City DALLAS	State TX	Zip Code 75214-3213
----------------	-------------	------------------------

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

Name of Employer (for Individual) LONE STAR FUNDS	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
07		11		2017

**Transaction ID : SA11A.514441**

Amount of Each Receipt this Period  
10000.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	12800.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 436 OF 997
	<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. LOUIS, SONY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 99-40 213TH STREET  
 City QUEENS VILLAGE State NY Zip Code 11429-1152  
 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 08 / 03 / 2017  
**Transaction ID : SA11A.517253**  
 Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION

**B. LOW, ROBERT, , MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2740 N MAYFAIR AVE  
 City SPRINGFIELD State MO Zip Code 65803-5084  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) PRIME INC Occupation (for Individual) OWNER  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 100000.00

Date of Receipt 08 / 17 / 2017  
**Transaction ID : SA11A.518007**  
 Amount of Each Receipt this Period 100000.00  
 Memo Item CONTRIBUTION

**C. LOWELL, MELVIN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1505 W 5650 N  
 City SAINT GEORGE State UT Zip Code 84770-5929  
 FEC ID number of contributing 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 08 / 04 / 2017  
**Transaction ID : SA11A.517325**  
 Amount of Each Receipt this Period 250.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....▶ 100350.00  
**TOTAL** This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 437 OF 997
	<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  
**LU, XINZHAN, , ,**

Mailing Address **8150 E GARVEY AVE**  
**115A**

City **ROSEMEAD** State **CA** Zip Code **91770-2472**

FEC ID number of contributing 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  
**07 / 04 / 2017**

**Transaction ID : SA11A.514119**

Amount of Each Receipt this Period  
**50.00**

Memo Item CONTRIBUTION

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

Mailing Address **8150 E GARVEY AVE**  
**115A**

City **ROSEMEAD** State **CA** Zip Code **91770-2472**

FEC ID number of contributing 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  
**08 / 04 / 2017**

**Transaction ID : SA11A.517434**

Amount of Each Receipt this Period  
**50.00**

Memo Item CONTRIBUTION

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

Mailing Address **8150 E GARVEY AVE**  
**115A**

City **ROSEMEAD** State **CA** Zip Code **91770-2472**

FEC ID number of contributing 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  
**09 / 04 / 2017**

**Transaction ID : SA11A.519828**

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 438 OF 997
	<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. LUKACS, LASZLO, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 24700 GRAND TRAVERSE AV

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 ▼  
900.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		18		2017

**Transaction ID : SA11A.515071**

Amount of Each Receipt this Period  
100.00

Memo Item CONTRIBUTION

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

Mailing Address 24700 GRAND TRAVERSE AV

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 ▼  
900.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		18		2017

**Transaction ID : SA11A.518146**

Amount of Each Receipt this Period  
100.00

Memo Item CONTRIBUTION

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

Mailing Address 24700 GRAND TRAVERSE AV

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 ▼  
900.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		18		2017

**Transaction ID : SA11A.521243**

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 439 OF 997
	<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. LUNA, TOM, , MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3613 RINGNECK

City NAMPA	State ID	Zip Code 83686-1303
---------------	-------------	------------------------

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  

M M M	/	D D D	/	Y Y Y Y Y Y
09		13		2017

**Transaction ID : SA11A.520349**

Amount of Each Receipt this Period  
250.00

Memo Item  
CONTRIBUTION

**B. LUTHER, TOBY, A., ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2700 MELROSE RD

City ROSEBURG	State OR	Zip Code 97471-8903
------------------	-------------	------------------------

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

Name of Employer (for Individual) LONE ROCK RESOURCES	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
08		31		2017

**Transaction ID : SA11A.519156**

Amount of Each Receipt this Period  
5000.00

Memo Item  
CONTRIBUTION

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

Mailing Address 11990 NW PARSON RD

City FOREST GROVE	State OR	Zip Code 97116-8155
----------------------	-------------	------------------------

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

Name of Employer (for Individual) COLUMBIA EMPIRE MEAT 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
09		13		2017

**Transaction ID : SA11A.520357**

Amount of Each Receipt this Period  
2500.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	7750.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 440 OF 997
	<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. 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 ▼  
225.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		29		2017

**Transaction ID : SA11A.517077**

Amount of Each Receipt this Period  
25.00

Memo Item CONTRIBUTION

**B. 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 CONSULTAI
--	---

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
08		29		2017

**Transaction ID : SA11A.518818**

Amount of Each Receipt this Period  
25.00

Memo Item CONTRIBUTION

**C. 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 ▼  
225.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		29		2017

**Transaction ID : SA11A.522671**

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 441 OF 997
	<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. 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 ▼ 1750.00

Date of Receipt **07 / 10 / 2017**  
**Transaction ID : SA11A.514362**  
 Amount of Each Receipt this Period 250.00  
 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 ▼ 1750.00

Date of Receipt **08 / 10 / 2017**  
**Transaction ID : SA11A.517782**  
 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 ▼ 1750.00

Date of Receipt **09 / 10 / 2017**  
**Transaction ID : SA11A.520845**  
 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 442 OF 997
	<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. MACDONALD, JUNE, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4017 KILMARTIN DRIVE

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 ▼  
575.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		27		2017

**Transaction ID : SA11A.516148**

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

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 ▼  
575.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		27		2017

**Transaction ID : SA11A.518708**

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

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 ▼  
575.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		30		2017

**Transaction ID : SA11A.518896**

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 443 OF 997
	<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**

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

Mailing Address **4017 KILMARTIN DRIVE**

City <b>TALLAHASSEE</b>	State <b>FL</b>	Zip Code <b>32309-2861</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 ▼  
**575.00**

Date of Receipt  
**09 / 27 / 2017**

**Transaction ID : SA11A.522354**

Amount of Each Receipt this Period  
**25.00**

Memo Item CONTRIBUTION

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

Mailing Address **4017 KILMARTIN DRIVE**

City <b>TALLAHASSEE</b>	State <b>FL</b>	Zip Code <b>32309-2861</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 ▼  
**575.00**

Date of Receipt  
**09 / 30 / 2017**

**Transaction ID : SA11A.522940**

Amount of Each Receipt this Period  
**50.00**

Memo Item CONTRIBUTION

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

Mailing Address **P.O. BOX 607**

City <b>WINTHROP</b>	State <b>WA</b>	Zip Code <b>98862-0607</b>
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) <b>SELF EMPLOYED</b>	Occupation (for Individual) <b>ATTORNEY</b>
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
**2500.00**

Date of Receipt  
**08 / 31 / 2017**

**Transaction ID : SA11A.519106**

Amount of Each Receipt this Period  
**2500.00**

Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>2575.00</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 444 OF 997
	<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. MACKINNON, JEFFREY, M., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3753 OLIVER ST NW  
 City WASHINGTON State DC Zip Code 20015-2531  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FARRAGUT PARTNERS Occupation (for Individual) LOBBYIST  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 09 / 15 / 2017  
**Transaction ID : SA11A.521180**  
 Amount of Each Receipt this Period 5000.00  
 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 ▼ 900.00

Date of Receipt 07 / 26 / 2017  
**Transaction ID : SA11A.516046**  
 Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION

**C. 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 ▼ 900.00

Date of Receipt 08 / 26 / 2017  
**Transaction ID : SA11A.518746**  
 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 445 OF 997
	<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. MACY, WILLIAM, , ,**

Mailing Address **5131 STAVERLY LANE**

City <b>PEACHTREE CORNERS</b>	State <b>GA</b>	Zip Code <b>30092-1786</b>
----------------------------------	--------------------	-------------------------------

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

Name of Employer (for Individual) <b>INFORMATION BUILDERS</b>	Occupation (for Individual) <b>SALES</b>
--	---

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**900.00**

Date of Receipt  
**09 / 26 / 2017**

**Transaction ID : SA11A.522127**

Amount of Each Receipt this Period  
**100.00**

Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**B. MADISON SR., THOMAS, , ,**

Mailing Address **57 FRANKLIN AVENUE**

City <b>BINGHAMTON</b>	State <b>NY</b>	Zip Code <b>13901-1751</b>
---------------------------	--------------------	-------------------------------

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

Name of Employer (for Individual) <b>T.J. MADISON CONSTRUCTION CO, INC.</b>	Occupation (for Individual) <b>PRESIDENT</b>
--	---

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**225.00**

Date of Receipt  
**08 / 07 / 2017**

**Transaction ID : SA11A.517535**

Amount of Each Receipt this Period  
**25.00**

Memo Item  
CONTRIBUTION

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

Mailing Address **57 FRANKLIN AVENUE**

City <b>BINGHAMTON</b>	State <b>NY</b>	Zip Code <b>13901-1751</b>
---------------------------	--------------------	-------------------------------

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

Name of Employer (for Individual) <b>T.J. MADISON CONSTRUCTION CO, INC.</b>	Occupation (for Individual) <b>PRESIDENT</b>
--	---

Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼  
**225.00**

Date of Receipt  
**08 / 07 / 2017**

**Transaction ID : SA11A.517536**

Amount of Each Receipt this Period  
**100.00**

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>225.00</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 446 OF 997
	<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. MADISON SR., THOMAS, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 57 FRANKLIN AVENUE  
 City BINGHAMTON State NY Zip Code 13901-1751  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) T.J. MADISON CONSTRUCTION CO, INC. Occupation (for Individual) PRESIDENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 09 / 07 / 2017  
**Transaction ID : SA11A.520781**  
 Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION

**B. MAJOR, DIANE, M., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2232 WESTWOOD PLACE  
 City FALLS CHURCH State VA Zip Code 22043-1619  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) THE D.MAJOR GROUP Occupation (for Individual) CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 10000.00

Date of Receipt 07 / 24 / 2017  
**Transaction ID : SA11A.515677**  
 Amount of Each Receipt this Period 1500.00  
 Memo Item CONTRIBUTION

**C. MAJOR, DIANE, M., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2232 WESTWOOD PLACE  
 City FALLS CHURCH State VA Zip Code 22043-1619  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) THE D.MAJOR GROUP Occupation (for Individual) CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 10000.00

Date of Receipt 09 / 28 / 2017  
**Transaction ID : SA11A.522191**  
 Amount of Each Receipt this Period 1000.00  
 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 447 OF 997
	<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. MALONEY, J. MICHAEL, , MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address **48 REMSEN STREET**

City **BROOKLYN HEIGHTS** State **NY** Zip Code **11201-4106**

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 ▼ **300.00**

Date of Receipt **07 / 31 / 2017**

**Transaction ID : SA11A.516451**

Amount of Each Receipt this Period **300.00**

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 ▼ **225.00**

Date of Receipt **07 / 14 / 2017**

**Transaction ID : SA11A.514677**

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 ▼ **225.00**

Date of Receipt **08 / 14 / 2017**

**Transaction ID : SA11A.517871**

Amount of Each Receipt this Period **25.00**

Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>350.00</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 448 OF 997
	<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. 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 ▼ 225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 14 / 2017  
**Transaction ID : SA11A.520932**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item  
 CONTRIBUTION

**B. MANLEY, JUNE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2230 MINERVA COURT  
 City LIVERMORE State CA Zip Code 94550-8282  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) PHALA DATA Occupation (for Individual) CEO  
 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  
 07 / 28 / 2017  
**Transaction ID : SA11A.516696**  
 Amount of Each Receipt this Period  
 75.00  
 Memo Item  
 CONTRIBUTION

**C. MANLEY, JUNE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2230 MINERVA COURT  
 City LIVERMORE State CA Zip Code 94550-8282  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) PHALA DATA Occupation (for Individual) CEO  
 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  
 08 / 28 / 2017  
**Transaction ID : SA11A.518651**  
 Amount of Each Receipt this Period  
 75.00  
 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 449 OF 997
	<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. MANLEY, JUNE, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2230 MINERVA COURT

City LIVERMORE	State CA	Zip Code 94550-8282
-------------------	-------------	------------------------

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

Name of Employer (for Individual) PHALA DATA	Occupation (for Individual) CEO
---	------------------------------------

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
09		28		2017

**Transaction ID : SA11A.522454**

Amount of Each Receipt this Period  
75.00

Memo Item  
CONTRIBUTION

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

Mailing Address 1201 E. CANAL DRIVE

City TURLOCK	State CA	Zip Code 95380-4159
-----------------	-------------	------------------------

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

Name of Employer (for Individual) MANN ELECTRIC, INC.	Occupation (for Individual) ELECTRICAL CONTRACTOR
--	--

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
07		14		2017

**Transaction ID : SA11A.514682**

Amount of Each Receipt this Period  
50.00

Memo Item  
CONTRIBUTION

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

Mailing Address 1201 E. CANAL DRIVE

City TURLOCK	State CA	Zip Code 95380-4159
-----------------	-------------	------------------------

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

Name of Employer (for Individual) MANN ELECTRIC, INC.	Occupation (for Individual) ELECTRICAL CONTRACTOR
--	--

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
08		14		2017

**Transaction ID : SA11A.517878**

Amount of Each Receipt this Period  
50.00

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 450 OF 997
	<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 ▼  
525.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		06		2017

**Transaction ID : SA11A.514158**

Amount of Each Receipt this Period  
50.00

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 ▼  
525.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		30		2017

**Transaction ID : SA11A.516964**

Amount of Each Receipt this Period  
25.00

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 ▼  
525.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		06		2017

**Transaction ID : SA11A.517543**

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 451 OF 997
	<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. 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 ▼ 525.00

Date of Receipt 08 / 30 / 2017  
**Transaction ID : SA11A.519015**  
 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 ▼ 525.00

Date of Receipt 09 / 06 / 2017  
**Transaction ID : SA11A.519881**  
 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 ▼ 525.00

Date of Receipt 09 / 30 / 2017  
**Transaction ID : SA11A.522931**  
 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 452 OF 997
	<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. MANOR, BETH, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 640 DUNBLANE DRIVE

City WINTER PARK	State FL	Zip Code 32792-4621
---------------------	-------------	------------------------

FEC ID number of contributing 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
07		27		2017

**Transaction ID : SA11A.516188**

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

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

Mailing Address 640 DUNBLANE DRIVE

City WINTER PARK	State FL	Zip Code 32792-4621
---------------------	-------------	------------------------

FEC ID number of contributing 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
08		27		2017

**Transaction ID : SA11A.518691**

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

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

Mailing Address 640 DUNBLANE DRIVE

City WINTER PARK	State FL	Zip Code 32792-4621
---------------------	-------------	------------------------

FEC ID number of contributing 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
09		27		2017

**Transaction ID : SA11A.522373**

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 453 OF 997
	<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. MAPLES, JAMES, C., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1515 W 17TH ST  
 City NEWTON State IA Zip Code 50208-5600  
 FEC ID number of contributing 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 08 / 25 / 2017  
**Transaction ID : SA11A.518549**  
 Amount of Each Receipt this Period 50.00  
 Memo Item CONTRIBUTION

**B. MAPLES, JAMES, C., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1515 W 17TH ST  
 City NEWTON State IA Zip Code 50208-5600  
 FEC ID number of contributing 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 09 / 30 / 2017  
**Transaction ID : SA11A.522861**  
 Amount of Each Receipt this Period 50.00  
 Memo Item CONTRIBUTION

**C. MARCHESI, JAMES, R., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9742 AMADOR RANCH AVE  
 City LAS VEGAS State NV Zip Code 89149-1959  
 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 ▼ 3000.00

Date of Receipt 08 / 31 / 2017  
**Transaction ID : SA11A.519128**  
 Amount of Each Receipt this Period 3000.00  
 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: (check only one)	PAGE 454 OF 997
	<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. MARCHESI, JAMES, T., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4755 CLAY PEAK DR  
 City LAS VEGAS State NV Zip Code 89129-2222  
 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 08 / 31 / 2017  
**Transaction ID : SA11A.519127**  
 Amount of Each Receipt this Period 25000.00  
 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) INSURANCE BROKER  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 225.00

Date of Receipt 07 / 30 / 2017  
**Transaction ID : SA11A.516983**  
 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) INSURANCE BROKER  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 225.00

Date of Receipt 08 / 30 / 2017  
**Transaction ID : SA11A.518968**  
 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 455 OF 997
	<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) Occupation (for Individual)  
 JB INSURANCE INSURANCE BROKER  
 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  
 09 / 30 / 2017  
**Transaction ID : SA11A.522949**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item  
 CONTRIBUTION

**B. MARION, ANNE, W., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 801 CHERRY ST, UNIT 9  
 City FORT WORTH State TX Zip Code 76102-6881  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 BURNETT RANCHES OIL CO PRESIDENT  
 Receipt For:  Primary  General  
 Other (specify) ▼ Aggregate Year-to-Date ▼  
 140000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 10 / 2017  
**Transaction ID : SA11A.514244**  
 Amount of Each Receipt this Period  
 40000.00  
 Memo Item  
 CONTRIBUTION

**C. MARSHALL, CHARLES, N., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 633 WINSFORD RD  
 City BRYN MAWR State PA Zip Code 19010-3651  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 SELF EMPLOYED FARMER  
 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  
 09 / 21 / 2017  
**Transaction ID : SA11A.521622**  
 Amount of Each Receipt this Period  
 2500.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	42525.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 456 OF 997
	<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. 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) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BE  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00

Date of Receipt 07 / 31 / 2017  
**Transaction ID : SA11A.516510**  
 Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION

**B. 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) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BE  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00

Date of Receipt 09 / 18 / 2017  
**Transaction ID : SA11A.521032**  
 Amount of Each Receipt this Period 100.00  
 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 ▼ 1000.00

Date of Receipt 08 / 11 / 2017  
**Transaction ID : SA11A.517750**  
 Amount of Each Receipt this Period 300.00  
 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: (check only one)	PAGE 457 OF 997
	<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. 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 ▼  
225.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		14		2017

**Transaction ID : SA11A.514661**

Amount of Each Receipt this Period  
25.00

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 ▼  
225.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		14		2017

**Transaction ID : SA11A.517864**

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 ▼  
225.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		14		2017

**Transaction ID : SA11A.520926**

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 458 OF 997
	<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 ▼  
243.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		27		2017

**Transaction ID : SA11A.516201**

Amount of Each Receipt this Period  
27.00

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 ▼  
243.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		27		2017

**Transaction ID : SA11A.518700**

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 ▼  
243.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		27		2017

**Transaction ID : SA11A.522378**

Amount of Each Receipt this Period  
27.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	81.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (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 997
	<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. MARTIN, RUBEN, , MR., III**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO DRAWER 191  
 City KILGORE State TX Zip Code 75663-0191  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MARTIN RESOURCE MANAGEMENT GROUP Occupation (for Individual) PRESIDENT AND CEO  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 5000.00

Date of Receipt **08 / 02 / 2017**  
**Transaction ID : SA11A.517138**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item CONTRIBUTION

**B. MARVIN, AUDINE, , ,**  
 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 225.00

Date of Receipt **07 / 20 / 2017**  
**Transaction ID : SA11A.515699**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**C. MARVIN, AUDINE, , ,**  
 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 225.00

Date of Receipt **08 / 20 / 2017**  
**Transaction ID : SA11A.518264**  
 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 460 OF 997
	<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. MARVIN, AUDINE, , ,**  
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 ▼  
225.00

Date of Receipt  
MM / DD / YYYY  
09 / 20 / 2017

Transaction ID : SA11A.521721

Amount of Each Receipt this Period  
25.00

Memo Item CONTRIBUTION

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

Mailing Address PO BOX 440

City WAPPINGERS FALLS State NY Zip Code 12590-0440

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 ▼  
503.00

Date of Receipt  
MM / DD / YYYY  
08 / 14 / 2017

Transaction ID : SA11A.517796

Amount of Each Receipt this Period  
253.00

Memo Item CONTRIBUTION

**C. MAS, JOSE, R., ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 800 S DOUGLAS RD 12TH FL

City MIAMI State FL Zip Code 33134-3125

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

Name of Employer (for Individual) MASTEC Occupation (for Individual) CEO

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
MM / DD / YYYY  
07 / 11 / 2017

Transaction ID : SA11A.514436

Amount of Each Receipt this Period  
5000.00

Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 5278.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 461 OF 997
	<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. MASON, KENT, A., MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6712 KENHILL ROAD

City BETHESDA	State MD	Zip Code 20817-6016
------------------	-------------	------------------------

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 ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	02	/	2017

**Transaction ID : SA11A.516812**

Amount of Each Receipt this Period  
500.00

Memo Item  
CONTRIBUTION

**B. MASSEY, E, DAVISON, MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 133 CHESTNUT STREET

City WINNETKA	State IL	Zip Code 60093-3809
------------------	-------------	------------------------

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

Name of Employer (for Individual) SELF	Occupation (for Individual) INVESTOR
---	---

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
09	/	18	/	2017

**Transaction ID : SA11A.521023**

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 ▼  
225.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2017

**Transaction ID : SA11A.516905**

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1525.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (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 997
	<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. 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 ▼  
225.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		31		2017

**Transaction ID : SA11A.519616**

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 ▼  
225.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2017

**Transaction ID : SA11A.522951**

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

**C. MATIENZO, RAFAEL, GUILLERMETY, MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 8844

City SAN JUAN	State PR	Zip Code 00910-0844
------------------	-------------	------------------------

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  

M M M	/	D D D	/	Y Y Y Y Y Y
09		18		2017

**Transaction ID : SA11A.520691**

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: (check only one)	PAGE 463 OF 997
	<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. MATOS, FRANCISCO, MENDEZ, MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 260 HIMALAYA ST UNIT 260 MONTEREY

City SAN JUAN	State PR	Zip Code 00926-1414
------------------	-------------	------------------------

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 ▼  
5400.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		18		2017

**Transaction ID : SA11A.520692**

Amount of Each Receipt this Period  
5400.00

Memo Item CONTRIBUTION

**B. MATTOON, JANE, GARVEY, MRS.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6344 CAVALIER CORRIDOR

City FALLS CHURCH	State VA	Zip Code 22044-1203
----------------------	-------------	------------------------

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 ▼  
0.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		24		2017

**Transaction ID : SA11A.506046**

Amount of Each Receipt this Period  
5000.00

Memo Item CONTRIBUTION

SEE REATTRIBUTION

**C. MATTOON, DANIEL, J., ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6344 CAVALIER CORRIDOR

City FALLS CHURCH	State VA	Zip Code 22044-1203
----------------------	-------------	------------------------

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

Name of Employer (for Individual) MATTOON & ASSOC	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
09		12		2017

**Transaction ID : SA11A.520239**

Amount of Each Receipt this Period  
5000.00

Memo Item CONTRIBUTION

REATTRIBUTION FROM SPOUSE

<b>SUBTOTAL</b> of Receipts This Page (optional).....	5400.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (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 997
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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. MATTOON, JANE, GARVEY, MRS.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 6344 CAVALIER CORRIDOR

City FALLS CHURCH	State VA	Zip Code 22044-1203
----------------------	-------------	------------------------

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 ▼  
0.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		12		2017

**Transaction ID : SA11A.520239B**

Amount of Each Receipt this Period  
- 5000.00

Memo Item CONTRIBUTION  
 REATTRIBUTION TO SPOUSE

**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) FRANK MAURAN	Occupation (for Individual) PRINTING/SHIPPING
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		16		2017

**Transaction ID : SA11A.514921**

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) FRANK MAURAN	Occupation (for Individual) PRINTING/SHIPPING
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
2250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		16		2017

**Transaction ID : SA11A.518018**

Amount of Each Receipt this Period  
250.00

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: (check only one)	PAGE 465 OF 997
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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. MAURAN, FRANK, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address **22 PARSONAGE STREET**

City <b>PROVIDENCE</b>	State <b>RI</b>	Zip Code <b>02903-4732</b>
---------------------------	--------------------	-------------------------------

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

Name of Employer (for Individual) <b>FRANK MAURAN</b>	Occupation (for Individual) <b>PRINTING/SHIPPING</b>
--	---

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**2250.00**

Date of Receipt  
**09 / 16 / 2017**

**Transaction ID : SA11A.521349**

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 <b>RADNOR</b>	State <b>PA</b>	Zip Code <b>19008-1525</b>
-----------------------	--------------------	-------------------------------

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

Name of Employer (for Individual) <b>MAXIM AUTOMOTIVE</b>	Occupation (for Individual) <b>EXECUTIVE</b>
--	---

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**900.00**

Date of Receipt  
**07 / 29 / 2017**

**Transaction ID : SA11A.517060**

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 <b>RADNOR</b>	State <b>PA</b>	Zip Code <b>19008-1525</b>
-----------------------	--------------------	-------------------------------

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

Name of Employer (for Individual) <b>MAXIM AUTOMOTIVE</b>	Occupation (for Individual) <b>EXECUTIVE</b>
--	---

Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼  
**900.00**

Date of Receipt  
**08 / 30 / 2017**

**Transaction ID : SA11A.519021**

Amount of Each Receipt this Period  
**100.00**

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>450.00</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 466 OF 997
	<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. 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 ▼ 900.00

Date of Receipt 09 / 01 / 2017  
**Transaction ID : SA11A.519782**  
 Amount of Each Receipt this Period 100.00  
 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 ▼ 1000.00

Date of Receipt 07 / 01 / 2017  
**Transaction ID : SA11A.513985**  
 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 ▼ 1000.00

Date of Receipt 08 / 01 / 2017  
**Transaction ID : SA11A.517160**  
 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: (check only one)	PAGE 467 OF 997
	<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. 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 ▼ 1000.00

Date of Receipt 09 / 01 / 2017  
**Transaction ID : SA11A.519748**  
 Amount of Each Receipt this Period 250.00  
 Memo Item CONTRIBUTION

**B. MAZE, NANCY, CHADBOURNE, MS.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1710 2ND STREET  
 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 ▼ 650.00

Date of Receipt 07 / 31 / 2017  
**Transaction ID : SA11A.516452**  
 Amount of Each Receipt this Period 200.00  
 Memo Item CONTRIBUTION

**C. MCCARTY, CHARLES, EMMETT, MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 409 SHADOWOOD DRIVE  
 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 ▼ 500.00

Date of Receipt 07 / 28 / 2017  
**Transaction ID : SA11A.516244**  
 Amount of Each Receipt this Period 100.00  
 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 468 OF 997
	<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. MCCARTY, CHARLES, EMMETT, MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 409 SHADOWOOD DRIVE

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 ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		19		2017

**Transaction ID : SA11A.521137**

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

**B. MCCARTHY, GREGORY, G., MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 19387 US 19 N

City CLEARWATER	State FL	Zip Code 33764-3102
--------------------	-------------	------------------------

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

Name of Employer (for Individual) LINCARE	Occupation (for Individual) HEALTHCARE
--	---

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
08		16		2017

**Transaction ID : SA11A.517999**

Amount of Each Receipt this Period  
2500.00

Memo Item  
CONTRIBUTION

**C. MCCARTHY, JOHN, T., MR., III**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 417 JARVIS LANE

City LEXINGTON	State KY	Zip Code 40207-1310
-------------------	-------------	------------------------

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

Name of Employer (for Individual) MCCARTHY STRATEGIC SOLUTIONS	Occupation (for Individual) LOBBYIST
---	---

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
09		30		2017

**Transaction ID : SA11A.523099**

Amount of Each Receipt this Period  
5000.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	7600.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (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 997
	<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. 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 ▼  
900.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		21		2017

**Transaction ID : SA11A.515719**

Amount of Each Receipt this Period  
100.00

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 ▼  
900.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		21		2017

**Transaction ID : SA11A.518219**

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 ▼  
900.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		21		2017

**Transaction ID : SA11A.521810**

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 470 OF 997
	<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. MCCAULEY, ALBERTO, O., MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 361

City FAYETTEVILLE	State NC	Zip Code 28302-0361
----------------------	-------------	------------------------

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
09		28		2017

**Transaction ID : SA11A.522226**

Amount of Each Receipt this Period  
1000.00

Memo Item  
CONTRIBUTION

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

Mailing Address PO BOX 1843

City FAYETTEVILLE	State NC	Zip Code 28302-1843
----------------------	-------------	------------------------

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 ▼  
1500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		28		2017

**Transaction ID : SA11A.522228**

Amount of Each Receipt this Period  
1500.00

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 ▼  
225.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		13		2017

**Transaction ID : SA11A.514595**

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2525.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (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 997
	<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. 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 ▼  
225.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		13		2017

**Transaction ID : SA11A.517886**

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 ▼  
225.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		13		2017

**Transaction ID : SA11A.520896**

Amount of Each Receipt this Period  
25.00

Memo Item CONTRIBUTION

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

Mailing Address 7373 E 29TH STREET N  
W127

City WICHITA	State KS	Zip Code 67226-3405
-----------------	-------------	------------------------

FEC ID number of contributing 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
07		31		2017

**Transaction ID : SA11A.516512**

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 472 OF 997
	<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. MCELROY, JOHN, J., MR., III**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 12 HORSESHOE LANE  
 City PAOLI State PA Zip Code 19301-1910  
 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 09 / 19 / 2017  
**Transaction ID : SA11A.521071**  
 Amount of Each Receipt this Period 200.00  
 Memo Item CONTRIBUTION

**B. MCERLANE, JAMES, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. BOX 565  
 City WEST CHESTER State PA Zip Code 19381-0565  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) LAMB MCERLANE Occupation (for Individual) ATTORNEY  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 09 / 28 / 2017  
**Transaction ID : SA11A.522700**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item CONTRIBUTION

**C. MCEWEN, JAMES, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6113 DESERT HILLS AVENUE  
 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) REAL ESTATE BROKER  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 09 / 15 / 2017  
**Transaction ID : SA11A.521173**  
 Amount of Each Receipt this Period 25.00  
 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 473 OF 997
	<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. MCEWEN, JAMES, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6113 DESERT HILLS AVENUE

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) REAL ESTATE BROKER
--	---

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
09		29		2017

**Transaction ID : SA11A.522692**

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 ▼  
225.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		19		2017

**Transaction ID : SA11A.515429**

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 ▼  
225.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		19		2017

**Transaction ID : SA11A.518286**

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 474 OF 997
	<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. 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 ▼ 225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 19 / 2017  
**Transaction ID : SA11A.521487**  
 Amount of Each Receipt this Period  
 25.00  
 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 ▼ 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 22 / 2017  
**Transaction ID : SA11A.515843**  
 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 ▼ 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 22 / 2017  
**Transaction ID : SA11A.518412**  
 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 475 OF 997
	<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. 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 ▼ 600.00

Date of Receipt 09 / 22 / 2017  
**Transaction ID : SA11A.521917**  
 Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION

**B. MCGARRY, MICHAEL, H., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 102 LYNDHURST CIR  
 City WEXFORD State PA Zip Code 15090-8864  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) PPG Occupation (for Individual) EXECUTIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 07 / 2017  
**Transaction ID : SA11A.519737**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item CONTRIBUTION

**C. MCGINN, DOUGLAS, M., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4600 32ND RD. NORTH  
 City ARLINGTON State VA Zip Code 22207-4406  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) THE HERALD GROUP Occupation (for Individual) PARTNER  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 20 / 2017  
**Transaction ID : SA11A.521717**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2100.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (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 997
<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. MCGINLEY, MATT, , ,</b>		Date of Receipt MM / DD / YYYY 09 / 29 / 2017 <b>Transaction ID : SA11A.522690</b>
Mailing Address 2503-D HARRISON STREET NORTH #1210		Amount of Each Receipt this Period 5000.00
City ARLINGTON	State VA	Zip Code 22207-1640
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item CONTRIBUTION
Name of Employer (for Individual) ADVANCED POLICY CONSULTING, LLC	Occupation (for Individual) PRINCIPAL	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 10000.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. MCGIRR, GARY, , ,</b>		Date of Receipt MM / DD / YYYY 07 / 18 / 2017 <b>Transaction ID : SA11A.515072</b>
Mailing Address 3610 SW WOODVALLEY TERR		Amount of Each Receipt this Period 25.00
City TOPEKA	State KS	Zip Code 66614-3551
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item CONTRIBUTION
Name of Employer (for Individual) USD501	Occupation (for Individual) DATA ANALYST	
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>C. MCGIRR, GARY, , ,</b>		Date of Receipt MM / DD / YYYY 08 / 18 / 2017 <b>Transaction ID : SA11A.518140</b>
Mailing Address 3610 SW WOODVALLEY TERR		Amount of Each Receipt this Period 25.00
City TOPEKA	State KS	Zip Code 66614-3551
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item CONTRIBUTION
Name of Employer (for Individual) USD501	Occupation (for Individual) DATA ANALYST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 225.00	

<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 477 OF 997
	<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. 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) USD501	Occupation (for Individual) DATA ANALYST
---	---

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
09	/	18	/	2017

**Transaction ID : SA11A.521236**

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

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

Mailing Address 9739 NIBLICK LANE

City NAPLES	State FL	Zip Code 34108-1925
----------------	-------------	------------------------

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

Name of Employer (for Individual) FEDERATED INVESTORS	Occupation (for Individual) EXECUTIVE VICE CHAIR
--	---

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
09	/	07	/	2017

**Transaction ID : SA11A.519740**

Amount of Each Receipt this Period  
2000.00

Memo Item  
CONTRIBUTION

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

Mailing Address 1702 COLGATE CIRCLE

City LA JOLLA	State CA	Zip Code 92037-6908
------------------	-------------	------------------------

FEC ID number of contributing 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
07	/	21	/	2017

**Transaction ID : SA11A.515722**

Amount of Each Receipt this Period  
50.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2075.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 478 OF 997
	<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. MCKEEN, CHESTER, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2501 MUSEUM WAY  
 702  
 City CMMCKEEN@AOL.COM State TX Zip Code 76107-3058  
 FEC ID number of contributing 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  
 07 / 23 / 2017  
**Transaction ID : SA11A.515820**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item  
 CONTRIBUTION

**B. MCKEEN, CHESTER, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2501 MUSEUM WAY  
 702  
 City CMMCKEEN@AOL.COM State TX Zip Code 76107-3058  
 FEC ID number of contributing 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  
 08 / 23 / 2017  
**Transaction ID : SA11A.518472**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item  
 CONTRIBUTION

**C. MCKEEN, CHESTER, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2501 MUSEUM WAY  
 702  
 City CMMCKEEN@AOL.COM State TX Zip Code 76107-3058  
 FEC ID number of contributing 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  
 09 / 23 / 2017  
**Transaction ID : SA11A.522052**  
 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 479 OF 997
	<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. MCKENNA, ANDREW, , MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2000 CLARENDON BLVD STE 200  
 City ARLINGTON State VA Zip Code 22201-2908  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MCKENNA & ASSOCIATES Occupation (for Individual) CONSULTANT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 15000.00

Date of Receipt 07 / 27 / 2017  
**Transaction ID : SA11A.515979**  
 Amount of Each Receipt this Period 15000.00  
 Memo Item CONTRIBUTION

**B. MCMANUS, JOHN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2082 GRACE MANOR CT  
 City MCLEAN State VA Zip Code 22101-4900  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MCMANUS GROUP Occupation (for Individual) CONSULTANT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 7500.00

Date of Receipt 07 / 18 / 2017  
**Transaction ID : SA11A.514829**  
 Amount of Each Receipt this Period 2500.00  
 Memo Item CONTRIBUTION

**C. MC SLARROW, KYLE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3162 E EAGLE VIEW CIR  
 City SANDY State UT Zip Code 84092-4916  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) COMCAST Occupation (for Individual) TELECOMMUNICATIONS EXECUTIVE  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 10000.00

Date of Receipt 09 / 25 / 2017  
**Transaction ID : SA11A.521961**  
 Amount of Each Receipt this Period 10000.00  
 Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	27500.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (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 997
	<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. MCTIGUE, TERENCE, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4056 W LAKE SAMMAMISH SE

City BELLEVUE	State WA	Zip Code 98008-5938
------------------	-------------	------------------------

FEC ID number of contributing 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  
MM / DD / YYYY  
08 / 22 / 2017

**Transaction ID : SA11A.518394**

Amount of Each Receipt this Period  
5000.00

Memo Item CONTRIBUTION

**B. MEADE, EDWIN, B., MR., JR.**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1500 WESTBROOK COURT  
APT 3144

City RICHMOND	State VA	Zip Code 23227-3373
------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
860.00

Date of Receipt  
MM / DD / YYYY  
08 / 07 / 2017

**Transaction ID : SA11A.517369**

Amount of Each Receipt this Period  
100.00

Memo Item CONTRIBUTION

**C. MEADE, EDWIN, B., MR., JR.**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1500 WESTBROOK COURT  
APT 3144

City RICHMOND	State VA	Zip Code 23227-3373
------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
860.00

Date of Receipt  
MM / DD / YYYY  
09 / 19 / 2017

**Transaction ID : SA11A.521058**

Amount of Each Receipt this Period  
210.00

Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	5310.00
<b>TOTAL</b> This Period (last page this line number only).....	



**SCHEDULE A (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 997
	<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. MEADE, RICH, , MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 700 BERRY STREET  
 City FALLS CHURCH State VA Zip Code 22042-2402  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) PRIME POLICY GROUP 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  
 08 / 28 / 2017  
**Transaction ID : SA11A.518659**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item  
 CONTRIBUTION

**B. MEEHAN, AUSTIN, A., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 CONSHOCKEN RD  
 City CONSHOCKEN State PA Zip Code 19428-1035  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) UTILITY LINE SERVICE INC 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  
 09 / 30 / 2017  
**Transaction ID : SA11A.523107**  
 Amount of Each Receipt this Period  
 2500.00  
 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 ▼ 450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 31 / 2017  
**Transaction ID : SA11A.516933**  
 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 482 OF 997
	<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 ▼  
450.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		31		2017

**Transaction ID : SA11A.519631**

Amount of Each Receipt this Period  
50.00

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 ▼  
450.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2017

**Transaction ID : SA11A.522971**

Amount of Each Receipt this Period  
50.00

Memo Item  
CONTRIBUTION

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

Mailing Address 2100 S OCEAN BOULEVARD, APT 608N

City PALM BEACH	State FL	Zip Code 33480-5227
--------------------	-------------	------------------------

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 ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		05		2017

**Transaction ID : SA11A.514061**

Amount of Each Receipt this Period  
1000.00

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: (check only one)	PAGE 483 OF 997
	<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. 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) MMB,CPAPC Occupation (for Individual) CPA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt 07 / 11 / 2017  
**Transaction ID : SA11A.514459**  
 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) MMB,CPAPC Occupation (for Individual) CPA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt 08 / 11 / 2017  
**Transaction ID : SA11A.517832**  
 Amount of Each Receipt this Period 100.00  
 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) MMB,CPAPC Occupation (for Individual) CPA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt 09 / 11 / 2017  
**Transaction ID : SA11A.520827**  
 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 484 OF 997
	<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. METCALF, DEREK, N., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 845 N STONE AVENUE  
 City LA GRANGE PARK State IL Zip Code 60526-1443  
 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 09 / 20 / 2017  
**Transaction ID : SA11A.521575**  
 Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION

**B. METHENY, WES, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1601 RABBIT FOOT CLOVER CT  
 City ANNAPOLIS State MD Zip Code 21401-6488  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) PENN QUARTER PARTNERS Occupation (for Individual) PARTNER  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 07 / 27 / 2017  
**Transaction ID : SA11A.515966**  
 Amount of Each Receipt this Period 2500.00  
 Memo Item CONTRIBUTION

**C. MIGNONE, ROBERTO, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9 ESSEX PL  
 City BRONXVILLE State NY Zip Code 10708-5704  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BRIDGER MANAGEMENT Occupation (for Individual) FINANCE  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 100000.00

Date of Receipt 07 / 11 / 2017  
**Transaction ID : SA11A.514443**  
 Amount of Each Receipt this Period 100000.00  
 Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	102600.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (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 997
	<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. MILAM, JOAN, G., MRS.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2673 CENTER COURT DRIVE  
 City WESTON State FL Zip Code 33332-1833  
 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 ▼ 875.00

Date of Receipt 08 / 10 / 2017  
**Transaction ID : SA11A.517678**  
 Amount of Each Receipt this Period 325.00  
 Memo Item  
 CONTRIBUTION

**B. MILLER, ANDREW, W., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2130 SW 21ST AVE  
 City PORTLAND State OR Zip Code 97201-2357  
 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 08 / 31 / 2017  
**Transaction ID : SA11A.519172**  
 Amount of Each Receipt this Period 10000.00  
 Memo Item  
 CONTRIBUTION

**C. MILLS, BRUCE, , MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2650 S. HANLEY RD. SUITE 200  
 City ST. LOUIS State MO Zip Code 63144-2559  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MILLS PROPERTIES Occupation (for Individual) REAL ESTATE  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 3500.00

Date of Receipt 07 / 13 / 2017  
**Transaction ID : SA11A.514535**  
 Amount of Each Receipt this Period 2500.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	12825.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 486 OF 997
	<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. MILLS, NAN, , MRS.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1950 GALLEON DR

City NAPLES	State FL	Zip Code 34102-7700
----------------	-------------	------------------------

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 ▼  
2500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		13		2017

**Transaction ID : SA11A.514534**

Amount of Each Receipt this Period  
2500.00

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) 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 ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		31		2017

**Transaction ID : SA11A.516944**

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) 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  

M M M	/	D D D	/	Y Y Y Y Y Y
08		31		2017

**Transaction ID : SA11A.519660**

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 487 OF 997
	<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. 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) 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  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2017  
**Transaction ID : SA11A.523006**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item  
 CONTRIBUTION

**B. MINAHAN, DANIEL, J., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 13909 GREEN BAY RD  
 City MEQUON State WI Zip Code 53097-1502  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CONTINENTAL PROPERTIES Occupation (for Individual) PRESIDENT  
 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  
 08 / 31 / 2017  
**Transaction ID : SA11A.519142**  
 Amount of Each Receipt this Period  
 2700.00  
 Memo Item  
 CONTRIBUTION

**C. MINTON, BARBARA, A., 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 ▼ 385.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 01 / 2017  
**Transaction ID : SA11A.516761**  
 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 488 OF 997
	<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. MINTON, BARBARA, A., 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 ▼  
385.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		20		2017

**Transaction ID : SA11A.521514**

Amount of Each Receipt this Period  
100.00

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 ▼  
225.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		23		2017

**Transaction ID : SA11A.515816**

Amount of Each Receipt this Period  
25.00

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 ▼  
225.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		23		2017

**Transaction ID : SA11A.518470**

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 489 OF 997
	<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. 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 ▼  
225.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	23	/	2017

**Transaction ID : SA11A.522051**

Amount of Each Receipt this Period  
25.00

Memo Item CONTRIBUTION

**B. 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 ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	17	/	2017

**Transaction ID : SA11A.514857**

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 ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	17	/	2017

**Transaction ID : SA11A.518085**

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 490 OF 997
	<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. 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 ▼ 250.00

Date of Receipt **09 / 17 / 2017**  
**Transaction ID : SA11A.521275**  
 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 ▼ 275.00

Date of Receipt **07 / 13 / 2017**  
**Transaction ID : SA11A.514601**  
 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 ▼ 275.00

Date of Receipt **08 / 13 / 2017**  
**Transaction ID : SA11A.517893**  
 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 491 OF 997
	<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. 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 ▼  
275.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		13		2017

**Transaction ID : SA11A.520903**

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

**B. MISITANO, CATHERINE, A., ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 12 MAYBELLE CT

City MECHANICSBURG	State PA	Zip Code 17050-8516
-----------------------	-------------	------------------------

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
07		17		2017

**Transaction ID : SA11A.514618**

Amount of Each Receipt this Period  
10000.00

Memo Item  
CONTRIBUTION

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

Mailing Address 745 THIRD STREET

City LAKE OSWEGO	State OR	Zip Code 97034-2349
---------------------	-------------	------------------------

FEC ID number of contributing 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
07		17		2017

**Transaction ID : SA11A.514852**

Amount of Each Receipt this Period  
100.00

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

FOR LINE NUMBER: PAGE 492 OF 997
Use separate schedule(s) for each category of the Detailed Summary Page
11a 11b 11c 12
13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Team Ryan

A. MOHLER, DAVID, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 3 W IRVING STREET
City CHEVY CHASE State MD Zip Code 20815-4218
FEC ID number of contributing federal political committee. C
Name of Employer (for Individual) EAST END GROUP Occupation (for Individual) ATTORNEY
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date 10000.00

Date of Receipt 07 / 27 / 2017
Transaction ID : SA11A.515956
Amount of Each Receipt this Period 10000.00
Memo Item CONTRIBUTION

B. MOHS, FREDERIC, E., MR., JR.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 512 WISCONSIN AVENUE
City MADISON State WI Zip Code 53703-1403
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 09 / 21 / 2017
Transaction ID : SA11A.521614
Amount of Each Receipt this Period 5000.00
Memo Item CONTRIBUTION

C. MOLINARI, SUSAN, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 1881 N NASH ST T504
City ARLINGTON State VA Zip Code 22209-1511
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 07 / 10 / 2017
Transaction ID : SA11A.514209
Amount of Each Receipt this Period 1000.00
Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... 16000.00
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 493 OF 997
	<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. MONAHAN, MARGARET, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 ▼ 900.00

Date of Receipt **07 / 26 / 2017**  
**Transaction ID : SA11A.516048**  
 Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION

**B. MONAHAN, MARGARET, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 ▼ 900.00

Date of Receipt **08 / 26 / 2017**  
**Transaction ID : SA11A.518748**  
 Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION

**C. MONAHAN, MARGARET, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 ▼ 900.00

Date of Receipt **09 / 26 / 2017**  
**Transaction ID : SA11A.522131**  
 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 494 OF 997
	(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. MONCARZ, PIOTR, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 ▼  
1050.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		08		2017

**Transaction ID : SA11A.514414**

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

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

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 ▼  
1050.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		08		2017

**Transaction ID : SA11A.517663**

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

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

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 ▼  
1050.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		08		2017

**Transaction ID : SA11A.520816**

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 495 OF 997
	<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. MONCARZ, PIOTR, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 ▼ 1050.00

Date of Receipt 09 / 29 / 2017  
**Transaction ID : SA11A.522556**  
 Amount of Each Receipt this Period 50.00  
 Memo Item CONTRIBUTION

**B. MONHOLLON, JIMMIE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3933 HIGH MEADOWS DRIVE  
 City ABILENE State TX Zip Code 79605-6456  
 FEC ID number of contributing 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 07 / 28 / 2017  
**Transaction ID : SA11A.516310**  
 Amount of Each Receipt this Period 75.00  
 Memo Item CONTRIBUTION

**C. MONHOLLON, JIMMIE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3933 HIGH MEADOWS DRIVE  
 City ABILENE State TX Zip Code 79605-6456  
 FEC ID number of contributing 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 09 / 20 / 2017  
**Transaction ID : SA11A.521530**  
 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 496 OF 997
	<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. 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 ▼ 6750.00

Date of Receipt **07 / 21 / 2017**  
**Transaction ID : SA11A.515728**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 CONTRIBUTION

**B. 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 ▼ 6750.00

Date of Receipt **08 / 21 / 2017**  
**Transaction ID : SA11A.518229**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 CONTRIBUTION

**C. 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 ▼ 6750.00

Date of Receipt **09 / 21 / 2017**  
**Transaction ID : SA11A.521821**  
 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 497 OF 997
	<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. MONSIF, SHANNON, C., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 108 S HIGHLAND ST  
 City ARLINGTON State VA Zip Code 22204-1846  
 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 **07 / 27 / 2017**  
**Transaction ID : SA11A.515970**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item CONTRIBUTION

**B. MOORE, LEN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 16650 SCHOENBORN ST.  
 City NORTH HILLS State CA Zip Code 91343-6106  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MOORE INDUSTRIES Occupation (for Individual) ENGINEER  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 900.00

Date of Receipt **07 / 20 / 2017**  
**Transaction ID : SA11A.515701**  
 Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION

**C. MOORE, LEN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 16650 SCHOENBORN ST.  
 City NORTH HILLS State CA Zip Code 91343-6106  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MOORE INDUSTRIES Occupation (for Individual) ENGINEER  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 900.00

Date of Receipt **08 / 20 / 2017**  
**Transaction ID : SA11A.518263**  
 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 498 OF 997
	<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. MOORE, LEN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 16650 SCHOENBORN ST.  
 City NORTH HILLS State CA Zip Code 91343-6106  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MOORE INDUSTRIES Occupation (for Individual) ENGINEER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 09 / 20 / 2017  
**Transaction ID : SA11A.521727**  
 Amount of Each Receipt this Period 100.00  
 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) ANGEL MORENO Occupation (for Individual) CONSULTANT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 07 / 17 / 2017  
**Transaction ID : SA11A.514869**  
 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) ANGEL MORENO Occupation (for Individual) CONSULTANT  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 08 / 17 / 2017  
**Transaction ID : SA11A.518092**  
 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: (check only one)	PAGE 499 OF 997
	<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. 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) ANGEL MORENO	Occupation (for Individual) 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
09		17		2017

**Transaction ID : SA11A.521284**

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

**B. MORRISEY, DENISE, HENRY, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7400 PARK TERRACE DR

City ALEXANDRIA	State VA	Zip Code 22307-2039
--------------------	-------------	------------------------

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

Name of Employer (for Individual) CAPITOL COUNSEL	Occupation (for Individual) 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
07		14		2017

**Transaction ID : SA11A.514546**

Amount of Each Receipt this Period  
2500.00

Memo Item  
CONTRIBUTION

**C. MORRIS, JOHN, R., MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3444 GRASMERE DR

City LEXINGTON	State KY	Zip Code 40503-4117
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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 BES
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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
09		30		2017

**Transaction ID : SA11A.523095**

Amount of Each Receipt this Period  
2000.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	4525.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 500 OF 997
	(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. MOSELEY, COLIN, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1500 42ND AVE E APT 8

City SEATTLE	State WA	Zip Code 98112-3855
-----------------	-------------	------------------------

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

Name of Employer (for Individual) GREEN DIAMOND RESOURCES	Occupation (for Individual) MANAGER
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
08 / 31 / 2017  
**Transaction ID : SA11A.519108**

Amount of Each Receipt this Period  
5000.00

Memo Item  
CONTRIBUTION

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

Mailing Address 411 UNIVERSITY STREET SUITE 1200

City SEATTLE	State WA	Zip Code 98101-2519
-----------------	-------------	------------------------

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 ▼  
25000.00

Date of Receipt  
08 / 16 / 2017  
**Transaction ID : SA11A.517969**

Amount of Each Receipt this Period  
25000.00

Memo Item  
CONTRIBUTION

**C. MOSELEY, SUSAN, , MRS.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 411 UNIVERSITY STREET STE 1200

City SEATTLE	State WA	Zip Code 98101-2519
-----------------	-------------	------------------------

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 ▼  
25000.00

Date of Receipt  
08 / 16 / 2017  
**Transaction ID : SA11A.517970**

Amount of Each Receipt this Period  
25000.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	55000.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 501 OF 997
	<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. 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 ▼  
225.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		19		2017

**Transaction ID : SA11A.515399**

Amount of Each Receipt this Period  
25.00

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 ▼  
225.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		19		2017

**Transaction ID : SA11A.518280**

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 ▼  
225.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		19		2017

**Transaction ID : SA11A.521500**

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 502 OF 997
<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. MOTTER JR., FRED, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1445 THAYER PLACE

City MT PLEASANT	State SC	Zip Code 29466-9027
---------------------	-------------	------------------------

FEC ID number of contributing 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  
MM / DD / YYYY  
07 / 29 / 2017

**Transaction ID : SA11A.517078**

Amount of Each Receipt this Period  
25.00

Memo Item CONTRIBUTION

**B. MOURAD TURNER, MAJIDA, , MS.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1455 PENNSYLVANIA AVENUE NW  
SUITE 550

City WASHINGTON	State DC	Zip Code 20004-1024
--------------------	-------------	------------------------

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

Name of Employer (for Individual) CHENIERE ENERGY INC	Occupation (for Individual) VP GOVERNMENT RELATIONS
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
10000.00

Date of Receipt  
MM / DD / YYYY  
09 / 18 / 2017

**Transaction ID : SA11A.520687**

Amount of Each Receipt this Period  
5000.00

Memo Item CONTRIBUTION

**C. MULANAX, SHELLY, D., MS.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 18 E RIVERCREST DRIVE

City HOUSTON	State TX	Zip Code 77042-2514
-----------------	-------------	------------------------

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 ▼  
2000.00

Date of Receipt  
MM / DD / YYYY  
08 / 11 / 2017

**Transaction ID : SA11A.517754**

Amount of Each Receipt this Period  
1000.00

Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	6025.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (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 997
	<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. MULLINS, BIRCH, M., ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 201 SOUTH WARSON

City ST LOUIS State MO Zip Code 63124-1207

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

Name of Employer (for Individual) BAUR PROPERTIES Occupation (for Individual) REAL ESTATE INVESTMENTS

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 07 / 13 / 2017  
**Transaction ID : SA11A.514493**

Amount of Each Receipt this Period 2500.00

Memo Item CONTRIBUTION

**B. MULLIGAN, DEANNA, M., ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 40 MOORELAND RD

City GREENWICH State CT Zip Code 06831-2645

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

Name of Employer (for Individual) THE GUARDIAN LIFE INSURANCE CO Occupation (for Individual) PRESIDENT AND CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 07 / 13 / 2017  
**Transaction ID : SA11A.514491**

Amount of Each Receipt this Period 2000.00

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 ▼ 225.00

Date of Receipt 07 / 28 / 2017  
**Transaction ID : SA11A.516697**

Amount of Each Receipt this Period 25.00

Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 4525.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 504 OF 997
	<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. 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 ▼  
225.00

Date of Receipt  
MM / DD / YYYY  
08 / 28 / 2017

**Transaction ID : SA11A.518656**

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 ▼  
225.00

Date of Receipt  
MM / DD / YYYY  
09 / 28 / 2017

**Transaction ID : SA11A.522489**

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

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

Mailing Address P.O.BOX 85012

City SAN DIEGO	State CA	Zip Code 92186-5012
-------------------	-------------	------------------------

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

Name of Employer (for Individual) PACIFIC SOUTHWEST MORTGAGE	Occupation (for Individual) MORTGAGE BANKING
---	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
750.00

Date of Receipt  
MM / DD / YYYY  
07 / 07 / 2017

**Transaction ID : SA11A.514307**

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 505 OF 997
	<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**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. MURPHY, ANN, , ,</b>		Date of Receipt MM / DD / YYYY 07 / 21 / 2017
Mailing Address 19951 COLLIER ST		<b>Transaction ID : SA11A.515729</b>
City WOODLAND HILLS	State CA	Zip Code 91364-3504
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 ▼ 275.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. MURPHY, ANN, , ,</b>		Date of Receipt MM / DD / YYYY 08 / 21 / 2017
Mailing Address 19951 COLLIER ST		<b>Transaction ID : SA11A.518231</b>
City WOODLAND HILLS	State CA	Zip Code 91364-3504
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 ▼ 275.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. MURPHY, ANN, , ,</b>		Date of Receipt MM / DD / YYYY 09 / 21 / 2017
Mailing Address 19951 COLLIER ST		<b>Transaction ID : SA11A.521817</b>
City WOODLAND HILLS	State CA	Zip Code 91364-3504
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 ▼ 275.00	

<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 506 OF 997
	(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. 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 ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		31		2017

**Transaction ID : SA11A.516491**

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

**B. MURPHY, JOHN, R., ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 3993 SPRING BLVD

City EUGENE	State OR	Zip Code 97405-4491
----------------	-------------	------------------------

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

Name of Employer (for Individual) MURPHY COMPANY	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
08		31		2017

**Transaction ID : SA11A.519151**

Amount of Each Receipt this Period  
10000.00

Memo Item  
CONTRIBUTION

**C. MURPHY, JOSEPH, B., ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 3412 NANTUCKET DR.

City LEXINGTON	State KY	Zip Code 40502-3324
-------------------	-------------	------------------------

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  

M M M	/	D D D	/	Y Y Y Y Y Y
07		24		2017

**Transaction ID : SA11A.515703**

Amount of Each Receipt this Period  
- 100.00

Memo Item  
CONTRIBUTION  
CHARGED BACK

<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 507 OF 997
	<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. MURPHY, JOSEPH, B., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3412 NANTUCKET DR.  
 City LEXINGTON State KY Zip Code 40502-3324  
 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 07 / 24 / 2017  
**Transaction ID : SA11A.515704**  
 Amount of Each Receipt this Period - 100.00  
 Memo Item CONTRIBUTION  
 CHARGED BACK

**B. MURPHY, JOSEPH, B., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3412 NANTUCKET DR.  
 City LEXINGTON State KY Zip Code 40502-3324  
 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 07 / 21 / 2017  
**Transaction ID : SA11A.515724**  
 Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION

**C. MURPHY, JOSEPH, B., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3412 NANTUCKET DR.  
 City LEXINGTON State KY Zip Code 40502-3324  
 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 07 / 25 / 2017  
**Transaction ID : SA11A.515753**  
 Amount of Each Receipt this Period - 100.00  
 Memo Item CONTRIBUTION  
 CHARGED BACK

<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 508 OF 997
	<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. MURPHY, KATHLEEN, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2301 E. FREMONT AVE  
#X-6

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 ▼  
225.00

Date of Receipt  
07 / 01 / 2017  
Transaction ID : SA11A.513955

Amount of Each Receipt this Period  
25.00

Memo Item CONTRIBUTION

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

Mailing Address 2301 E. FREMONT AVE  
#X-6

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 ▼  
225.00

Date of Receipt  
08 / 01 / 2017  
Transaction ID : SA11A.517184

Amount of Each Receipt this Period  
25.00

Memo Item CONTRIBUTION

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

Mailing Address 2301 E. FREMONT AVE  
#X-6

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 ▼  
225.00

Date of Receipt  
09 / 01 / 2017  
Transaction ID : SA11A.519772

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 509 OF 997
	<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. MURRAY, CHARLES, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 25820 CREEKBEND DRIVE

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 ▼  
450.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		13		2017

**Transaction ID : SA11A.514605**

Amount of Each Receipt this Period  
50.00

Memo Item  
CONTRIBUTION

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

Mailing Address 25820 CREEKBEND DRIVE

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 ▼  
450.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		13		2017

**Transaction ID : SA11A.517904**

Amount of Each Receipt this Period  
50.00

Memo Item  
CONTRIBUTION

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

Mailing Address 25820 CREEKBEND DRIVE

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 ▼  
450.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		13		2017

**Transaction ID : SA11A.520905**

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 510 OF 997
	<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. MURRAY, JOHN, , MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 12750 39TH AVE NE  
City SEATTLE State WA Zip Code 98125-4612  
FEC ID number of contributing federal political committee. **C**  
Name of Employer (for Individual) MONUMENT POLICY GROUP Occupation (for Individual) CONSULTANT  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 08 / 23 / 2017  
**Transaction ID : SA11A.518461**  
Amount of Each Receipt this Period 2500.00  
 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 ▼ 225.00

Date of Receipt 07 / 22 / 2017  
**Transaction ID : SA11A.515837**  
Amount of Each Receipt this Period 25.00  
 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 ▼ 225.00

Date of Receipt 08 / 22 / 2017  
**Transaction ID : SA11A.518413**  
Amount of Each Receipt this Period 25.00  
 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 511 OF 997
	<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 ▼  
225.00

Date of Receipt  
MM / DD / YYYY  
09 / 22 / 2017

**Transaction ID : SA11A.521913**

Amount of Each Receipt this Period  
25.00

Memo Item CONTRIBUTION

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

Mailing Address 8080 CRESTWOOD COVE

City BILOXI	State MS	Zip Code 39532-8384
----------------	-------------	------------------------

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

Name of Employer (for Individual) INGALLS SHIPBUILDING	Occupation (for Individual) ENGINEER
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
270.00

Date of Receipt  
MM / DD / YYYY  
07 / 06 / 2017

**Transaction ID : SA11A.514148**

Amount of Each Receipt this Period  
30.00

Memo Item CONTRIBUTION

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

Mailing Address 8080 CRESTWOOD COVE

City BILOXI	State MS	Zip Code 39532-8384
----------------	-------------	------------------------

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

Name of Employer (for Individual) INGALLS SHIPBUILDING	Occupation (for Individual) ENGINEER
---	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
270.00

Date of Receipt  
MM / DD / YYYY  
08 / 06 / 2017

**Transaction ID : SA11A.517545**

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 512 OF 997
	<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. MUSTAIN, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8080 CRESTWOOD COVE  
 City BILOXI State MS Zip Code 39532-8384  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) INGALLS SHIPBUILDING Occupation (for Individual) ENGINEER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 06 / 2017  
**Transaction ID : SA11A.519882**  
 Amount of Each Receipt this Period  
 30.00  
 Memo Item  
 CONTRIBUTION

**B. MUSTY, MIKE, , ,**  
 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) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 244.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 24 / 2017  
**Transaction ID : SA11A.515776**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item  
 CONTRIBUTION

**C. MUSTY, MIKE, , ,**  
 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) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 244.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 08 / 2017  
**Transaction ID : SA11A.517648**  
 Amount of Each Receipt this Period  
 2.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	57.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 513 OF 997
	<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. MUSTY, MIKE, , ,**  
 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) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 244.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 24 / 2017  
**Transaction ID : SA11A.518527**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item  
 CONTRIBUTION

**B. MUSTY, MIKE, , ,**  
 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) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 244.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 24 / 2017  
**Transaction ID : SA11A.522012**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item  
 CONTRIBUTION

**C. MUSTY, MIKE, , ,**  
 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) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 244.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 26 / 2017  
**Transaction ID : SA11A.522389**  
 Amount of Each Receipt this Period  
 1.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	51.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 514 OF 997
	<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. MUSTY, MIKE, , ,**  
 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) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 244.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 26 / 2017  
**Transaction ID : SA11A.522390**  
 Amount of Each Receipt this Period  
 1.00  
 Memo Item  
 CONTRIBUTION

**B. MYERS, JANET, E., MS.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 26 S GRANT STREET  
 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 ▼ 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 31 / 2017  
**Transaction ID : SA11A.516610**  
 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 STREET  
 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 ▼ 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 19 / 2017  
**Transaction ID : SA11A.521359**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	51.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 515 OF 997
	<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. MYERS, TIM, L., ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2051 GREENHOUSE RD STE 300

City HOUSTON	State TX	Zip Code 77084-7341
-----------------	-------------	------------------------

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

Name of Employer (for Individual) ALLIED ORION GROUP	Occupation (for Individual) REAL ESTATE INVESTMENT
---	---

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
09		13		2017

**Transaction ID : SA11A.520950**

Amount of Each Receipt this Period  
2700.00

Memo Item  
CONTRIBUTION

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

Mailing Address 17164 OAK VIEW DR

City ENCINO	State CA	Zip Code 91316-4012
----------------	-------------	------------------------

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
09		13		2017

**Transaction ID : SA11A.520335**

Amount of Each Receipt this Period  
5000.00

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) JOHN NANIA	Occupation (for Individual) NANIA ENERGY
---	---

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
07		07		2017

**Transaction ID : SA11A.514300**

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 516 OF 997
	<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. 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) JOHN NANIA Occupation (for Individual) NANIA ENERGY

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 08 / 07 / 2017  
**Transaction ID : SA11A.517527**

Amount of Each Receipt this Period 100.00

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) JOHN NANIA Occupation (for Individual) NANIA ENERGY

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 09 / 07 / 2017  
**Transaction ID : SA11A.520789**

Amount of Each Receipt this Period 100.00

Memo Item CONTRIBUTION

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

Mailing Address 508 CARNEGIE CENTER

City PRINCETON State NJ Zip Code 08540-6259

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

Name of Employer (for Individual) OTSUKA PHARMACEUTICAL Occupation (for Individual) PRESIDENT

Receipt For:  Primary  General  Other (specify)

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 07 / 27 / 2017  
**Transaction ID : SA11A.515976**

Amount of Each Receipt this Period 1000.00

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 517 OF 997
	<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. 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 ▼ 225.00

Date of Receipt **07 / 18 / 2017**  
**Transaction ID : SA11A.515075**  
 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 ▼ 225.00

Date of Receipt **08 / 18 / 2017**  
**Transaction ID : SA11A.518151**  
 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 ▼ 225.00

Date of Receipt **09 / 18 / 2017**  
**Transaction ID : SA11A.521242**  
 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 518 OF 997
	<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. NEELON, DANIEL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 325 COTUIT ROAD  
 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 ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 28 / 2017  
**Transaction ID : SA11A.516271**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item  
 CONTRIBUTION

**B. NEIDORFF, MICHAEL, F., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 211 LINDEN AVE  
 City ST LOUIS State MO Zip Code 63105-3841  
 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  
 09 / 28 / 2017  
**Transaction ID : SA11A.522224**  
 Amount of Each Receipt this Period  
 25000.00  
 Memo Item  
 CONTRIBUTION

**C. NEITHERCUT, DAVID, J., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 77 E WALTON ST UNIT 22C  
 City CHICAGO State IL Zip Code 60611-2297  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) EQUITY RESIDENTIAL Occupation (for Individual) PRESIDENT  
 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  
 09 / 21 / 2017  
**Transaction ID : SA11A.521585**  
 Amount of Each Receipt this Period  
 2700.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	27950.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 519 OF 997
	<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. 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 ▼  
235.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		28		2017

**Transaction ID : SA11A.516242**

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 ▼  
235.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		29		2017

**Transaction ID : SA11A.517093**

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 ▼  
235.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		29		2017

**Transaction ID : SA11A.518829**

Amount of Each Receipt this Period  
25.00

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 520 OF 997
	<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. 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 235.00	

Date of Receipt  
09 / 29 / 2017  
**Transaction ID : SA11A.522659**

Amount of Each Receipt this Period  
25.00

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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00	

Date of Receipt  
07 / 27 / 2017  
**Transaction ID : SA11A.516191**

Amount of Each Receipt this Period  
100.00

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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 900.00	

Date of Receipt  
08 / 27 / 2017  
**Transaction ID : SA11A.518693**

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 521 OF 997
	<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. 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 ▼ 900.00

Date of Receipt 09 / 27 / 2017  
**Transaction ID : SA11A.522372**  
 Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION

**B. NELSON, ROBERT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 23043 SNAPPER LANE  
 City CUDJOE KEY State FL Zip Code 33042-4331  
 FEC ID number of contributing 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 07 / 19 / 2017  
**Transaction ID : SA11A.515415**  
 Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION

**C. NELSON, ROBERT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 23043 SNAPPER LANE  
 City CUDJOE KEY State FL Zip Code 33042-4331  
 FEC ID number of contributing 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 08 / 19 / 2017  
**Transaction ID : SA11A.518298**  
 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 522 OF 997
	<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. NELSON, ROBERT, , ,**

Mailing Address 23043 SNAPPER LANE

City CUDJOE KEY	State FL	Zip Code 33042-4331
--------------------	-------------	------------------------

FEC ID number of contributing 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
09		19		2017

**Transaction ID : SA11A.521498**

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

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

Mailing Address 1790 DERR RUN ROAD

City BETHLEHEM	State PA	Zip Code 18015-5019
-------------------	-------------	------------------------

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

Name of Employer (for Individual) B.BRAUN MEDICAL INC.	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
09		21		2017

**Transaction ID : SA11A.521629**

Amount of Each Receipt this Period  
1000.00

Memo Item  
CONTRIBUTION

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

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/FOUNDER
---	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
2250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		30		2017

**Transaction ID : SA11A.516986**

Amount of Each Receipt this Period  
250.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1350.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 523 OF 997
	<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/FOUNDER
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		30		2017

**Transaction ID : SA11A.518969**

Amount of Each Receipt this Period  
250.00

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/FOUNDER
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2017

**Transaction ID : SA11A.522955**

Amount of Each Receipt this Period  
250.00

Memo Item  
CONTRIBUTION

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

Mailing Address 438 UPLAND RD.

City MEDINA	State WA	Zip Code 98039-5321
----------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
1900.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		04		2017

**Transaction ID : SA11A.514121**

Amount of Each Receipt this Period  
100.00

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 524 OF 997
	<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**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. NEWELL, SHIRLEY, B., MRS.,**

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 ▼ **300.00**

Date of Receipt **08 / 04 / 2017**

**Transaction ID : SA11A.517328**

Amount of Each Receipt this Period **100.00**

Memo Item CONTRIBUTION

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

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 ▼ **225.00**

Date of Receipt **07 / 25 / 2017**

**Transaction ID : SA11A.515900**

Amount of Each Receipt this Period **25.00**

Memo Item CONTRIBUTION

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

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 ▼ **225.00**

Date of Receipt **08 / 25 / 2017**

**Transaction ID : SA11A.518575**

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: (check only one)	PAGE 525 OF 997
	<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. 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 ▼  
225.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	25	/	2017

**Transaction ID : SA11A.521981**

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

**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 ▼  
270.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	21	/	2017

**Transaction ID : SA11A.515715**

Amount of Each Receipt this Period  
50.00

Memo Item  
CONTRIBUTION

CHARGED BACK \$45.00 ON 07/25/2017

**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 ▼  
270.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	25	/	2017

**Transaction ID : SA11A.515752**

Amount of Each Receipt this Period  
- 45.00

Memo Item  
CONTRIBUTION

CHARGED BACK

<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 526 OF 997
	<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. 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 ▼ 270.00

Date of Receipt **07 / 30 / 2017**  
**Transaction ID : SA11A.516969**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**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 ▼ 270.00

Date of Receipt **08 / 04 / 2017**  
**Transaction ID : SA11A.517425**  
 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 ▼ 270.00

Date of Receipt **08 / 24 / 2017**  
**Transaction ID : SA11A.518600**  
 Amount of Each Receipt this Period 10.00  
 Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	40.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (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 997
	<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. 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 ▼ 270.00

Date of Receipt 08 / 29 / 2017  
**Transaction ID : SA11A.518787**  
 Amount of Each Receipt this Period 10.00  
 Memo Item CONTRIBUTION

**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 ▼ 270.00

Date of Receipt 09 / 14 / 2017  
**Transaction ID : SA11A.520917**  
 Amount of Each Receipt this Period 10.00  
 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 ▼ 270.00

Date of Receipt 09 / 30 / 2017  
**Transaction ID : SA11A.522914**  
 Amount of Each Receipt this Period 53.00  
 Memo Item CONTRIBUTION  
 TO BE CHARGED BACK

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 73.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 528 OF 997		
	<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. NGUYEN, TRA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 410 WILMA CIRCLE #302  
 City RIVIERA BEACH State FL Zip Code 33404-4643  
 FEC ID number of contributing 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  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 25 / 2017  
**Transaction ID : SA11A.515899**  
 Amount of Each Receipt this Period 30.00  
 Memo Item CONTRIBUTION

**B. NGUYEN, TRA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 410 WILMA CIRCLE #302  
 City RIVIERA BEACH State FL Zip Code 33404-4643  
 FEC ID number of contributing 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  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 25 / 2017  
**Transaction ID : SA11A.518580**  
 Amount of Each Receipt this Period 30.00  
 Memo Item CONTRIBUTION

**C. NGUYEN, TRA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 410 WILMA CIRCLE #302  
 City RIVIERA BEACH State FL Zip Code 33404-4643  
 FEC ID number of contributing 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  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 25 / 2017  
**Transaction ID : SA11A.521976**  
 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 529 OF 997
	<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. NICANDROS, STEVE, C., ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3040 POST OAK BLVD STE 1100

City HOUSTON	State TX	Zip Code 77056-6540
-----------------	-------------	------------------------

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

Name of Employer (for Individual) FRONTERA RESOURCES	Occupation (for Individual) CEO
---	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
15000.00

Date of Receipt  
MM / DD / YYYY  
07 / 10 / 2017

**Transaction ID : SA11A.514243**

Amount of Each Receipt this Period  
5000.00

Memo Item  
CONTRIBUTION

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

Mailing Address 17 ARGOS

City LAGUNA NIGUEL	State CA	Zip Code 92677-9001
-----------------------	-------------	------------------------

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

Name of Employer (for Individual) WJA ASSET MANAGEMENT	Occupation (for Individual) FUND MANAGER
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
700.00

Date of Receipt  
MM / DD / YYYY  
07 / 23 / 2017

**Transaction ID : SA11A.515827**

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

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

Mailing Address 10800 WILSHIRE BLVD APT 1503

City LOS ANGELES	State CA	Zip Code 90024-4220
---------------------	-------------	------------------------

FEC ID number of contributing 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  
MM / DD / YYYY  
07 / 31 / 2017

**Transaction ID : SA11A.516935**

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 530 OF 997
	<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 ▼  
900.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		12		2017

**Transaction ID : SA11A.514530**

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 ▼  
900.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		12		2017

**Transaction ID : SA11A.517956**

Amount of Each Receipt this Period  
100.00

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 ▼  
900.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		12		2017

**Transaction ID : SA11A.520884**

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 531 OF 997
	<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. 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 ▼ 1900.00

Date of Receipt **07 / 15 / 2017**  
**Transaction ID : SA11A.514938**  
 Amount of Each Receipt this Period 50.00  
 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 ▼ 1900.00

Date of Receipt **07 / 31 / 2017**  
**Transaction ID : SA11A.516907**  
 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 ▼ 1900.00

Date of Receipt **08 / 31 / 2017**  
**Transaction ID : SA11A.519618**  
 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 532 OF 997
	(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. 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 ▼ 1900.00

Date of Receipt 09 / 30 / 2017

**Transaction ID : SA11A.522953**

Amount of Each Receipt this Period 100.00

Memo Item CONTRIBUTION

**B. NIMOCKS, DAVID, R., MR., JR.**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 87128

City FAYETTEVILLE State NC Zip Code 28304-7128

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

Name of Employer (for Individual) TERMINIX Occupation (for Individual) CONSULTANT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 28 / 2017

**Transaction ID : SA11A.522212**

Amount of Each Receipt this Period 1000.00

Memo Item CONTRIBUTION

**C. NISSLEY, EMILY, B., ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 30 OENOKE LANE

City NEW CANAAN State CT Zip Code 06840-4515

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 ▼ 5000.00

Date of Receipt 07 / 28 / 2017

**Transaction ID : SA11A.516273**

Amount of Each Receipt this Period 5000.00

Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 6100.00

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

**SCHEDULE A (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 997
	<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. 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 ▼ 270.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 07 / 2017  
**Transaction ID : SA11A.514306**  
 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 ▼ 270.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 07 / 2017  
**Transaction ID : SA11A.517532**  
 Amount of Each Receipt this Period  
 30.00  
 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 ▼ 270.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 07 / 2017  
**Transaction ID : SA11A.520794**  
 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 534 OF 997
	<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. NORCOTT, WILLIAM, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 68 CARLETON ST  
 City WHITMAN State MA Zip Code 02382-2106  
 FEC ID number of contributing 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  
 07 / 15 / 2017  
**Transaction ID : SA11A.514961**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item  
 CONTRIBUTION

**B. NORCOTT, WILLIAM, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 68 CARLETON ST  
 City WHITMAN State MA Zip Code 02382-2106  
 FEC ID number of contributing 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  
 08 / 15 / 2017  
**Transaction ID : SA11A.517984**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item  
 CONTRIBUTION

**C. NORCOTT, WILLIAM, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 68 CARLETON ST  
 City WHITMAN State MA Zip Code 02382-2106  
 FEC ID number of contributing 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  
 09 / 15 / 2017  
**Transaction ID : SA11A.521195**  
 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 535 OF 997
	<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. 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) COMPLIANCE
--	---

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
07		28		2017

**Transaction ID : SA11A.516670**

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) COMPLIANCE
--	---

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
08		28		2017

**Transaction ID : SA11A.518647**

Amount of Each Receipt this Period  
25.00

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) COMPLIANCE
--	---

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
09		28		2017

**Transaction ID : SA11A.522490**

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 536 OF 997
	<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. 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) COMPLIANCE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 460.00

Date of Receipt 09 / 29 / 2017  
**Transaction ID : SA11A.522632**  
 Amount of Each Receipt this Period 50.00  
 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) COMPLIANCE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 460.00

Date of Receipt 09 / 29 / 2017  
**Transaction ID : SA11A.522633**  
 Amount of Each Receipt this Period 20.00  
 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) COMPLIANCE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 460.00

Date of Receipt 09 / 29 / 2017  
**Transaction ID : SA11A.522634**  
 Amount of Each Receipt this Period 50.00  
 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 538 OF 997
	<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. NORFLEET, GLENN, D., MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 98 BOBWHITE DR.

City MANCHESTER	State TN	Zip Code 37355-5920
--------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1440.00

Date of Receipt  
MM / DD / YYYY  
08 / 01 / 2017

**Transaction ID : SA11A.517178**

Amount of Each Receipt this Period  
100.00

Memo Item CONTRIBUTION

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

Mailing Address 98 BOBWHITE DR.

City MANCHESTER	State TN	Zip Code 37355-5920
--------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1440.00

Date of Receipt  
MM / DD / YYYY  
08 / 26 / 2017

**Transaction ID : SA11A.518731**

Amount of Each Receipt this Period  
55.00

Memo Item CONTRIBUTION

**C. NORFLEET, GLENN, D., MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 98 BOBWHITE DR.

City MANCHESTER	State TN	Zip Code 37355-5920
--------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
1440.00

Date of Receipt  
MM / DD / YYYY  
09 / 01 / 2017

**Transaction ID : SA11A.519760**

Amount of Each Receipt this Period  
100.00

Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	255.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 539 OF 997		
	<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. NORSWORTHY, DAVID, L., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1176 W STULTZ RD  
 City SPRINGDALE State AR Zip Code 72764-7925  
 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 08 / 31 / 2017  
**Transaction ID : SA11A.519180**  
 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 ▼ 900.00

Date of Receipt 07 / 26 / 2017  
**Transaction ID : SA11A.516029**  
 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 ▼ 900.00

Date of Receipt 08 / 26 / 2017  
**Transaction ID : SA11A.518728**  
 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 540 OF 997
	<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 ▼ 900.00

Date of Receipt 09 / 26 / 2017  
**Transaction ID : SA11A.522114**  
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 ▼ 450.00

Date of Receipt 07 / 15 / 2017  
**Transaction ID : SA11A.514958**  
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 ▼ 450.00

Date of Receipt 08 / 15 / 2017  
**Transaction ID : SA11A.517981**  
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 541 OF 997
	<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. 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 ▼ 450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 15 / 2017  
**Transaction ID : SA11A.521193**  
 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 ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 10 / 2017  
**Transaction ID : SA11A.514364**  
 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 ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 10 / 2017  
**Transaction ID : SA11A.517786**  
 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 542 OF 997
	<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. 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 ▼ 500.00

Date of Receipt 09 / 10 / 2017  
**Transaction ID : SA11A.520844**  
 Amount of Each Receipt this Period 50.00  
 Memo Item CONTRIBUTION

**B. NUNN, WALLACE, H., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 25 HIDDEN SPRING CIRCLE  
 City NEWTOWN SQUARE State PA Zip Code 19073-3430  
 FEC ID number of contributing 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 09 / 30 / 2017  
**Transaction ID : SA11A.523077**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item CONTRIBUTION

**C. NYSEN, PAUL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. BOX 1030  
 City BONSALL State CA Zip Code 92003-1030  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NETGEAR INC Occupation (for Individual) ENGINEER  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1750.00

Date of Receipt 07 / 01 / 2017  
**Transaction ID : SA11A.513961**  
 Amount of Each Receipt this Period 250.00  
 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 543 OF 997
	<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' BRIEN, PATRICIA, M., MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 535E 86TH STREET  
APT 20D

City NEW YORK State NY Zip Code 10028-7533

FEC ID number of contributing 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  
MM / DD / YYYY  
09 / 25 / 2017

**Transaction ID : SA11A.521879**

Amount of Each Receipt this Period  
500.00

Memo Item CONTRIBUTION

**B. O'CONNOR, GEORGE, R., MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1515 E 4TH ST

City LITTLE ROCK State AR Zip Code 72202-2808

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

Name of Employer (for Individual) O'CONNOR DISTRIBUTING Occupation (for Individual) SALES

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
MM / DD / YYYY  
07 / 20 / 2017

**Transaction ID : SA11A.515106**

Amount of Each Receipt this Period  
5000.00

Memo Item CONTRIBUTION

**C. O'DEA, JOHN, J., MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 820 HIGH RIDGE RD  
B-6

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 ▼  
450.00

Date of Receipt  
MM / DD / YYYY  
07 / 25 / 2017

**Transaction ID : SA11A.515915**

Amount of Each Receipt this Period  
50.00

Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 5550.00

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

**SCHEDULE A (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 997
	<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. O'DEA, JOHN, J., MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 820 HIGH RIDGE RD  
B-6

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 ▼  
450.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		25		2017

**Transaction ID : SA11A.518591**

Amount of Each Receipt this Period  
50.00

Memo Item  
CONTRIBUTION

**B. O'DEA, JOHN, J., MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 820 HIGH RIDGE RD  
B-6

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 ▼  
450.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		25		2017

**Transaction ID : SA11A.521985**

Amount of Each Receipt this Period  
50.00

Memo Item  
CONTRIBUTION

**C. O'GRADY, J., PATRICK, MR., JR.**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 511 KENWOOD RD

City DREXEL HILL	State PA	Zip Code 19026-1326
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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 BES
---	--

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
09		21		2017

**Transaction ID : SA11A.521636**

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 545 OF 997
	<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  
**O'HARA, VERA, , ,**

Mailing Address **4 MUSTANG ROAD**

City <b>RANCHO PALOS VERDE</b>	State <b>CA</b>	Zip Code <b>90275-5250</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  
**07 / 18 / 2017**

**Transaction ID : SA11A.515079**

Amount of Each Receipt this Period  
**50.00**

Memo Item  
CONTRIBUTION

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**O'HARA, VERA, , ,**

Mailing Address **4 MUSTANG ROAD**

City <b>RANCHO PALOS VERDE</b>	State <b>CA</b>	Zip Code <b>90275-5250</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  
**08 / 18 / 2017**

**Transaction ID : SA11A.518153**

Amount of Each Receipt this Period  
**50.00**

Memo Item  
CONTRIBUTION

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**O'HARA, VERA, , ,**

Mailing Address **4 MUSTANG ROAD**

City <b>RANCHO PALOS VERDE</b>	State <b>CA</b>	Zip Code <b>90275-5250</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  
**09 / 18 / 2017**

**Transaction ID : SA11A.521249**

Amount of Each Receipt this Period  
**50.00**

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: (check only one)	PAGE 546 OF 997
	<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'HOLLAREN, SEAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5050 SW HILLTOP LANE  
 City PORTLAND State OR Zip Code 97221-2304  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NIKE Occupation (for Individual) VICE PRESIDENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 08 / 31 / 2017  
**Transaction ID : SA11A.519150**  
 Amount of Each Receipt this Period 2500.00  
 Memo Item CONTRIBUTION

**B. O'NEILL, JOHN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 620 6TH STREET NE  
 City WASHINGTON State DC Zip Code 20002-5208  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) HARBINGER STRATEGIES Occupation (for Individual) ATTORNEY  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 09 / 25 / 2017  
**Transaction ID : SA11A.521958**  
 Amount of Each Receipt this Period 2500.00  
 Memo Item CONTRIBUTION

**C. O'NEILL, WILLIAM, P., MR., JR**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 445 BOXWOOD RD  
 City ROSEMONT State PA Zip Code 19010-1254  
 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 09 / 30 / 2017  
**Transaction ID : SA11A.523105**  
 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 547 OF 997
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NAME OF COMMITTEE (In Full)  
**Team Ryan**

**A. OAKS, JAMES, C., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4300 S BEACH PKWY APT 4301  
 City JACKSONVILLE BEACH State FL Zip Code 32250-8185  
 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  
 09 / 30 / 2017  
**Transaction ID : SA11A.523091**  
 Amount of Each Receipt this Period  
 5000.00  
 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 ▼ 225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 29 / 2017  
**Transaction ID : SA11A.517079**  
 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 ▼ 225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 29 / 2017  
**Transaction ID : SA11A.518817**  
 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 548 OF 997
	<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. 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 ▼  
225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 29 / 2017

**Transaction ID : SA11A.522670**

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

**B. ODOBINAK, JAMES, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1315 ASHFORD AVE

City CORDADA	State PR	Zip Code 00907-1374
-----------------	-------------	------------------------

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

Name of Employer (for Individual) MEDICAL CARD SYSTEM	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  
 09 / 13 / 2017

**Transaction ID : SA11A.520951**

Amount of Each Receipt this Period  
5000.00

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
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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  
 07 / 28 / 2017

**Transaction ID : SA11A.516674**

Amount of Each Receipt this Period  
50.00

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:	PAGE 549 OF 997
	(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. 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
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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
07		31		2017

**Transaction ID : SA11A.516920**

Amount of Each Receipt this Period  
25.00

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 ▼  
525.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		28		2017

**Transaction ID : SA11A.518626**

Amount of Each Receipt this Period  
50.00

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 ▼  
525.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		31		2017

**Transaction ID : SA11A.519653**

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 550 OF 997
	(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. OLOZAGA, GERARDO, L., MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 364043

City SAN JUAN State PR Zip Code 00936-4043

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

Name of Employer (for Individual) SARCO Occupation (for Individual) OWNER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
20000.00

Date of Receipt  
08 / 31 / 2017  
**Transaction ID : SA11A.519145**

Amount of Each Receipt this Period  
20000.00

Memo Item  
CONTRIBUTION

**B. ORMOND, PAUL, A., ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2420 UNDERHILL RD

City OTTAWA HILLS State OH Zip Code 43615-2332

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

Name of Employer (for Individual) HCR MANORCARE Occupation (for Individual) EXECUTIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
07 / 13 / 2017  
**Transaction ID : SA11A.514502**

Amount of Each Receipt this Period  
5000.00

Memo Item  
CONTRIBUTION

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

Mailing Address PO BOX 343

City PUNXSUTAWNEY State PA Zip Code 15767-0343

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

Name of Employer (for Individual) VALER COAL Occupation (for Individual) CEO

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
07 / 27 / 2017  
**Transaction ID : SA11A.515942**

Amount of Each Receipt this Period  
1000.00

Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....▶ 26000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 551 OF 997
	<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. OSTERKAMP, ANTHONY, H., MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2222 LIANE LANE

City SANTA ANA	State CA	Zip Code 92705-3393
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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 ▼  
800.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		31		2017

**Transaction ID : SA11A.518848**

Amount of Each Receipt this Period  
400.00

Memo Item  
CONTRIBUTION

**B. OVERBEY, JESSE, W., MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 612 OAKLAND DRIVE

City CHATHAM	State VA	Zip Code 24531-3418
-----------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
343.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		01		2017

**Transaction ID : SA11A.516788**

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

**C. OVERBEY, JESSE, W., MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 612 OAKLAND DRIVE

City CHATHAM	State VA	Zip Code 24531-3418
-----------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
343.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		19		2017

**Transaction ID : SA11A.521119**

Amount of Each Receipt this Period  
150.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	650.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (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 997
	<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. PALMER, EDITH, P., MS.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address **282 LAROE ROAD**

City <b>CHESTER</b>	State <b>NY</b>	Zip Code <b>10918-2435</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 ▼  
**1250.00**

Date of Receipt  
**09 / 19 / 2017**

**Transaction ID : SA11A.521092**

Amount of Each Receipt this Period  
**750.00**

Memo Item  
CONTRIBUTION

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

Mailing Address **446 STURGES RD**

City <b>FAIRFIELD</b>	State <b>CT</b>	Zip Code <b>06824-2851</b>
--------------------------	--------------------	-------------------------------

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

Name of Employer (for Individual) <b>PUBLIC SPHERE INC</b>	Occupation (for Individual) <b>PRINCIPAL</b>
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**7500.00**

Date of Receipt  
**09 / 14 / 2017**

**Transaction ID : SA11A.520948**

Amount of Each Receipt this Period  
**2500.00**

Memo Item  
CONTRIBUTION

**C. PAMERLEAU, SUSAN, L., ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address **230 DWYER AVE  
APT 1102**

City <b>SAN ANTONIO</b>	State <b>TX</b>	Zip Code <b>78204-1038</b>
----------------------------	--------------------	-------------------------------

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

Name of Employer (for Individual) <b>SLP &amp; ASSOCIATES</b>	Occupation (for Individual) <b>CONSULTANT</b>
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
**500.00**

Date of Receipt  
**07 / 21 / 2017**

**Transaction ID : SA11A.515687**

Amount of Each Receipt this Period  
**500.00**

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>3750.00</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 553 OF 997
	<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. PAPE, KATHY, L., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1920 MONTEREY DR  
 City MECHANICSBURG State PA Zip Code 17050-8512  
 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 ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2017  
**Transaction ID : SA11A.523101**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item  
 CONTRIBUTION

**B. PARESKY, PAMELA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO BOX 878  
 City ASPEN State CO Zip Code 81612-0878  
 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 ▼ 5400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 07 / 2017  
**Transaction ID : SA11A.519914**  
 Amount of Each Receipt this Period  
 5400.00  
 Memo Item  
 CONTRIBUTION

**C. PARKER, DALE, , MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. BOX 565  
 City BENSON State NC Zip Code 27504-0565  
 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 ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2017  
**Transaction ID : SA11A.522713**  
 Amount of Each Receipt this Period  
 1000.00  
 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 554 OF 997
	<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. PARKER, FOXHALL, A., MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 205 HONEY HOLLOW ROAD

City POUND RIDGE	State NY	Zip Code 10576-1109
---------------------	-------------	------------------------

FEC ID number of contributing 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
08		03		2017

**Transaction ID : SA11A.517263**

Amount of Each Receipt this Period  
250.00

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 ▼  
450.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		19		2017

**Transaction ID : SA11A.515405**

Amount of Each Receipt this Period  
50.00

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 ▼  
450.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		19		2017

**Transaction ID : SA11A.518294**

Amount of Each Receipt this Period  
50.00

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 555 OF 997
	<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. 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 ▼ 450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 19 / 2017  
**Transaction ID : SA11A.521494**  
 Amount of Each Receipt this Period  
 50.00  
 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 ▼ 225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 26 / 2017  
**Transaction ID : SA11A.516049**  
 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 ▼ 225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 26 / 2017  
**Transaction ID : SA11A.518744**  
 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 556 OF 997
	<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. 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 ▼  
225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 26 / 2017  
**Transaction ID : SA11A.522129**

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 ▼  
225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 27 / 2017  
**Transaction ID : SA11A.516204**

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 ▼  
225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 27 / 2017  
**Transaction ID : SA11A.518702**

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 557 OF 997
	<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. 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 ▼ 225.00

Date of Receipt 09 / 27 / 2017  
**Transaction ID : SA11A.522382**  
Amount of Each Receipt this Period 25.00  
 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 ▼ 450.00

Date of Receipt 07 / 27 / 2017  
**Transaction ID : SA11A.516192**  
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 ▼ 450.00

Date of Receipt 08 / 27 / 2017  
**Transaction ID : SA11A.518671**  
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 558 OF 997
	<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. 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 ▼  
450.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		27		2017

**Transaction ID : SA11A.522352**

Amount of Each Receipt this Period  
50.00

Memo Item  
CONTRIBUTION

**B. PATEL, CHIRAG, K., ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 12 WINDSOR DR

City PINE BROOK	State NJ	Zip Code 07058-9620
--------------------	-------------	------------------------

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

Name of Employer (for Individual) AMNEAL PHARMACEUTICALS	Occupation (for Individual) CO-CEO, CO-CHAIRMAN & CO-FOUN
---	--

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
08		04		2017

**Transaction ID : SA11A.517298**

Amount of Each Receipt this Period  
50000.00

Memo Item  
CONTRIBUTION

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

Mailing Address 10 HARBOURSIDE DR.

City SUFFIELD	State CT	Zip Code 06078-1838
------------------	-------------	------------------------

FEC ID number of contributing 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
07		28		2017

**Transaction ID : SA11A.516072**

Amount of Each Receipt this Period  
- 100.00

Memo Item  
CONTRIBUTION  
CHARGED BACK

<b>SUBTOTAL</b> of Receipts This Page (optional).....	49950.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (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 997
	<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. PATRY, CLEMENT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10 HARBOURSIDE DR.  
 City SUFFIELD State CT Zip Code 06078-1838  
 FEC ID number of contributing 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 07 / 28 / 2017  
**Transaction ID : SA11A.516073**  
 Amount of Each Receipt this Period - 100.00  
 Memo Item  
 CONTRIBUTION  
 CHARGED BACK

**B. PATTERSON, RANDY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2823 ASTER LAKE ROAD  
 City HELENA State AL Zip Code 35022-7260  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) ALABAMA GAS CORPORATION Occupation (for Individual) ENGINEER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 07 / 30 / 2017  
**Transaction ID : SA11A.517009**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 CONTRIBUTION

**C. PATTERSON, RANDY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2823 ASTER LAKE ROAD  
 City HELENA State AL Zip Code 35022-7260  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) ALABAMA GAS CORPORATION Occupation (for Individual) ENGINEER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 08 / 30 / 2017  
**Transaction ID : SA11A.518982**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 CONTRIBUTION

<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 560 OF 997
	<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. PAVEY, PATRICIA, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2 BRATENAHL PLACE  
14EX

City BRATENAHL State OH Zip Code 44108-1183

FEC ID number of contributing 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  
09 / 20 / 2017  
Transaction ID : SA11A.521719

Amount of Each Receipt this Period  
5000.00

Memo Item CONTRIBUTION

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

Mailing Address 2 BRATENAHL PLACE  
14EX

City BRATENAHL State OH Zip Code 44108-1183

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

Name of Employer (for Individual) MORGENTHALER Occupation (for Individual) VENTURE CAPITAL

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
09 / 19 / 2017  
Transaction ID : SA11A.521731

Amount of Each Receipt this Period  
5000.00

Memo Item CONTRIBUTION

**C. PAXON, L., WILLIAM, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1881 N NASH STREET  
UNIT TS04

City ARLINGTON State VA Zip Code 22209-1575

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

Name of Employer (for Individual) AKIN GUMP Occupation (for Individual) GOVERNMENT AFFAIRS

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
07 / 10 / 2017  
Transaction ID : SA11A.514198

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 561 OF 997
	<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. 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 ▼  
225.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		31		2017

**Transaction ID : SA11A.516940**

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 ▼  
225.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		31		2017

**Transaction ID : SA11A.519640**

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

**C. 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 ▼  
225.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2017

**Transaction ID : SA11A.522990**

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 562 OF 997
	<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. PEDERSEN, JENNIFER, L., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 18412 KEYSTONE MANOR RD  
 City ODESSA State FL Zip Code 33556-4836  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) LINCARE Occupation (for Individual) HEALTHCARE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 08 / 16 / 2017  
**Transaction ID : SA11A.518000**  
 Amount of Each Receipt this Period 2500.00  
 Memo Item CONTRIBUTION

**B. PENDERGRASS, COURTNER, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 188 MAPLETON RIDGE DR  
 City CLEVELAND State TN Zip Code 37312-6010  
 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 08 / 31 / 2017  
**Transaction ID : SA11A.519131**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item CONTRIBUTION

**C. PENNONI, CHUCK, R., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 411 VALLEY GLEN DR  
 City BRYN MAWR State PA Zip Code 19010-2054  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) PENNONI Occupation (for Individual) CIVIL ENGINEER  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 25000.00

Date of Receipt 08 / 28 / 2017  
**Transaction ID : SA11A.518493**  
 Amount of Each Receipt this Period 25000.00  
 Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	32500.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (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 997
	<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. PENROSE, CHRISTOPHER, , MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 433 OSPREY ST  
 City SAN DIEGO State CA Zip Code 92107-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) THE PENROSE CORPORATION Occupation (for Individual) REAL ESTATE INVESTOR  
 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  
 08 / 16 / 2017  
**Transaction ID : SA11A.517996**  
 Amount of Each Receipt this Period  
 5400.00  
 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 ▼ 225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 28 / 2017  
**Transaction ID : SA11A.516700**  
 Amount of Each Receipt this Period  
 25.00  
 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 ▼ 225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 28 / 2017  
**Transaction ID : SA11A.518639**  
 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 564 OF 997
	<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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
09 / 28 / 2017  
**Transaction ID : SA11A.522480**

Amount of Each Receipt this Period  
25.00

Memo Item CONTRIBUTION

**B. 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 635.00	

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
07 / 27 / 2017  
**Transaction ID : SA11A.516706**

Amount of Each Receipt this Period  
75.00

Memo Item CONTRIBUTION

**C. 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 635.00	

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
08 / 30 / 2017  
**Transaction ID : SA11A.519678**

Amount of Each Receipt this Period  
10.00

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 565 OF 997
	<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, 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. <b>C</b>		
Name of Employer (for Individual) ARCELORMITTAL USA LLC		Occupation (for Individual) OPERATING TECHNICIAN
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 635.00

Date of Receipt  
MM / DD / YYYY  
09 / 02 / 2017  
**Transaction ID : SA11A.519853**

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

**B. 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. <b>C</b>		
Name of Employer (for Individual) ARCELORMITTAL USA LLC		Occupation (for Individual) OPERATING TECHNICIAN
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 635.00

Date of Receipt  
MM / DD / YYYY  
09 / 17 / 2017  
**Transaction ID : SA11A.521296**

Amount of Each Receipt this Period  
20.00

Memo Item  
CONTRIBUTION

**C. 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. <b>C</b>		
Name of Employer (for Individual) ARCELORMITTAL USA LLC		Occupation (for Individual) OPERATING TECHNICIAN
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 635.00

Date of Receipt  
MM / DD / YYYY  
09 / 18 / 2017  
**Transaction ID : SA11A.521510**

Amount of Each Receipt this Period  
5.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	50.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 566 OF 997
	<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. PERKINS, JAMES, I.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address PO BOX 288

City RUSK	State TX	Zip Code 75785-0288
--------------	-------------	------------------------

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

Name of Employer (for Individual) CITIZENS 1ST BANK	Occupation (for Individual) PRESIDENT
--	--

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
07		13		2017

**Transaction ID : SA11A.514504**

Amount of Each Receipt this Period  
50000.00

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 ▼  
225.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		27		2017

**Transaction ID : SA11A.516209**

Amount of Each Receipt this Period  
25.00

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 ▼  
225.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		27		2017

**Transaction ID : SA11A.518670**

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	50050.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (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 997
	<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. 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 ▼ 225.00

Date of Receipt 09 / 27 / 2017  
**Transaction ID : SA11A.522350**  
Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**B. PERL, SANFORD, E., ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 570 LONGWOOD AVENUE  
City GLENCOE State IL Zip Code 60022-1737  
FEC ID number of contributing federal political committee. **C**  
Name of Employer (for Individual) KIRKLAND & ELLIS LLP Occupation (for Individual) ATTORNEY  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 10800.00

Date of Receipt 07 / 11 / 2017  
**Transaction ID : SA11A.514427**  
Amount of Each Receipt this Period 10800.00  
 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 ▼ 385.00

Date of Receipt 07 / 31 / 2017  
**Transaction ID : SA11A.516516**  
Amount of Each Receipt this Period 50.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....▶ 10875.00  
**TOTAL** This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 568 OF 997
	<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 ▼ 385.00

Date of Receipt 09 / 19 / 2017  
**Transaction ID : SA11A.521116**  
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 ▼ 500.00

Date of Receipt 07 / 05 / 2017  
**Transaction ID : SA11A.514048**  
Amount of Each Receipt this Period 200.00  
 Memo Item CONTRIBUTION

**C. PETERSON, JOEL, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 6033 S 2300 E  
City SALT LAKE CITY State UT Zip Code 84121-1439  
FEC ID number of contributing federal political committee. **C**  
Name of Employer (for Individual) PETERSON PARTNERS Occupation (for Individual) OWNER  
Receipt For:  Primary  General  Other (specify)  
Aggregate Year-to-Date ▼ 50000.00

Date of Receipt 07 / 20 / 2017  
**Transaction ID : SA11A.515098**  
Amount of Each Receipt this Period 50000.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 50250.00  
**TOTAL** This Period (last page this line number only)..... ▶



**SCHEDULE A (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 997
	<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. PETERSON, JOHN, , ,**

Mailing Address **7 ROBERTS DRIVE**

City <b>WESTAMPTON</b>	State <b>NJ</b>	Zip Code <b>08060-4401</b>
---------------------------	--------------------	-------------------------------

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

Name of Employer (for Individual) <b>INFECTIOUS DISEASE PHYSICIANS PA</b>	Occupation (for Individual) <b>PHYSICIAN</b>
--	---

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**450.00**

Date of Receipt  
**07 / 30 / 2017**

**Transaction ID : SA11A.517038**

Amount of Each Receipt this Period  
**50.00**

Memo Item  
CONTRIBUTION

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

Mailing Address **7 ROBERTS DRIVE**

City <b>WESTAMPTON</b>	State <b>NJ</b>	Zip Code <b>08060-4401</b>
---------------------------	--------------------	-------------------------------

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

Name of Employer (for Individual) <b>INFECTIOUS DISEASE PHYSICIANS PA</b>	Occupation (for Individual) <b>PHYSICIAN</b>
--	---

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**450.00**

Date of Receipt  
**08 / 30 / 2017**

**Transaction ID : SA11A.519005**

Amount of Each Receipt this Period  
**50.00**

Memo Item  
CONTRIBUTION

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

Mailing Address **7 ROBERTS DRIVE**

City <b>WESTAMPTON</b>	State <b>NJ</b>	Zip Code <b>08060-4401</b>
---------------------------	--------------------	-------------------------------

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

Name of Employer (for Individual) <b>INFECTIOUS DISEASE PHYSICIANS PA</b>	Occupation (for Individual) <b>PHYSICIAN</b>
--	---

Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼  
**450.00**

Date of Receipt  
**09 / 30 / 2017**

**Transaction ID : SA11A.522988**

Amount of Each Receipt this Period  
**50.00**

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: (check only one)	PAGE 570 OF 997
	<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. PETERSON, JOSEPHINE, , MS.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3080 TULAROSA LANE

City LAS VEGAS	State NV	Zip Code 89122-3348
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FEC ID number of contributing 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
08		01		2017

**Transaction ID : SA11A.516782**

Amount of Each Receipt this Period  
150.00

Memo Item  
CONTRIBUTION

**B. PETRONI, LOUIS, A., MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 10880 CRESTMONT AVE

City PHILADELPHIA	State PA	Zip Code 19154-4404
----------------------	-------------	------------------------

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
09		30		2017

**Transaction ID : SA11A.523103**

Amount of Each Receipt this Period  
1000.00

Memo Item  
CONTRIBUTION

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

Mailing Address 96 WOOLSEY COURT

City PENNINGTON	State NJ	Zip Code 08534-1428
--------------------	-------------	------------------------

FEC ID number of contributing 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
07		28		2017

**Transaction ID : SA11A.516329**

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1250.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (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 997
	<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. PEYTON, MURRAY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 96 WOOLSEY COURT  
 City PENNINGTON State NJ Zip Code 08534-1428  
 FEC ID number of contributing 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  
 09 / 19 / 2017  
**Transaction ID : SA11A.521150**  
 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 RAY 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 ▼ 900.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 19 / 2017  
**Transaction ID : SA11A.515403**  
 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 RAY 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 ▼ 900.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 19 / 2017  
**Transaction ID : SA11A.518292**  
 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 572 OF 997
	<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. PHELPS, CARRIE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 18300 HENRY COURT  
 City RAY 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 ▼ 900.00

Date of Receipt 09 / 19 / 2017  
**Transaction ID : SA11A.521492**  
 Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION

**B. PHELPS, SCOTT, M., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1205 INDIAN HILLS CIRCLE  
 City TUSCALOOSA State AL Zip Code 35406-2203  
 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 07 / 20 / 2017  
**Transaction ID : SA11A.515105**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item CONTRIBUTION

**C. PHILLIPS, NANCY, M., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 15025 SW 137TH PL  
 City TIGARD State OR Zip Code 97224-1542  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) PAC/WEST COMMUNICATIONS Occupation (for Individual) OWNER  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 08 / 31 / 2017  
**Transaction ID : SA11A.519195**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	10100.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (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 997
	<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. PHILLIPS, PAUL, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 15025 SW 137TH PL

City TIGARD State OR Zip Code 97224-1542

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

Name of Employer (for Individual) PACIFIC WEST COMMUNICATIONS Occupation (for Individual) PUBLIC RELATIONS

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt **08 / 31 / 2017**

**Transaction ID : SA11A.519153**

Amount of Each Receipt this Period 5000.00

Memo Item CONTRIBUTION

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

Mailing Address 16 GIFFARD WAY

City MELVILLE State NY Zip Code 11747-2311

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

Name of Employer (for Individual) AVALONBAY COMMUNITIES Occupation (for Individual) REAL ESTATE DEVELOPMENT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt **07 / 18 / 2017**

**Transaction ID : SA11A.515061**

Amount of Each Receipt this Period 50.00

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 ▼ 575.00

Date of Receipt **07 / 31 / 2017**

**Transaction ID : SA11A.516819**

Amount of Each Receipt this Period 100.00

Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	5150.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (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 997
	<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. 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. <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 ▼ 575.00	

Date of Receipt  
MM / DD / YYYY  
09 / 14 / 2017  
**Transaction ID : SA11A.520913**

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. <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 ▼ 575.00	

Date of Receipt  
MM / DD / YYYY  
09 / 29 / 2017  
**Transaction ID : SA11A.523046**

Amount of Each Receipt this Period  
100.00

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. <b>C</b>		
Name of Employer (for Individual) STSLLC		Occupation (for Individual) CONSULTANT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 270.00	

Date of Receipt  
MM / DD / YYYY  
07 / 30 / 2017  
**Transaction ID : SA11A.517032**

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: (check only one)	PAGE 575 OF 997
	<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. 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 ▼ 270.00

Date of Receipt 08 / 30 / 2017  
**Transaction ID : SA11A.519000**  
 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 ▼ 270.00

Date of Receipt 09 / 30 / 2017  
**Transaction ID : SA11A.522981**  
 Amount of Each Receipt this Period 30.00  
 Memo Item CONTRIBUTION

**C. PIERCE, LEON, A., MR., JR.**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 23 GREENLEAF DR.  
 City WOLFEBORO State NH Zip Code 03894-4226  
 FEC ID number of contributing 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 07 / 18 / 2017  
**Transaction ID : SA11A.515076**  
 Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	160.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 576 OF 997
	<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. PIERCE, WILLIE, , MR.,</b>		Date of Receipt MM / DD / YYYY 07 / 26 / 2017
Mailing Address 1499 HIGHWAY 11 NORTH PETAL		<b>Transaction ID : SA11A.516026</b>
City PETAL	State MS	Zip Code 39465-9586
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer (for Individual) WILLIE	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 ▼ 700.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. PIRANIAN, HERMINEH, , ,</b>		Date of Receipt MM / DD / YYYY 07 / 01 / 2017
Mailing Address 4212 CLEAR VALLEY DR.		<b>Transaction ID : SA11A.513979</b>
City ENCINO	State CA	Zip Code 91436-3316
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
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 ▼ 400.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. PIRANIAN, HERMINEH, , ,</b>		Date of Receipt MM / DD / YYYY 08 / 01 / 2017
Mailing Address 4212 CLEAR VALLEY DR.		<b>Transaction ID : SA11A.517164</b>
City ENCINO	State CA	Zip Code 91436-3316
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
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 ▼ 400.00	

<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: (check only one)	PAGE 577 OF 997
	<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. 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 ▼ 400.00

Date of Receipt 09 / 02 / 2017  
**Transaction ID : SA11A.519862**  
 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 STREET NW SUITE 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 ▼ 5000.00

Date of Receipt 09 / 18 / 2017  
**Transaction ID : SA11A.520686**  
 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 ▼ 650.00

Date of Receipt 09 / 22 / 2017  
**Transaction ID : SA11A.521766**  
 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 578 OF 997
	<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. 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  
 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  
 07 / 17 / 2017  
**Transaction ID : SA11A.514865**  
 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  
 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  
 08 / 17 / 2017  
**Transaction ID : SA11A.518097**  
 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  
 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  
 09 / 17 / 2017  
**Transaction ID : SA11A.521288**  
 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 579 OF 997
	<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. 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 ▼  
450.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		26		2017

**Transaction ID : SA11A.516042**

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 ▼  
450.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		26		2017

**Transaction ID : SA11A.518742**

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 ▼  
450.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		26		2017

**Transaction ID : SA11A.522125**

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 580 OF 997
	<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. POLLACK, ALAN, , MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1764 LAKE AVE  
 City HIGHLAND PARK State IL Zip Code 60035-3360  
 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 09 / 15 / 2017  
**Transaction ID : SA11A.520944**  
 Amount of Each Receipt this Period 5400.00  
 Memo Item CONTRIBUTION

**B. POLLNOW, CHARLES, F., MR., IV**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 416 RANDOLPH AVE  
 City SEATTLE State WA Zip Code 98122-6450  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) HOWLE HILL MANAGEMENT Occupation (for Individual) INVESTOR  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 10000.00

Date of Receipt 08 / 16 / 2017  
**Transaction ID : SA11A.517971**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item CONTRIBUTION

**C. POLLNOW, CHARLES, F., MR., IV**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 416 RANDOLPH AVE  
 City SEATTLE State WA Zip Code 98122-6450  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) HOWLE HILL MANAGEMENT Occupation (for Individual) INVESTOR  
 Receipt For:  Primary  General  Other (specify) Aggregate Year-to-Date ▼ 10000.00

Date of Receipt 08 / 31 / 2017  
**Transaction ID : SA11A.519107**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	15400.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (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 997
	<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. 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 ▼ 275.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 08 / 2017  
**Transaction ID : SA11A.514411**  
 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 ▼ 275.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 08 / 2017  
**Transaction ID : SA11A.517668**  
 Amount of Each Receipt this Period  
 25.00  
 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 ▼ 275.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 08 / 2017  
**Transaction ID : SA11A.520808**  
 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 582 OF 997
	<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. POPE, JAMES, A., MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3324 GRANVILLE DR

City RALEIGH	State NC	Zip Code 27609-6924
-----------------	-------------	------------------------

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

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

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
09		21		2017

**Transaction ID : SA11A.521621**

Amount of Each Receipt this Period  
50000.00

Memo Item CONTRIBUTION

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

Mailing Address 36 VALLEY RD

City WELLESLEY HILLS	State MA	Zip Code 02481-1447
-------------------------	-------------	------------------------

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

Name of Employer (for Individual) ALKERMES	Occupation (for Individual) CHAIRMAN & CHIEF EXECUTIVE OF
---	--

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
08		11		2017

**Transaction ID : SA11A.517734**

Amount of Each Receipt this Period  
25000.00

Memo Item CONTRIBUTION

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

Mailing Address 300 N LA SALLE DR STE 24

City CHICAGO	State IL	Zip Code 60654-3406
-----------------	-------------	------------------------

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

Name of Employer (for Individual) KIRKLAND & ELLIS LLP	Occupation (for Individual) ATTORNEY
---	---

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
07		10		2017

**Transaction ID : SA11A.514184**

Amount of Each Receipt this Period  
20000.00

Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	95000.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 583 OF 997
	<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. POTTER, DENNIS, , MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6503 BROOKS HILL CT

City BETHESDA	State MD	Zip Code 20816-2501
------------------	-------------	------------------------

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

Name of Employer (for Individual) K&L GATES	Occupation (for Individual) GOVERNMENT AFFAIRS
--	---

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
07		11		2017

**Transaction ID : SA11A.514431**

Amount of Each Receipt this Period  
2500.00

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 ▼  
285.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		15		2017

**Transaction ID : SA11A.514943**

Amount of Each Receipt this Period  
10.00

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 ▼  
285.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		30		2017

**Transaction ID : SA11A.516955**

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2535.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (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 997
	<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. 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 ▼  
285.00

Date of Receipt  
MM / DD / YYYY  
08 / 05 / 2017

**Transaction ID : SA11A.517560**

Amount of Each Receipt this Period  
10.00

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 ▼  
285.00

Date of Receipt  
MM / DD / YYYY  
08 / 12 / 2017

**Transaction ID : SA11A.517908**

Amount of Each Receipt this Period  
15.00

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 ▼  
285.00

Date of Receipt  
MM / DD / YYYY  
09 / 15 / 2017

**Transaction ID : SA11A.521187**

Amount of Each Receipt this Period  
15.00

Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	40.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 585 OF 997
	<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. 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 ▼ 285.00

Date of Receipt 09 / 28 / 2017  
**Transaction ID : SA11A.522707**  
 Amount of Each Receipt this Period 10.00  
 Memo Item CONTRIBUTION

**B. POVINELLI, MARGARET, M., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7246 GOVERNORS ROW  
 City CHARLOTTE State NC Zip Code 28277-0377  
 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 09 / 28 / 2017  
**Transaction ID : SA11A.522221**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item CONTRIBUTION

**C. POWERS, JOHN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 75 EMERALD CIRCLE  
 City VALLEJO State CA Zip Code 94589-2737  
 FEC ID number of contributing 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 08 / 16 / 2017  
**Transaction ID : SA11A.518028**  
 Amount of Each Receipt this Period 50.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....▶ 1060.00  
**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE A (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 997
	<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. PRATT, HARVEY, , ,**

Mailing Address **4810 S. INCA ST.**

City <b>ENGLEWOOD</b>	State <b>CO</b>	Zip Code <b>80110-6411</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  
**07 / 25 / 2017**

**Transaction ID : SA11A.515884**

Amount of Each Receipt this Period  
**50.00**

Memo Item  
CONTRIBUTION

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

Mailing Address **4810 S. INCA ST.**

City <b>ENGLEWOOD</b>	State <b>CO</b>	Zip Code <b>80110-6411</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  
**08 / 25 / 2017**

**Transaction ID : SA11A.518565**

Amount of Each Receipt this Period  
**50.00**

Memo Item  
CONTRIBUTION

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

Mailing Address **4810 S. INCA ST.**

City <b>ENGLEWOOD</b>	State <b>CO</b>	Zip Code <b>80110-6411</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  
**09 / 25 / 2017**

**Transaction ID : SA11A.521978**

Amount of Each Receipt this Period  
**50.00**

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: (check only one)	PAGE 587 OF 997
	<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. PRATT, HAROLD, I., MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1010 MEMORIAL DRIVE

City CAMBRIDGE	State MA	Zip Code 02138-4859
-------------------	-------------	------------------------

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

Name of Employer (for Individual) MICHAEL AND PRATT LLP	Occupation (for Individual) ATTORNEY
--	---

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
08		10		2017

**Transaction ID : SA11A.517679**

Amount of Each Receipt this Period  
250.00

Memo Item CONTRIBUTION

**B. PRATT, JOSEPHINE, G., ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 302 LAFAYETTE DRIVE

City VICKSBURG	State MS	Zip Code 39180-4567
-------------------	-------------	------------------------

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
07		28		2017

**Transaction ID : SA11A.516302**

Amount of Each Receipt this Period  
50.00

Memo Item CONTRIBUTION

**C. PRATT, JOSEPHINE, G., ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 302 LAFAYETTE DRIVE

City VICKSBURG	State MS	Zip Code 39180-4567
-------------------	-------------	------------------------

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
09		19		2017

**Transaction ID : SA11A.521046**

Amount of Each Receipt this Period  
100.00

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 588 OF 997
	<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	<input type="checkbox"/> 17

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

**A. PRESTON, FORREST, L., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3001 KEITH ST NW  
 City CLEVELAND State TN Zip Code 37312-3713  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) LIFE CARE CENTERS OF AMERICA Occupation (for Individual) EXECUTIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 07 / 17 / 2017  
**Transaction ID : SA11A.514552**  
 Amount of Each Receipt this Period 1000.00  
 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 ▼ 225.00

Date of Receipt 07 / 06 / 2017  
**Transaction ID : SA11A.514162**  
 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 ▼ 225.00

Date of Receipt 08 / 06 / 2017  
**Transaction ID : SA11A.517552**  
 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 589 OF 997
	<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. 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 ▼ 225.00

Date of Receipt  
MM / DD / YYYY  
09 / 06 / 2017  
**Transaction ID : SA11A.519887**  
Amount of Each Receipt this Period 25.00  
 Memo Item  
CONTRIBUTION

**B. PRIEST, KATHLEEN, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 725 WINDFIELD DRIVE  
City LOVELAND State OH Zip Code 45140-9160  
FEC ID number of contributing federal political committee. **C**  
Name of Employer (for Individual) PROCTER & GAMBLE Occupation (for Individual) IT MANAGER  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 224.00

Date of Receipt  
MM / DD / YYYY  
07 / 30 / 2017  
**Transaction ID : SA11A.517026**  
Amount of Each Receipt this Period 32.00  
 Memo Item  
CONTRIBUTION

**C. PRITCHARD, JOSEPH, L., ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 244 MOORE LANE  
City HADDONFIELD State NJ Zip Code 08033-3701  
FEC ID number of contributing federal political committee. **C**  
Name of Employer (for Individual) PINNACLE TREATMENT CENTERS Occupation (for Individual) PRESIDENT & CEO  
Receipt For:  Primary  General  Other (specify)  
Aggregate Year-to-Date ▼ 7500.00

Date of Receipt  
MM / DD / YYYY  
07 / 27 / 2017  
**Transaction ID : SA11A.515944**  
Amount of Each Receipt this Period 7500.00  
 Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 7557.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (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 997
	<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. PROCTOR, DANIEL, E., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5401 VERNER DRIVE  
 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 ▼ 1300.00

Date of Receipt 08 / 18 / 2017  
**Transaction ID : SA11A.518041**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item CONTRIBUTION

**B. PROUTY, NICHOLAS, A., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1315 ASHFORD AVE PH-2  
 City SAN JUAN State PR Zip Code 00907-1380  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) PUTNAM BRIDGE Occupation (for Individual) DEVELOPER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 09 / 18 / 2017  
**Transaction ID : SA11A.520941**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item CONTRIBUTION

**C. PULLMAN, JOHN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2914 MANAGUA PLACE  
 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 ▼ 600.00

Date of Receipt 08 / 30 / 2017  
**Transaction ID : SA11A.518971**  
 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 591 OF 997
	<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. PULLMAN, JOHN, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2914 MANAGUA PLACE

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 ▼  
600.00

Date of Receipt  
09 / 07 / 2017  
**Transaction ID : SA11A.519744**

Amount of Each Receipt this Period  
- 100.00

Memo Item  
CONTRIBUTION

CHARGED BACK

**B. PURCELL, PATRICK, K., ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1800 U STREET  
APT 5

City SACRAMENTO	State CA	Zip Code 95818-1653
--------------------	-------------	------------------------

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

Name of Employer (for Individual) CA STATE CONTROLLERS OFFICE	Occupation (for Individual) CLAIMS EVALUATION ANALYST
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
09 / 20 / 2017  
**Transaction ID : SA11A.521563**

Amount of Each Receipt this Period  
250.00

Memo Item  
CONTRIBUTION

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

Mailing Address 7714 RIDGECREST DR

City ALEXANDRIA	State VA	Zip Code 22308-1051
--------------------	-------------	------------------------

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

Name of Employer (for Individual) NATIONAL BEER WHOLESALERS ASSOCIATION	Occupation (for Individual) PRESIDENT
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
07 / 10 / 2017  
**Transaction ID : SA11A.514248**

Amount of Each Receipt this Period  
1000.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1150.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 592 OF 997
	<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. 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 ▼  
225.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		16		2017

**Transaction ID : SA11A.514917**

Amount of Each Receipt this Period  
25.00

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 ▼  
225.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		16		2017

**Transaction ID : SA11A.518014**

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 ▼  
225.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		16		2017

**Transaction ID : SA11A.521343**

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 593 OF 997
	<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. QUASNA, ALAN, G., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 320 PARK AVE FL 18  
 City NEW YORK State NY Zip Code 10022-6815  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) QUADRANT Occupation (for Individual) CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5400.00

Date of Receipt 08 / 16 / 2017  
**Transaction ID : SA11A.517997**  
 Amount of Each Receipt this Period 5400.00  
 Memo Item CONTRIBUTION

**B. QUODOMINE JR., RICHARD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9598 HALYARDS COURT 14  
 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 ▼ 295.00

Date of Receipt 07 / 14 / 2017  
**Transaction ID : SA11A.514676**  
 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 14  
 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 ▼ 295.00

Date of Receipt 08 / 14 / 2017  
**Transaction ID : SA11A.517872**  
 Amount of Each Receipt this Period 30.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 5460.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (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 997
	<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. QUODOMINE JR., RICHARD, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9598 HALYARDS COURT  
14

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 ▼  
295.00

Date of Receipt  
09 / 14 / 2017  
**Transaction ID : SA11A.520930**

Amount of Each Receipt this Period  
30.00

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 ▼  
375.00

Date of Receipt  
07 / 30 / 2017  
**Transaction ID : SA11A.517037**

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 ▼  
375.00

Date of Receipt  
09 / 30 / 2017  
**Transaction ID : SA11A.522985**

Amount of Each Receipt this Period  
50.00

Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....▶ 130.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 595 OF 997
	<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. RAGON, ROBERT, E., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 385 WESTVIEW DR  
 City ROSEBURG State OR Zip Code 97471-9579  
 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  
 08 / 31 / 2017  
**Transaction ID : SA11A.519175**  
 Amount of Each Receipt this Period  
 1250.00  
 Memo Item  
 CONTRIBUTION

**B. RAINES, DAVID, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 611 GRAMMONT ST  
 City MONROE State LA Zip Code 71201-7516  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GI CLINIC Occupation (for Individual) PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 700.00

Date of Receipt  
 07 / 27 / 2017  
**Transaction ID : SA11A.516202**  
 Amount of Each Receipt this Period  
 100.00  
 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) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 975.00

Date of Receipt  
 09 / 20 / 2017  
**Transaction ID : SA11A.521568**  
 Amount of Each Receipt this Period  
 225.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1575.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (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 997
	<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 ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		13		2017

**Transaction ID : SA11A.514594**

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 ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		28		2017

**Transaction ID : SA11A.516616**

Amount of Each Receipt this Period  
25.00

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 ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		13		2017

**Transaction ID : SA11A.517888**

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 597 OF 997
	<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. 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 ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		13		2017

**Transaction ID : SA11A.520898**

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

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

Mailing Address 225 108TH AVE NE  
400

City BELLEVUE	State WA	Zip Code 98004-5771
------------------	-------------	------------------------

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

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

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
08		25		2017

**Transaction ID : SA11A.518554**

Amount of Each Receipt this Period  
2500.00

Memo Item  
CONTRIBUTION

**C. RAYNOR, NICOLE, T., MRS.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2204 BAYVIEW DR

City FAYETTEVILLE	State NC	Zip Code 28305-5245
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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 BES
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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
09		28		2017

**Transaction ID : SA11A.522229**

Amount of Each Receipt this Period  
1000.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3525.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 598 OF 997
	(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.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**REDD, DOROTHY, F., ,**

Mailing Address **1884 E 2825 N**

City <b>LAYTON</b>	State <b>UT</b>	Zip Code <b>84040-3219</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  
**07 / 30 / 2017**

**Transaction ID : SA11A.517015**

Amount of Each Receipt this Period  
**50.00**

Memo Item  
CONTRIBUTION

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**REDD, DOROTHY, F., ,**

Mailing Address **1884 E 2825 N**

City <b>LAYTON</b>	State <b>UT</b>	Zip Code <b>84040-3219</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  
**08 / 30 / 2017**

**Transaction ID : SA11A.518988**

Amount of Each Receipt this Period  
**50.00**

Memo Item  
CONTRIBUTION

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**REDD, DOROTHY, F., ,**

Mailing Address **1884 E 2825 N**

City <b>LAYTON</b>	State <b>UT</b>	Zip Code <b>84040-3219</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  
**09 / 30 / 2017**

**Transaction ID : SA11A.522975**

Amount of Each Receipt this Period  
**50.00**

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: (check only one)	PAGE 599 OF 997
	<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. REDMAN, MARILYN, J., ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3003 W BROADWAY BOULEVARD  
UNIT 71

City TUCSON State AZ Zip Code 85745-2554

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 08 / 01 / 2017  
**Transaction ID : SA11A.516800**

Amount of Each Receipt this Period 100.00

Memo Item CONTRIBUTION

**B. REED, DOUGLAS, S., MR. ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7777 OVERLAKE DR W

City MEDINA State WA Zip Code 98039-4754

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

Name of Employer (for Individual) GREEN DIAMOND RESOURCES Occupation (for Individual) EXECUTIVE

Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 08 / 31 / 2017  
**Transaction ID : SA11A.519117**

Amount of Each Receipt this Period 2000.00

Memo Item CONTRIBUTION

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

Mailing Address 15690 SE 227TH STREET

City KENT State WA Zip Code 98042-3723

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

Name of Employer (for Individual) MARTINIQUE REEDRER REALTOR Occupation (for Individual) REALTOR

Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 450.00

Date of Receipt 07 / 03 / 2017  
**Transaction ID : SA11A.513910**

Amount of Each Receipt this Period 50.00

Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2150.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 600 OF 997
	<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. REEDER, MARTINIQUE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 15690 SE 227TH STREET  
 City KENT State WA Zip Code 98042-3723  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MARTINIQUE REEDRER REALTOR Occupation (for Individual) REALTOR  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 450.00

Date of Receipt **08 / 03 / 2017**  
**Transaction ID : SA11A.517402**  
 Amount of Each Receipt this Period 50.00  
 Memo Item CONTRIBUTION

**B. REEDER, MARTINIQUE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 15690 SE 227TH STREET  
 City KENT State WA Zip Code 98042-3723  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MARTINIQUE REEDRER REALTOR Occupation (for Individual) REALTOR  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 450.00

Date of Receipt **09 / 03 / 2017**  
**Transaction ID : SA11A.519846**  
 Amount of Each Receipt this Period 50.00  
 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 ▼ 225.00

Date of Receipt **07 / 26 / 2017**  
**Transaction ID : SA11A.516064**  
 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 601 OF 997
	<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. 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 ▼  
225.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		26		2017

**Transaction ID : SA11A.518753**

Amount of Each Receipt this Period  
25.00

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 ▼  
225.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		26		2017

**Transaction ID : SA11A.522139**

Amount of Each Receipt this Period  
25.00

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 ▼  
275.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		18		2017

**Transaction ID : SA11A.515058**

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 602 OF 997
	<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. 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 ▼ **275.00**

Date of Receipt **07 / 27 / 2017**

**Transaction ID : SA11A.516155**

Amount of Each Receipt this Period **25.00**

Memo Item CONTRIBUTION

**B. REILLY, LORI, M., ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address **5576 LA VISTA DR**

City **ALEXANDRIA** State **VA** Zip Code **22310-1253**

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

Name of Employer (for Individual) **PHRMA** Occupation (for Individual) **EXECUTIVE VICE PRESIDENT**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2500.00**

Date of Receipt **07 / 27 / 2017**

**Transaction ID : SA11A.515959**

Amount of Each Receipt this Period **2500.00**

Memo Item CONTRIBUTION

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

Mailing Address **6850 IMPERIAL WOODS RD**

City **JUPITER** State **FL** Zip Code **33458-1848**

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

Name of Employer (for Individual) **SELF EMPLOYED** Occupation (for Individual) **ADVERTISING**

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt **07 / 30 / 2017**

**Transaction ID : SA11A.517006**

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 997
	<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. REISIGL, LYNN, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6850 IMPERIAL WOODS RD

City JUPITER	State FL	Zip Code 33458-1848
-----------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  
MM / DD / YYYY  
08 / 30 / 2017

**Transaction ID : SA11A.518986**

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

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

Mailing Address 6850 IMPERIAL WOODS RD

City JUPITER	State FL	Zip Code 33458-1848
-----------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  
MM / DD / YYYY  
09 / 30 / 2017

**Transaction ID : SA11A.522973**

Amount of Each Receipt this Period  
25.00

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 ▼  
225.00

Date of Receipt  
MM / DD / YYYY  
07 / 18 / 2017

**Transaction ID : SA11A.515077**

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 604 OF 997
	<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. 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 ▼ 225.00

Date of Receipt **08 / 18 / 2017**  
**Transaction ID : SA11A.518155**  
 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 ▼ 225.00

Date of Receipt **09 / 18 / 2017**  
**Transaction ID : SA11A.521251**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**C. REX, MELINDA, J., MS.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 372 S EAGLE RD BOX 388  
 City EAGLE State ID Zip Code 83616-5908  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) THE PACIFIC COMPANIES Occupation (for Individual) EXECUTIVE  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **09 / 13 / 2017**  
**Transaction ID : SA11A.520354**  
 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 605 OF 997
	<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. 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 ▼ 225.00

Date of Receipt **07 / 10 / 2017**  
**Transaction ID : SA11A.514366**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**B. 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 ▼ 225.00

Date of Receipt **08 / 10 / 2017**  
**Transaction ID : SA11A.517785**  
 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 ▼ 225.00

Date of Receipt **09 / 10 / 2017**  
**Transaction ID : SA11A.520843**  
 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 606 OF 997
	<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. 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 ▼ 450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 09 / 2017  
**Transaction ID : SA11A.514376**  
 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 ▼ 450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 09 / 2017  
**Transaction ID : SA11A.517720**  
 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 ▼ 450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 09 / 2017  
**Transaction ID : SA11A.520856**  
 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 607 OF 997
	<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) DOUGLAS RICE	Occupation (for Individual) OWNER/PRESIDENT
---	--

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
07		21		2017

**Transaction ID : SA11A.515749**

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) DOUGLAS RICE	Occupation (for Individual) OWNER/PRESIDENT
---	--

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
08		21		2017

**Transaction ID : SA11A.518221**

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) DOUGLAS RICE	Occupation (for Individual) OWNER/PRESIDENT
---	--

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
09		21		2017

**Transaction ID : SA11A.521809**

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 608 OF 997
	<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. RICHARDS, JAMES, D., MR., JR.**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 300 INDEPENDENCE AVE SE

City WASHINGTON	State DC	Zip Code 20003-1021
--------------------	-------------	------------------------

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

Name of Employer (for Individual) CORNERSTONE GOVERNMENT AFFAIRS	Occupation (for Individual) PARTNER
---	--

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
09		19		2017

**Transaction ID : SA11A.521371**

Amount of Each Receipt this Period  
2500.00

Memo Item  
CONTRIBUTION

**B. RICHARDS, ROGER, W., ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 230 W 6TH ST

City ERIE	State PA	Zip Code 16507-1319
--------------	-------------	------------------------

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

Name of Employer (for Individual) RICHARD & ASSOCIATES	Occupation (for Individual) ATTORNEY
---	---

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
07		27		2017

**Transaction ID : SA11A.515936**

Amount of Each Receipt this Period  
5000.00

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 ▼  
900.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		19		2017

**Transaction ID : SA11A.515422**

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	7600.00
<b>TOTAL</b> This Period (last page this line number only).....	



**SCHEDULE A (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 997
	<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. 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 ▼ 900.00

Date of Receipt 08 / 19 / 2017  
**Transaction ID : SA11A.518306**  
 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 ▼ 900.00

Date of Receipt 09 / 19 / 2017  
**Transaction ID : SA11A.521504**  
 Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION

**C. RIDER, ALAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 12206 QUORN LANE  
 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 ▼ 1350.00

Date of Receipt 07 / 25 / 2017  
**Transaction ID : SA11A.515896**  
 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 610 OF 997
	<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. RIDER, ALAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 12206 QUORN LANE  
 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 ▼ 1350.00

Date of Receipt **07 / 27 / 2017**  
**Transaction ID : SA11A.516174**  
 Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION

**B. RIDER, ALAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 12206 QUORN LANE  
 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 ▼ 1350.00

Date of Receipt **08 / 25 / 2017**  
**Transaction ID : SA11A.518576**  
 Amount of Each Receipt this Period 50.00  
 Memo Item CONTRIBUTION

**C. RIDER, ALAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 12206 QUORN LANE  
 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 ▼ 1350.00

Date of Receipt **08 / 27 / 2017**  
**Transaction ID : SA11A.518685**  
 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: (check only one)	PAGE 611 OF 997
	<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. RIDER, ALAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 12206 QUORN LANE  
 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 ▼ 1350.00

Date of Receipt  
 09 / 25 / 2017  
**Transaction ID : SA11A.521971**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 CONTRIBUTION

**B. RIDER, ALAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 12206 QUORN LANE  
 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 ▼ 1350.00

Date of Receipt  
 09 / 27 / 2017  
**Transaction ID : SA11A.522364**  
 Amount of Each Receipt this Period 100.00  
 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 ▼ 725.00

Date of Receipt  
 07 / 16 / 2017  
**Transaction ID : SA11A.514922**  
 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 612 OF 997
	<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. 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 ▼  
725.00

Date of Receipt  
MM / DD / YYYY  
08 / 16 / 2017

**Transaction ID : SA11A.518021**

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 ▼  
725.00

Date of Receipt  
MM / DD / YYYY  
09 / 16 / 2017

**Transaction ID : SA11A.521350**

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 ▼  
225.00

Date of Receipt  
MM / DD / YYYY  
07 / 28 / 2017

**Transaction ID : SA11A.516686**

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 613 OF 997
	<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. 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 ▼  
225.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	28	/	2017

**Transaction ID : SA11A.518649**

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 ▼  
225.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	28	/	2017

**Transaction ID : SA11A.522487**

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 ▼  
450.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	28	/	2017

**Transaction ID : SA11A.516695**

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 614 OF 997
	<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. 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 ▼ 450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 28 / 2017  
**Transaction ID : SA11A.518657**  
 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 ▼ 450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 28 / 2017  
**Transaction ID : SA11A.522494**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item  
 CONTRIBUTION

**C. RISTKOK, TUULI-ANN, , MRS.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 16 W16TH STREET, APT 6J-N  
 City NEW YORK State NY Zip Code 10011-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) LAWYER  
 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  
 09 / 19 / 2017  
**Transaction ID : SA11A.521037**  
 Amount of Each Receipt this Period  
 400.00  
 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: (check only one)	PAGE 615 OF 997
	<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. 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) 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
08	/	01	/	2017

**Transaction ID : SA11A.516767**

Amount of Each Receipt this Period  
35.00

Memo Item  
CONTRIBUTION

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

Mailing Address 11916 W MILE 7 RD

City MISSION	State TX	Zip Code 78573-1503
-----------------	-------------	------------------------

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
07	/	13	/	2017

**Transaction ID : SA11A.514508**

Amount of Each Receipt this Period  
5000.00

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 ▼  
450.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	28	/	2017

**Transaction ID : SA11A.516688**

Amount of Each Receipt this Period  
50.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	5085.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (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 997
	<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 ▼ 450.00

Date of Receipt 08 / 28 / 2017  
**Transaction ID : SA11A.518633**  
 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 ▼ 450.00

Date of Receipt 09 / 28 / 2017  
**Transaction ID : SA11A.522478**  
 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 ▼ 300.00

Date of Receipt 07 / 30 / 2017  
**Transaction ID : SA11A.517019**  
 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 617 OF 997
	<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. 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 ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		30		2017

**Transaction ID : SA11A.518993**

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 ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2017

**Transaction ID : SA11A.522976**

Amount of Each Receipt this Period  
50.00

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 ▼  
230.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		28		2017

**Transaction ID : SA11A.516675**

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 618 OF 997
	<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. 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 ▼  
230.00

Date of Receipt  
MM / DD / YYYY  
08 / 28 / 2017

**Transaction ID : SA11A.518621**

Amount of Each Receipt this Period  
25.00

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 ▼  
230.00

Date of Receipt  
MM / DD / YYYY  
09 / 28 / 2017

**Transaction ID : SA11A.522467**

Amount of Each Receipt this Period  
25.00

Memo Item CONTRIBUTION

**C. ROBERTS, MICHAEL, A., ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1060 LIPP RD

City PUNXSUTAWNEY State PA Zip Code 15767-4860

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

Name of Employer (for Individual) FRANK ROBERTS & SONS Occupation (for Individual) PRESIDENT

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
07 / 27 / 2017

**Transaction ID : SA11A.515941**

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 619 OF 997
	<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. 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 ▼ 1000.00

Date of Receipt 09 / 18 / 2017  
**Transaction ID : SA11A.521031**

Amount of Each Receipt this Period 200.00

Memo Item CONTRIBUTION

**B. RODEK, JEFFREY, R., ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7312 LAMBTON GREEN N

City NEW ALBANY State OH Zip Code 43054-8086

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

Name of Employer (for Individual) OSU Occupation (for Individual) SR. LECTURER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 08 / 31 / 2017  
**Transaction ID : SA11A.519212**

Amount of Each Receipt this Period 5000.00

Memo Item CONTRIBUTION

**C. RODGERS, JIM, L., DR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 205 N MADISON STREET

City QUINCY State FL Zip Code 32351-2444

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 ▼ 251.03

Date of Receipt 09 / 25 / 2017  
**Transaction ID : SA11A.521897**

Amount of Each Receipt this Period 100.50

Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 5300.50

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

**SCHEDULE A (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 997
	<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. 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 ▼ 900.00

Date of Receipt **07 / 25 / 2017**  
**Transaction ID : SA11A.515904**  
 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 ▼ 900.00

Date of Receipt **08 / 25 / 2017**  
**Transaction ID : SA11A.518585**  
 Amount of Each Receipt this Period 100.00  
 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 ▼ 900.00

Date of Receipt **09 / 25 / 2017**  
**Transaction ID : SA11A.521987**  
 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 621 OF 997
	<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. RODRIGUEZ, MARC, A., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1122 COLORADO ST  
 STE 78701  
 City AUSTIN State TX Zip Code 78701-2100  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) LOBBISYT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2700.00

Date of Receipt 07 / 13 / 2017  
**Transaction ID : SA11A.514507**  
 Amount of Each Receipt this Period 2700.00  
 Memo Item CONTRIBUTION

**B. ROESSL, DAVID, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1881 SW 52ND TER  
 City PLANTATION State FL Zip Code 33317-6016  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 516.00

Date of Receipt 07 / 28 / 2017  
**Transaction ID : SA11A.516705**  
 Amount of Each Receipt this Period 150.00  
 Memo Item CONTRIBUTION

**C. ROESSL, DAVID, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1881 SW 52ND TER  
 City PLANTATION State FL Zip Code 33317-6016  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 516.00

Date of Receipt 08 / 31 / 2017  
**Transaction ID : SA11A.519663**  
 Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2950.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (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 997
	<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. 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 ▼  
225.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		29		2017

**Transaction ID : SA11A.517092**

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 ▼  
225.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		29		2017

**Transaction ID : SA11A.518821**

Amount of Each Receipt this Period  
25.00

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 ▼  
225.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		29		2017

**Transaction ID : SA11A.522680**

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 623 OF 997
	<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. ROOPE, CALEB, , MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 430 E STATE ST STE 100

City EAGLE	State ID ID	Zip Code 83616-5901
---------------	----------------	------------------------

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

Name of Employer (for Individual) THE PACIFIC COMPANIES	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
08	/	16	/	2017

**Transaction ID : SA11A.517998**

Amount of Each Receipt this Period  
10000.00

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 ▼  
900.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	13	/	2017

**Transaction ID : SA11A.514604**

Amount of Each Receipt this Period  
100.00

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 ▼  
900.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	13	/	2017

**Transaction ID : SA11A.517902**

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: (check only one)	PAGE 624 OF 997
	<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. 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 ▼ 900.00

Date of Receipt 09 / 13 / 2017  
**Transaction ID : SA11A.520895**  
Amount of Each Receipt this Period 100.00  
 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 ▼ 225.00

Date of Receipt 07 / 30 / 2017  
**Transaction ID : SA11A.517013**  
Amount of Each Receipt this Period 25.00  
 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 ▼ 225.00

Date of Receipt 08 / 30 / 2017  
**Transaction ID : SA11A.518989**  
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: (check only one)	PAGE 625 OF 997
	<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. 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 ▼ 225.00

Date of Receipt 09 / 30 / 2017  
**Transaction ID : SA11A.523018**  
 Amount of Each Receipt this Period 25.00  
 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 ▼ 675.00

Date of Receipt 07 / 27 / 2017  
**Transaction ID : SA11A.516198**  
 Amount of Each Receipt this Period 75.00  
 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 BE  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 675.00

Date of Receipt 08 / 27 / 2017  
**Transaction ID : SA11A.518698**  
 Amount of Each Receipt this Period 75.00  
 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 626 OF 997
	<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. 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 ▼ 675.00

Date of Receipt 09 / 27 / 2017  
**Transaction ID : SA11A.522375**  
 Amount of Each Receipt this Period 75.00  
 Memo Item CONTRIBUTION

**B. ROSS, CHARLES, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 325 CHERRY STREET  
 City ARKADDELPHIA 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 ▼ 210.00

Date of Receipt 07 / 03 / 2017  
**Transaction ID : SA11A.513912**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**C. ROSS, CHARLES, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 325 CHERRY STREET  
 City ARKADDELPHIA 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 ▼ 210.00

Date of Receipt 07 / 15 / 2017  
**Transaction ID : SA11A.514953**  
 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 627 OF 997
	<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. 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 ▼ 210.00

Date of Receipt 08 / 03 / 2017  
**Transaction ID : SA11A.517400**  
 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 ▼ 210.00

Date of Receipt 09 / 03 / 2017  
**Transaction ID : SA11A.519843**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**C. 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 ▼ 550.00

Date of Receipt 07 / 02 / 2017  
**Transaction ID : SA11A.513926**  
 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 628 OF 997
	<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 ▼  
550.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		27		2017

**Transaction ID : SA11A.516182**

Amount of Each Receipt this Period  
50.00

Memo Item  
CONTRIBUTION

**B. 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 ▼  
550.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		31		2017

**Transaction ID : SA11A.516887**

Amount of Each Receipt this Period  
50.00

Memo Item  
CONTRIBUTION

**C. 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 ▼  
550.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		27		2017

**Transaction ID : SA11A.518684**

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 629 OF 997
	<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 ▼  
550.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		27		2017

**Transaction ID : SA11A.522366**

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 33763-3276
--------------------	-------------	------------------------

FEC ID number of contributing 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
07		15		2017

**Transaction ID : SA11A.514962**

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 33763-3276
--------------------	-------------	------------------------

FEC ID number of contributing 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
07		27		2017

**Transaction ID : SA11A.516153**

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 630 OF 997
	<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. 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 33763-3276

FEC ID number of contributing 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  
08 / 04 / 2017  
**Transaction ID : SA11A.517423**

Amount of Each Receipt this Period  
5.00

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 33763-3276

FEC ID number of contributing 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  
08 / 15 / 2017  
**Transaction ID : SA11A.517986**

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 33763-3276

FEC ID number of contributing 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  
09 / 15 / 2017  
**Transaction ID : SA11A.521197**

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 631 OF 997
	<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. 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 33763-3276

FEC ID number of contributing 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  
09 / 26 / 2017

**Transaction ID : SA11A.522104**

Amount of Each Receipt this Period  
10.00

Memo Item CONTRIBUTION

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

Mailing Address 2743 NW 18TH ST

City OKLAHOMA CITY State OK Zip Code 73107-3934

FEC ID number of contributing 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  
07 / 05 / 2017

**Transaction ID : SA11A.514090**

Amount of Each Receipt this Period  
50.00

Memo Item CONTRIBUTION

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

Mailing Address 2003 LAUREL HILL DRIVE

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 ▼  
225.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
07 / 21 / 2017

**Transaction ID : SA11A.515746**

Amount of Each Receipt this Period  
25.00

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 632 OF 997
	<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. RUBINSTEIN, MONA, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2003 LAUREL HILL DRIVE

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 ▼  
225.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		21		2017

**Transaction ID : SA11A.518245**

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

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

Mailing Address 2003 LAUREL HILL DRIVE

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 ▼  
225.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		21		2017

**Transaction ID : SA11A.521837**

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

**C. RUDGE, HOWARD, J., ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9301 E CRYSTAL DRIVE

City SUN LAKES	State AZ	Zip Code 85248-0837
-------------------	-------------	------------------------

FEC ID number of contributing 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
09		25		2017

**Transaction ID : SA11A.521864**

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 633 OF 997
	<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. 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) OVER THE ROAD TRUCK DRIVER
---	---

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
270.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		16		2017

**Transaction ID : SA11A.514920**

Amount of Each Receipt this Period  
30.00

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) OVER THE ROAD TRUCK DRIVER
---	---

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
270.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		16		2017

**Transaction ID : SA11A.518016**

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) OVER THE ROAD TRUCK DRIVER
---	---

Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼  
270.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		16		2017

**Transaction ID : SA11A.521347**

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 634 OF 997
	<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. 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 ▼ 225.00

Date of Receipt **07 / 15 / 2017**  
**Transaction ID : SA11A.514969**  
 Amount of Each Receipt this Period 25.00  
 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 ▼ 225.00

Date of Receipt **08 / 15 / 2017**  
**Transaction ID : SA11A.517988**  
 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 ▼ 225.00

Date of Receipt **09 / 15 / 2017**  
**Transaction ID : SA11A.521198**  
 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 635 OF 997
	<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. RYAN, PATRICK, G., , SR.**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1001 GREEN BAY RD, PMB 309

City WINNETKA	State IL	Zip Code 60093-1721
------------------	-------------	------------------------

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

Name of Employer (for Individual) RYAN SPECIALTY GROUP	Occupation (for Individual) CEO
---	------------------------------------

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  
 07 / 10 / 2017

**Transaction ID : SA11A.514240**

Amount of Each Receipt this Period  
50000.00

Memo Item  
CONTRIBUTION

**B. RYAN, PATRICK, G., , SR.**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1001 GREEN BAY RD, PMB 309

City WINNETKA	State IL	Zip Code 60093-1721
------------------	-------------	------------------------

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

Name of Employer (for Individual) RYAN SPECIALTY GROUP	Occupation (for Individual) CEO
---	------------------------------------

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  
 07 / 27 / 2017

**Transaction ID : SA11A.515933**

Amount of Each Receipt this Period  
50000.00

Memo Item  
CONTRIBUTION

**C. RYAN, THOMAS, R., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 21246 PACIFIC COAST HIGHWAY

City MALIBU	State CA	Zip Code 90265-5221
----------------	-------------	------------------------

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 ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 28 / 2017

**Transaction ID : SA11A.516257**

Amount of Each Receipt this Period  
250.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	100250.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 636 OF 997
	<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. RYAN, TIMOTHY, P., ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1508 FOX CHASE LANE

City PITTSBURGH	State PA	Zip Code 15241-3148
--------------------	-------------	------------------------

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

Name of Employer (for Individual) ECKERT SEAMANS CHERIN & MELLOTT	Occupation (for Individual) ATTORNEY
--	---

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
07	/	27	/	2017

**Transaction ID : SA11A.515938**

Amount of Each Receipt this Period  
2000.00

Memo Item  
CONTRIBUTION

**B. RYBECKY, PAUL, A., ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 33 LOWELL RD

City PORT WASHINGTON	State NY	Zip Code 11050-4401
-------------------------	-------------	------------------------

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
08	/	31	/	2017

**Transaction ID : SA11A.519183**

Amount of Each Receipt this Period  
2500.00

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 ▼  
450.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	09	/	2017

**Transaction ID : SA11A.514382**

Amount of Each Receipt this Period  
50.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	4550.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 637 OF 997
	<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. 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 ▼  
450.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		09		2017

**Transaction ID : SA11A.517722**

Amount of Each Receipt this Period  
50.00

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 ▼  
450.00

Date of Receipt  

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

**Transaction ID : SA11A.520858**

Amount of Each Receipt this Period  
50.00

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 ▼  
562.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		13		2017

**Transaction ID : SA11A.514695**

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 638 OF 997
	<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. 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 ▼  
562.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		16		2017

**Transaction ID : SA11A.514936**

Amount of Each Receipt this Period  
35.00

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 ▼  
562.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		30		2017

**Transaction ID : SA11A.516995**

Amount of Each Receipt this Period  
25.00

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 ▼  
562.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		03		2017

**Transaction ID : SA11A.519847**

Amount of Each Receipt this Period  
20.00

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 639 OF 997
	<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. 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 ▼ 562.00

Date of Receipt 09 / 02 / 2017  
**Transaction ID : SA11A.519852**  
 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 ▼ 562.00

Date of Receipt 09 / 06 / 2017  
**Transaction ID : SA11A.519871**  
 Amount of Each Receipt this Period 25.00  
 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 ▼ 562.00

Date of Receipt 09 / 06 / 2017  
**Transaction ID : SA11A.519872**  
 Amount of Each Receipt this Period 25.00  
 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: (check only one)	PAGE 640 OF 997
	<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. 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 ▼ 562.00

Date of Receipt 09 / 26 / 2017  
**Transaction ID : SA11A.522092**  
 Amount of Each Receipt this Period 5.00  
 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 ▼ 562.00

Date of Receipt 09 / 26 / 2017  
**Transaction ID : SA11A.522093**  
 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 ▼ 225.00

Date of Receipt 07 / 28 / 2017  
**Transaction ID : SA11A.516701**  
 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 641 OF 997
	<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. 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 ▼  
225.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		28		2017

**Transaction ID : SA11A.518640**

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 ▼  
225.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		28		2017

**Transaction ID : SA11A.522484**

Amount of Each Receipt this Period  
25.00

Memo Item CONTRIBUTION

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

Mailing Address 121 ELLIOTT STREET

City BEAUFORT	State SC	Zip Code 29902-5217
------------------	-------------	------------------------

FEC ID number of contributing 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
07		15		2017

**Transaction ID : SA11A.514968**

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 642 OF 997
	<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. SAMMONS, BILL, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 121 ELLIOTT STREET

City BEAUFORT	State SC	Zip Code 29902-5217
------------------	-------------	------------------------

FEC ID number of contributing 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
08	/	15	/	2017

**Transaction ID : SA11A.517991**

Amount of Each Receipt this Period  
50.00

Memo Item CONTRIBUTION

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

Mailing Address 3370 NANEUM RD

City ELLENSBURG	State WA	Zip Code 98926-6964
--------------------	-------------	------------------------

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

Name of Employer (for Individual) OBYGN OF ELLENSBURG	Occupation (for Individual) BUSINESS ASSISTANT
--	---

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
07	/	01	/	2017

**Transaction ID : SA11A.513950**

Amount of Each Receipt this Period  
50.00

Memo Item CONTRIBUTION

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

Mailing Address 3370 NANEUM RD

City ELLENSBURG	State WA	Zip Code 98926-6964
--------------------	-------------	------------------------

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

Name of Employer (for Individual) OBYGN OF ELLENSBURG	Occupation (for Individual) BUSINESS ASSISTANT
--	---

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
08	/	01	/	2017

**Transaction ID : SA11A.517179**

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 643 OF 997
	<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. 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 ▼  
225.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		12		2017

**Transaction ID : SA11A.514527**

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 ▼  
225.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		12		2017

**Transaction ID : SA11A.517953**

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 ▼  
225.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		12		2017

**Transaction ID : SA11A.520883**

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 644 OF 997
	<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. 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) 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
08		09		2017

**Transaction ID : SA11A.517613**

Amount of Each Receipt this Period  
100.00

Memo Item CONTRIBUTION

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

Mailing Address 10 LANGDON STREET

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 ▼  
350.00

Date of Receipt  

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

**Transaction ID : SA11A.514467**

Amount of Each Receipt this Period  
50.00

Memo Item CONTRIBUTION

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

Mailing Address 10 LANGDON STREET

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 ▼  
350.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		27		2017

**Transaction ID : SA11A.516220**

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 645 OF 997
	<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. SANTIAGO, FRANCES, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 10 LANGDON STREET

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 ▼  
350.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	27	/	2017

**Transaction ID : SA11A.518667**

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

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

Mailing Address 10 LANGDON STREET

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 ▼  
350.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	28	/	2017

**Transaction ID : SA11A.522458**

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

**C. SAPER, EUGENE, F., ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 21966 DOLORES STREET  
APT 337

City CASTRO VALLEY	State CA	Zip Code 94546-6966
-----------------------	-------------	------------------------

FEC ID number of contributing 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
07	/	28	/	2017

**Transaction ID : SA11A.516301**

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: (check only one)	PAGE 646 OF 997
	<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. SAUNDERS, BRENTON, , MR.,**

Mailing Address 44 ROYAL OAK DR

City FAR HILLS	State NJ	Zip Code 07931-2569
-------------------	-------------	------------------------

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

Name of Employer (for Individual) ALLERGAN	Occupation (for Individual) CHAIRMAN, PRESIDENT & CEO
---	--

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
07		27		2017

**Transaction ID : SA11A.515969**

Amount of Each Receipt this Period  
50000.00

Memo Item  
CONTRIBUTION

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

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 ▼  
2250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		29		2017

**Transaction ID : SA11A.517094**

Amount of Each Receipt this Period  
250.00

Memo Item  
CONTRIBUTION

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

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 ▼  
2250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		29		2017

**Transaction ID : SA11A.518824**

Amount of Each Receipt this Period  
250.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	50500.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 647 OF 997
	<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. 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 ▼ 2250.00

Date of Receipt 09 / 29 / 2017  
**Transaction ID : SA11A.522653**

Amount of Each Receipt this Period 250.00

Memo Item CONTRIBUTION

**B. SCARFF, FLORENCE, L., MRS.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 23600 MARINE VIEW DRIVE S

City DES MOINES State WA Zip Code 98198-7352

FEC ID number of contributing 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 09 / 25 / 2017  
**Transaction ID : SA11A.521889**

Amount of Each Receipt this Period 225.00

Memo Item CONTRIBUTION

**C. SCARLETT, VICTORIA, , MRS.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 10828

City JACKSON State WY Zip Code 83002-0828

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

Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) INTERIOR DESIGN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 08 / 31 / 2017  
**Transaction ID : SA11A.519100**

Amount of Each Receipt this Period 5000.00

Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 5475.00

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

**SCHEDULE A (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 997
	<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. SCARLETT, W., RICHARD, , III**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 12139

City JACKSON	State WY	Zip Code 83002-2139
-----------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
10250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		31		2017

**Transaction ID : SA11A.519111**

Amount of Each Receipt this Period  
10000.00

Memo Item  
CONTRIBUTION

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

Mailing Address P.O. BOX 10828

City JACKSON	State WY	Zip Code 83002-0828
-----------------	-------------	------------------------

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 ▼  
5000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		31		2017

**Transaction ID : SA11A.519101**

Amount of Each Receipt this Period  
5000.00

Memo Item  
CONTRIBUTION

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

Mailing Address 2LATTICE PLACE

City GREENVILLE	State SC	Zip Code 29615-5830
--------------------	-------------	------------------------

FEC ID number of contributing 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
07		29		2017

**Transaction ID : SA11A.517088**

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	15025.00
<b>TOTAL</b> This Period (last page this line number only).....	



**SCHEDULE A (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 997
	<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. 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 ▼  
7500.00

Date of Receipt  
MM / DD / YYYY  
07 / 02 / 2017  
**Transaction ID : SA11A.513339**

Amount of Each Receipt this Period  
2500.00

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 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 ▼  
450.00

Date of Receipt  
MM / DD / YYYY  
07 / 22 / 2017  
**Transaction ID : SA11A.515850**

Amount of Each Receipt this Period  
50.00

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 ▼  
450.00

Date of Receipt  
MM / DD / YYYY  
08 / 22 / 2017  
**Transaction ID : SA11A.518421**

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 650 OF 997
	<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. 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 ▼ 450.00

Date of Receipt 09 / 22 / 2017  
**Transaction ID : SA11A.521922**  
 Amount of Each Receipt this Period 50.00  
 Memo Item CONTRIBUTION

**B. SCHILDKNECHT, RAINER, , MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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) RAINER SCHILDKNECHT Occupation (for Individual) ARCHITECT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 725.00

Date of Receipt 07 / 30 / 2017  
**Transaction ID : SA11A.517023**  
 Amount of Each Receipt this Period 75.00  
 Memo Item CONTRIBUTION

**C. SCHILDKNECHT, RAINER, , MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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) RAINER SCHILDKNECHT Occupation (for Individual) ARCHITECT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 725.00

Date of Receipt 08 / 30 / 2017  
**Transaction ID : SA11A.519024**  
 Amount of Each Receipt this Period 75.00  
 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 651 OF 997
	<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. SCHILDKNECHT, RAINER, , MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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) RAINER SCHILDKNECHT Occupation (for Individual) ARCHITECT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 725.00

Date of Receipt 09 / 30 / 2017  
**Transaction ID : SA11A.523016**  
 Amount of Each Receipt this Period 75.00  
 Memo Item CONTRIBUTION

**B. SCHLOEMER, JAMES, H., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address W134N8675 EXECUTIVE PARKWAY  
 City MENOMONEE FALLS State WI Zip Code 53051-3310  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CONTINENTAL PROPERTIES Occupation (for Individual) CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 47300.00

Date of Receipt 08 / 31 / 2017  
**Transaction ID : SA11A.519141**  
 Amount of Each Receipt this Period 25000.00  
 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 ST  
 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 ▼ 370.00

Date of Receipt 09 / 06 / 2017  
**Transaction ID : SA11A.519891**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	25100.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 652 OF 997
	<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. SCHMIDT, CARL, A., MR., JR.**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 56 WAVE ST

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 ▼  
370.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		07		2017

**Transaction ID : SA11A.520778**

Amount of Each Receipt this Period  
25.00

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 ST

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 ▼  
370.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2017

**Transaction ID : SA11A.522855**

Amount of Each Receipt this Period  
50.00

Memo Item  
CONTRIBUTION

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

Mailing Address 325 N KIRKWOOD RD  
STE 210

City SAINT LOUIS	State MO	Zip Code 63122-4042
---------------------	-------------	------------------------

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

Name of Employer (for Individual) FWS LAND STRATEGIES	Occupation (for Individual) REAL ESTATE
--	--

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
07		27		2017

**Transaction ID : SA11A.515952**

Amount of Each Receipt this Period  
1000.00

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: (check only one)	PAGE 653 OF 997
	<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, 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 ▼  
450.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		19		2017

**Transaction ID : SA11A.515425**

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 ▼  
450.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		19		2017

**Transaction ID : SA11A.518301**

Amount of Each Receipt this Period  
50.00

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 ▼  
450.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		19		2017

**Transaction ID : SA11A.521507**

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 654 OF 997
	<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. 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 ▼  
225.00

Date of Receipt  

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

**Transaction ID : SA11A.514304**

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 ▼  
225.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		07		2017

**Transaction ID : SA11A.517531**

Amount of Each Receipt this Period  
25.00

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 ▼  
225.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		07		2017

**Transaction ID : SA11A.520791**

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 655 OF 997
	<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. SCHOLL, CONSTANCE, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 16518 E. FAIRFAX DRIVE

City FOUNTAIN HILLS	State AZ	Zip Code 85268-2846
------------------------	-------------	------------------------

FEC ID number of contributing 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
07		16		2017

**Transaction ID : SA11A.514914**

Amount of Each Receipt this Period  
25.00

Memo Item CONTRIBUTION

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

Mailing Address 16518 E. FAIRFAX DRIVE

City FOUNTAIN HILLS	State AZ	Zip Code 85268-2846
------------------------	-------------	------------------------

FEC ID number of contributing 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
08		16		2017

**Transaction ID : SA11A.518013**

Amount of Each Receipt this Period  
25.00

Memo Item CONTRIBUTION

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

Mailing Address 16518 E. FAIRFAX DRIVE

City FOUNTAIN HILLS	State AZ	Zip Code 85268-2846
------------------------	-------------	------------------------

FEC ID number of contributing 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
09		16		2017

**Transaction ID : SA11A.521342**

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 656 OF 997
	<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. SCHOOLER, ERIC, L.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 22355 SW CHILKAT TERR  
 City TUALATIN State OR Zip Code 97062-9075  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) COLLINS PINE CO Occupation (for Individual) CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 08 / 31 / 2017  
**Transaction ID : SA11A.519154**  
 Amount of Each Receipt this Period 5000.00  
 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) RETITED Occupation (for Individual) RETIRE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 07 / 21 / 2017  
**Transaction ID : SA11A.515727**  
 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) RETITED Occupation (for Individual) RETIRE  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 08 / 21 / 2017  
**Transaction ID : SA11A.518228**  
 Amount of Each Receipt this Period 50.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 5100.00  
**TOTAL** This Period (last page this line number only)..... ▶



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 657 OF 997
	<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. 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) RETITED	Occupation (for Individual) RETIRE
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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  
 09 / 21 / 2017

**Transaction ID : SA11A.521818**

Amount of Each Receipt this Period  
50.00

Memo Item  
CONTRIBUTION

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

Mailing Address 1541 HEMPEL AVE.

City WINDERMERE	State FL	Zip Code 34786-8117
--------------------	-------------	------------------------

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 ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2017

**Transaction ID : SA11A.523022**

Amount of Each Receipt this Period  
250.00

Memo Item  
CONTRIBUTION

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

Mailing Address 269 BARNABY CREEK RD

City INCHELIUM	State WA	Zip Code 99138-9565
-------------------	-------------	------------------------

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 ▼  
10000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 31 / 2017

**Transaction ID : SA11A.519181**

Amount of Each Receipt this Period  
10000.00

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: (check only one)	PAGE 658 OF 997
	<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. SCHUYLER, WILLIAM, J., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 505 WOLFE ST  
 City ALEXANDRIA State VA Zip Code 22314-3729  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GALXO SMITH KLEIN Occupation (for Individual) GOVERNMENT RELATIONS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 08 / 09 / 2017  
**Transaction ID : SA11A.517606**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item CONTRIBUTION

**B. SCHWARTZ, DAVID, R., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2550 N LAKEVIEW AVE UNIT 2701S  
 City CHICAGO State IL Zip Code 60614-8337  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WATERTON Occupation (for Individual) PRIVATE EQUITY  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5400.00

Date of Receipt 09 / 07 / 2017  
**Transaction ID : SA11A.519723**  
 Amount of Each Receipt this Period 5400.00  
 Memo Item CONTRIBUTION

**C. SCHWAB, LOWELL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6255 MOHAWK FRIVE  
 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 ▼ 250.00

Date of Receipt 09 / 27 / 2017  
**Transaction ID : SA11A.522331**  
 Amount of Each Receipt this Period 100.00  
 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 659 OF 997
	<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. SCHWAB, LOWELL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6255 MOHAWK FRIVE  
 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 ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 27 / 2017  
**Transaction ID : SA11A.522332**  
 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 ▼ 225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 28 / 2017  
**Transaction ID : SA11A.516673**  
 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 ▼ 225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 28 / 2017  
**Transaction ID : SA11A.518623**  
 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 660 OF 997
	<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. 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 ▼ 225.00

Date of Receipt **09 / 28 / 2017**  
**Transaction ID : SA11A.522469**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**B. SCIBELLI, RICHARD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 55 CHARLOTTE DR.  
 City E GREENWICH State RI Zip Code 02818-4804  
 FEC ID number of contributing 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 **07 / 07 / 2017**  
**Transaction ID : SA11A.514287**  
 Amount of Each Receipt this Period 250.00  
 Memo Item CONTRIBUTION

**C. SCIBELLI, RICHARD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 55 CHARLOTTE DR.  
 City E GREENWICH State RI Zip Code 02818-4804  
 FEC ID number of contributing 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 **07 / 31 / 2017**  
**Transaction ID : SA11A.516856**  
 Amount of Each Receipt this Period 250.00  
 Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	525.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (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 997
	<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. 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 ▼  
2500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		21		2017

**Transaction ID : SA11A.521647**

Amount of Each Receipt this Period  
2500.00

Memo Item  
CONTRIBUTION

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

Mailing Address 408 SHERRILL 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 ▼  
225.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		30		2017

**Transaction ID : SA11A.516997**

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

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

Mailing Address 408 SHERRILL 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 ▼  
225.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		30		2017

**Transaction ID : SA11A.518977**

Amount of Each Receipt this Period  
25.00

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 662 OF 997
<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. SCOTT, CINDY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 408 SHERRILL 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 ▼ 225.00

Date of Receipt **09 / 30 / 2017**  
**Transaction ID : SA11A.522961**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**B. SCOTT, HENRY, C., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO BOX 535  
 City ALLENDALE State SC Zip Code 29810-0535  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) COLLUM LUMBER CO. Occupation (for Individual) EXECUTIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 75000.00

Date of Receipt **08 / 31 / 2017**  
**Transaction ID : SA11A.519208**  
 Amount of Each Receipt this Period 75000.00  
 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 ▼ 225.00

Date of Receipt **07 / 26 / 2017**  
**Transaction ID : SA11A.516027**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	75050.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (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 997
	<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. 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 ▼ 225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 26 / 2017  
**Transaction ID : SA11A.518726**  
 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 ▼ 225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 26 / 2017  
**Transaction ID : SA11A.522111**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item  
 CONTRIBUTION

**C. SCOTT, TOM, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4944 SLATE CREEK ROAD  
 City GRUNDY State VA Zip Code 24614-6517  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) STREET LAW FIRM LLP Occupation (for Individual) ATTORNEY  
 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  
 07 / 11 / 2017  
**Transaction ID : SA11A.514469**  
 Amount of Each Receipt this Period  
 30.00  
 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 664 OF 997
	<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, TOM, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4944 SLATE CREEK ROAD

City GRUNDY State VA Zip Code 24614-6517

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

Name of Employer (for Individual) STREET LAW FIRM LLP Occupation (for Individual) ATTORNEY

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 08 / 11 / 2017  
**Transaction ID : SA11A.517839**

Amount of Each Receipt this Period 30.00

Memo Item CONTRIBUTION

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

Mailing Address 12 KESWICK LANE

City CROSSVILLE State TN Zip Code 38558-2880

FEC ID number of contributing 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 09 / 25 / 2017  
**Transaction ID : SA11A.521877**

Amount of Each Receipt this Period 200.00

Memo Item CONTRIBUTION

**C. SEGRAVE, THOMAS, J., , JR.**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3407 TIMBERLAKE CT

City KINSTON State NC Zip Code 28504-8447

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

Name of Employer (for Individual) LGM ENTERPRISES Occupation (for Individual) ENTREPRENEUR

Receipt For:  Primary  General  Other (specify)

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 07 / 11 / 2017  
**Transaction ID : SA11A.514440**

Amount of Each Receipt this Period 5000.00

Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 5230.00

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 665 OF 997
	<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. SELIG, MARTIN, , MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1000 2ND AVE STE 1800

City SEATTLE	State WA	Zip Code 98104-3619
-----------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  
MM / DD / YYYY  
08 / 04 / 2017

**Transaction ID : SA11A.517334**

Amount of Each Receipt this Period  
2500.00

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 ▼  
300.00

Date of Receipt  
MM / DD / YYYY  
07 / 03 / 2017

**Transaction ID : SA11A.513907**

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 ▼  
300.00

Date of Receipt  
MM / DD / YYYY  
08 / 03 / 2017

**Transaction ID : SA11A.517394**

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 666 OF 997
	<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 ▼ 300.00

Date of Receipt 09 / 03 / 2017  
**Transaction ID : SA11A.519837**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 CONTRIBUTION

**B. SEQUEIRA, RAMONA, A., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 276 E DEERPATH UNIT 313  
 City LAKE FOREST State IL Zip Code 60045-1940  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) TAKEDA PHARMACEUTICALS USA INC Occupation (for Individual) PRESIDENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 07 / 24 / 2017  
**Transaction ID : SA11A.515682**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item  
 CONTRIBUTION

**C. SETZER, BRETT, T., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 300 DELANEY WOODS  
 City NICHOLASVILLE State KY Zip Code 40356-8730  
 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 09 / 30 / 2017  
**Transaction ID : SA11A.523093**  
 Amount of Each Receipt this Period 2500.00  
 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: (check only one)	PAGE 667 OF 997
	<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 ▼  
325.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		05		2017

**Transaction ID : SA11A.514104**

Amount of Each Receipt this Period  
25.00

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 ▼  
325.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		31		2017

**Transaction ID : SA11A.516847**

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 ▼  
325.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		08		2017

**Transaction ID : SA11A.517730**

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 668 OF 997
	<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 ▼  
325.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		08		2017

**Transaction ID : SA11A.520809**

Amount of Each Receipt this Period  
25.00

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 ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		04		2017

**Transaction ID : SA11A.514126**

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 ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		04		2017

**Transaction ID : SA11A.517433**

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 669 OF 997
	<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. 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 ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
09 / 04 / 2017

**Transaction ID : SA11A.519825**

Amount of Each Receipt this Period  
100.00

Memo Item CONTRIBUTION

**B. SHAW, RANDY, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 3815 SOUTH SIXTH STREET SUITE 110

City KLAMATH FALLS	State OR	Zip Code 97603-4759
-----------------------	-------------	------------------------

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

Name of Employer (for Individual) HOLMAN PREMIER REALTY	Occupation (for Individual) OWNER
--	--------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1750.00

Date of Receipt  
MM / DD / YYYY  
07 / 10 / 2017

**Transaction ID : SA11A.514360**

Amount of Each Receipt this Period  
250.00

Memo Item CONTRIBUTION

**C. SHAW, RANDY, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 3815 SOUTH SIXTH STREET SUITE 110

City KLAMATH FALLS	State OR	Zip Code 97603-4759
-----------------------	-------------	------------------------

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

Name of Employer (for Individual) HOLMAN PREMIER REALTY	Occupation (for Individual) OWNER
--	--------------------------------------

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
1750.00

Date of Receipt  
MM / DD / YYYY  
08 / 10 / 2017

**Transaction ID : SA11A.517781**

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: (check only one)	PAGE 670 OF 997
	<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 SOUTH SIXTH STREET SUITE 110  
 City KLAMATH FALLS State OR Zip Code 97603-4759  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) HOLMAN PREMIER REALTY Occupation (for Individual) OWNER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1750.00

Date of Receipt 09 / 10 / 2017  
**Transaction ID : SA11A.520839**  
 Amount of Each Receipt this Period 250.00  
 Memo Item CONTRIBUTION

**B. SHEAR, HERBERT, S., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 103 GAMMA DR STE 120  
 City PITTSBURGH State PA Zip Code 15238-2983  
 FEC ID number of contributing 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 09 / 07 / 2017  
**Transaction ID : SA11A.519732**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item CONTRIBUTION

**C. SHEARER, JAMES, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4733 TORRANCE BLVD.,#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 ▼ 225.00

Date of Receipt 07 / 01 / 2017  
**Transaction ID : SA11A.513971**  
 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: (check only one)	PAGE 671 OF 997
	<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. SHEARER, JAMES, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4733 TORRANCE BLVD.,#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 ▼ 225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 01 / 2017  
**Transaction ID : SA11A.517198**  
 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 BLVD.,#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 ▼ 225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 01 / 2017  
**Transaction ID : SA11A.519776**  
 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 ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 29 / 2017  
**Transaction ID : SA11A.517090**  
 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 672 OF 997
	<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. 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 ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 29 / 2017  
**Transaction ID : SA11A.518831**  
 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 ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 29 / 2017  
**Transaction ID : SA11A.522678**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item  
 CONTRIBUTION

**C. SHELK, STUART, J., , JR.**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8843 SW POKEGAMA DR  
 City POWELL BUTTE State OR Zip Code 97753-1667  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) OCHOCO LUMBER CO Occupation (for Individual) 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  
 08 / 31 / 2017  
**Transaction ID : SA11A.519152**  
 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: (check only one)	PAGE 673 OF 997
	<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. SHELTON, GARLYN, O., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO BOX 548  
 City TEMPLE State TX Zip Code 76503-0548  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) AUTO DEALER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 07 / 11 / 2017  
**Transaction ID : SA11A.514433**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item CONTRIBUTION  
 REFUNDED \$5,000.00 ON 07/26/2017

**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 ▼ 550.00

Date of Receipt 07 / 27 / 2017  
**Transaction ID : SA11A.516214**  
 Amount of Each Receipt this Period 50.00  
 Memo Item CONTRIBUTION

**C. 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 ▼ 550.00

Date of Receipt 08 / 27 / 2017  
**Transaction ID : SA11A.518713**  
 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: (check only one)	PAGE 674 OF 997
	<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. SHEPLER, JACK, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 174 APPLIEDALE 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 ▼  
550.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		27		2017

**Transaction ID : SA11A.522358**

Amount of Each Receipt this Period  
50.00

Memo Item  
CONTRIBUTION

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

Mailing Address 4800 FILLMORE AVENUE  
APT 603

City ALEXANDRIA	State VA	Zip Code 22311-5057
--------------------	-------------	------------------------

FEC ID number of contributing 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
07		31		2017

**Transaction ID : SA11A.516557**

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/LANDLORD
--	--

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
07		10		2017

**Transaction ID : SA11A.514371**

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 675 OF 997
	<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. 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/LANLORD
--	---

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
08		10		2017

**Transaction ID : SA11A.517787**

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/LANLORD
--	---

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
09		10		2017

**Transaction ID : SA11A.520846**

Amount of Each Receipt this Period  
50.00

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	Occupation (for Individual) CABINETMAKER
--	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
1323.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		27		2017

**Transaction ID : SA11A.516196**

Amount of Each Receipt this Period  
147.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	247.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (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 997
	<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. 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 Occupation (for Individual) CABINETMAKER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1323.00

Date of Receipt 08 / 27 / 2017  
**Transaction ID : SA11A.518696**  
 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 Occupation (for Individual) CABINETMAKER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1323.00

Date of Receipt 09 / 27 / 2017  
**Transaction ID : SA11A.522343**  
 Amount of Each Receipt this Period 147.00  
 Memo Item CONTRIBUTION

**C. SHUMAN, JOSEPHINE, MCCOLLUM, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 444 MOUNTAIN AVENUE  
 City PIEDMONT State CA Zip Code 94611-3510  
 FEC ID number of contributing 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 09 / 25 / 2017  
**Transaction ID : SA11A.521873**  
 Amount of Each Receipt this Period 2000.00  
 Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2294.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (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 997
	<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. SIEBEL, ROBERT, , ,</b>		Date of Receipt MM / DD / YYYY 08 / 31 / 2017
Mailing Address 14325 W CENTER DRIVE		<b>Transaction ID : SA11A.519149</b>
City LAKEWOOD	State CO	Zip Code 80228-2315
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5000.00
Name of Employer (for Individual) CARRIAGE HEALTHCARE COMPANIES, INC.	Occupation (for Individual) HEALTH CARE MANAGER	<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 ▼ 5000.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. SIGAL, REGINA, , ,</b>		Date of Receipt MM / DD / YYYY 07 / 30 / 2017
Mailing Address 649 TERRACE AVE.		<b>Transaction ID : SA11A.517035</b>
City HALF MOON BAY	State CA	Zip Code 94019-1549
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 ▼ 225.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. SIGAL, REGINA, , ,</b>		Date of Receipt MM / DD / YYYY 08 / 30 / 2017
Mailing Address 649 TERRACE AVE.		<b>Transaction ID : SA11A.519001</b>
City HALF MOON BAY	State CA	Zip Code 94019-1549
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 ▼ 225.00	

<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 678 OF 997
	<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 ▼ 225.00

Date of Receipt 09 / 30 / 2017  
**Transaction ID : SA11A.522984**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**B. SILVERMAN, JEFFREY, L., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11 E WALTON UNIT 5100  
 City CHICAGO State IL Zip Code 60611-5441  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) TRADER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 25000.00

Date of Receipt 07 / 11 / 2017  
**Transaction ID : SA11A.514442**  
 Amount of Each Receipt this Period 25000.00  
 Memo Item CONTRIBUTION

**C. 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. **C**  
 Name of Employer (for Individual) COLORADO COLLEGE Occupation (for Individual) PROFESSOR  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 07 / 07 / 2017  
**Transaction ID : SA11A.514301**  
 Amount of Each Receipt this Period 50.00  
 Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	25075.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 679 OF 997
	<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>450.00</b>

Date of Receipt  
**08 / 07 / 2017**  
**Transaction ID : SA11A.517528**

Amount of Each Receipt this Period  
**50.00**

Memo Item  
CONTRIBUTION

**B. 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>450.00</b>

Date of Receipt  
**09 / 07 / 2017**  
**Transaction ID : SA11A.520788**

Amount of Each Receipt this Period  
**50.00**

Memo Item  
CONTRIBUTION

**C. SINNOTT, J WILLIAM, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 10100 N ALDER SPRINGS DR.

City ORO VALLEY	State AZ	Zip Code 85737-9494
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>4000.00</b>

Date of Receipt  
**07 / 21 / 2017**  
**Transaction ID : SA11A.515733**

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: (check only one)	PAGE 680 OF 997
	<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. SINNOTT, J WILLIAM, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10100 N ALDER SPRINGS DR.  
 City ORO VALLEY State AZ Zip Code 85737-9494  
 FEC ID number of contributing 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 08 / 21 / 2017  
**Transaction ID : SA11A.518230**  
 Amount of Each Receipt this Period 500.00  
 Memo Item CONTRIBUTION

**B. SINQUEFIELD, JEANNE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 16987 AVE. DE SANTA YNEZ  
 City PACIFIC PALISADES State CA Zip Code 90272-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) DIMENSIONAL FUND ADVISORS Occupation (for Individual) INVESTMENT MANAGER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 08 / 31 / 2017  
**Transaction ID : SA11A.519717**  
 Amount of Each Receipt this Period 14700.00  
 Memo Item CONTRIBUTION  
 REFUNDED \$14,700.00 ON 09/21/2017

**C. SINQUEFIELD, REX, , MR. ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 244 BENT WALNUT LN  
 City WESTPHALIA State MO Zip Code 65085-2022  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 08 / 31 / 2017  
**Transaction ID : SA11A.519718**  
 Amount of Each Receipt this Period 35300.00  
 Memo Item CONTRIBUTION  
 REFUNDED \$35,300.00 ON 09/21/2017

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	50500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



**SCHEDULE A (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 997
	<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. 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 ▼ 545.00

Date of Receipt 09 / 21 / 2017  
**Transaction ID : SA11A.521702**  
Amount of Each Receipt this Period 55.00  
 Memo Item CONTRIBUTION

**B. SKOOG, PAUL, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 8825 34TH AVE NE 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 ▼ 225.00

Date of Receipt 07 / 26 / 2017  
**Transaction ID : SA11A.516053**  
Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**C. SKOOG, PAUL, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 8825 34TH AVE NE 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 ▼ 225.00

Date of Receipt 08 / 26 / 2017  
**Transaction ID : SA11A.518751**  
Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....▶ 105.00  
**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE A (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 997
	<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. SKOOG, PAUL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8825 34TH AVE NE 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 ▼ 225.00

Date of Receipt **09 / 26 / 2017**  
**Transaction ID : SA11A.522123**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**B. SLACK, CLAY, , MR., II**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6 STEGNER LANE  
 City AUSTIN State TX Zip Code 78746-2530  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BIG BEND BANKS Occupation (for Individual) BANKING  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4000.00

Date of Receipt **08 / 02 / 2017**  
**Transaction ID : SA11A.516758**  
 Amount of Each Receipt this Period 4000.00  
 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 ▼ 225.00

Date of Receipt **07 / 19 / 2017**  
**Transaction ID : SA11A.515411**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 4050.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (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 997
	<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 ▼ 225.00

Date of Receipt 08 / 19 / 2017  
**Transaction ID : SA11A.518304**  
 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 ▼ 225.00

Date of Receipt 09 / 19 / 2017  
**Transaction ID : SA11A.521502**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**C. SMITH, BRAD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9665 LAKE WASHINGTON BLVD  
 City BELLEVUE State WA Zip Code 98004-5406  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MICROSOFT Occupation (for Individual) ATTORNEY  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 25000.00

Date of Receipt 08 / 31 / 2017  
**Transaction ID : SA11A.519109**  
 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 684 OF 997
	<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. SMITH, DANIEL, R., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 ▼ 900.00

Date of Receipt **07 / 30 / 2017**  
**Transaction ID : SA11A.517001**  
 Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION

**B. SMITH, DANIEL, R., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 ▼ 900.00

Date of Receipt **08 / 30 / 2017**  
**Transaction ID : SA11A.518980**  
 Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION

**C. SMITH, DANIEL, R., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 ▼ 900.00

Date of Receipt **09 / 30 / 2017**  
**Transaction ID : SA11A.522965**  
 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 685 OF 997
	<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. SMITH, JOHN, G., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 382 E RAVINE PARK DRIVE  
 City LAKE FOREST State IL Zip Code 60045-1341  
 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 08 / 07 / 2017  
**Transaction ID : SA11A.517339**  
 Amount of Each Receipt this Period 200.00  
 Memo Item CONTRIBUTION

**B. SMITH, RICHARD, I., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7319 WILLOW AVE  
 City TAKOMA PARK State MD Zip Code 20912-4313  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) HEALTH, POLICY CONSULTANT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 07 / 27 / 2017  
**Transaction ID : SA11A.515972**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item CONTRIBUTION

**C. SMITH, SEAN, M., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO BOX 1638  
 City ROSEBURG State OR Zip Code 97470-0407  
 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 08 / 31 / 2017  
**Transaction ID : SA11A.519174**  
 Amount of Each Receipt this Period 2500.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 3700.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 686 OF 997
	<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

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 ▼  
900.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		21		2017

**Transaction ID : SA11A.515721**

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

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 ▼  
900.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		21		2017

**Transaction ID : SA11A.518222**

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

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

Mailing Address 919 MILAN. SUITE 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 ▼  
900.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		21		2017

**Transaction ID : SA11A.521813**

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 687 OF 997
	<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. SOBBA, ALAN, , MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2900 KEY BLVD  
 City ARLINGTON State VA Zip Code 22201-4008  
 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 ▼ 10000.00

Date of Receipt 08 / 28 / 2017  
**Transaction ID : SA11A.518612**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item CONTRIBUTION

**B. SOHN, RICHARD, F., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 62 N RIVER DR  
 City ROSEBURG State OR Zip Code 97470-9473  
 FEC ID number of contributing 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 08 / 31 / 2017  
**Transaction ID : SA11A.519157**  
 Amount of Each Receipt this Period 3000.00  
 Memo Item CONTRIBUTION

**C. SOLIS, RENEE, , ,**  
 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) VETERANS ADMINISTRATION Occupation (for Individual) PHARMACIST  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 310.00

Date of Receipt 08 / 13 / 2017  
**Transaction ID : SA11A.517884**  
 Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	8100.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (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 997
	<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. SOMMARS, LEE, , MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11213 ALEJO LANE  
 City SAN DIEGO State CA Zip Code 92124-1522  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) LOCKTON INSURANCE BROKERS 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  
 09 / 22 / 2017  
**Transaction ID : SA11A.521844**  
 Amount of Each Receipt this Period  
 2500.00  
 Memo Item  
 CONTRIBUTION

**B. SOMMERS, MICHAEL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8711 EAGLEBROOK CT  
 City ALEXANDRIA State VA Zip Code 22308-2605  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) AMERICAN INVESTMENT COUNCIL Occupation (for Individual) PRESIDENT AND CEO  
 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  
 07 / 20 / 2017  
**Transaction ID : SA11A.515690**  
 Amount of Each Receipt this Period  
 5000.00  
 Memo Item  
 CONTRIBUTION

**C. SOO, LIANG, Y., DR., M.D.**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 FRIDAY LANE  
 City CHAPEL HILL State NC Zip Code 27514-3231  
 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 ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 14 / 2017  
**Transaction ID : SA11A.520956**  
 Amount of Each Receipt this Period  
 1000.00  
 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 689 OF 997
	<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. SOUKI, CHARIF, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO BOX 4068  
 City ASPEN State CO Zip Code 81612-4068  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) TELLURIAN INC Occupation (for Individual) CHAIRMAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 50000.00

Date of Receipt 08 / 09 / 2017  
**Transaction ID : SA11A.517611**  
 Amount of Each Receipt this Period 50000.00  
 Memo Item CONTRIBUTION

**B. SOUKUP, DONALD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2112 HUNTINGTON POINT ROAD E  
 City WAYZATA State MN Zip Code 55391-9735  
 FEC ID number of contributing 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 07 / 31 / 2017  
**Transaction ID : SA11A.516470**  
 Amount of Each Receipt this Period 500.00  
 Memo Item CONTRIBUTION

**C. SPATOLA, LISA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 93 SURREY DRIVE  
 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 ▼ 270.00

Date of Receipt 07 / 29 / 2017  
**Transaction ID : SA11A.517058**  
 Amount of Each Receipt this Period 30.00  
 Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	50530.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 690 OF 997
	<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. SPATOLA, LISA, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 93 SURREY DRIVE

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 ▼  
270.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		29		2017

**Transaction ID : SA11A.518802**

Amount of Each Receipt this Period  
30.00

Memo Item CONTRIBUTION

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

Mailing Address 93 SURREY DRIVE

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 ▼  
270.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		29		2017

**Transaction ID : SA11A.522673**

Amount of Each Receipt this Period  
30.00

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 ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		20		2017

**Transaction ID : SA11A.515702**

Amount of Each Receipt this Period  
25.00

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 691 OF 997
	<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. 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
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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 ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
08 / 20 / 2017

**Transaction ID : SA11A.518269**

Amount of Each Receipt this Period  
25.00

Memo Item CONTRIBUTION

**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 ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
09 / 20 / 2017

**Transaction ID : SA11A.521725**

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 ▼  
225.00

Date of Receipt  
MM / DD / YYYY  
07 / 21 / 2017

**Transaction ID : SA11A.515745**

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 997
	<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. 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 ▼  
225.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		21		2017

**Transaction ID : SA11A.518218**

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 ▼  
225.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		21		2017

**Transaction ID : SA11A.521808**

Amount of Each Receipt this Period  
25.00

Memo Item CONTRIBUTION

**C. STAMATAKIS, MANUEL, , MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 1111 W DEKALB PIKE

City WAYNE	State PA	Zip Code 19087-2180
---------------	-------------	------------------------

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

Name of Employer (for Individual) CME BENEFIT CONSULTANTS	Occupation (for Individual) CEO
--	------------------------------------

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
09		30		2017

**Transaction ID : SA11A.522712**

Amount of Each Receipt this Period  
25000.00

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 693 OF 997
	<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. STANDRIDGE, BRANTLEY, , MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 904 HERON RIDGE RD  
 City WINSTON SALEM State NC Zip Code 27106-6264  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) **BB&T** Occupation (for Individual) **EXECUTIVE**  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **09 / 18 / 2017**  
**Transaction ID : SA11A.520681**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item  
**CONTRIBUTION**

**B. STANSEL, JAMES, C., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3024 N DICKERSON ST  
 City ARLINGTON State VA Zip Code 22207-2702  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) **PHRMA** Occupation (for Individual) **EXECUTIVE VICE PRESIDENT**  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **07 / 27 / 2017**  
**Transaction ID : SA11A.515962**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item  
**CONTRIBUTION**

**C. STANTON-HICKS, 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) **CCF** Occupation (for Individual) **CONSULTANT**  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt **07 / 15 / 2017**  
**Transaction ID : SA11A.514967**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
**CONTRIBUTION**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2050.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 694 OF 997
	<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. STANTON-HICKS, 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) CCF Occupation (for Individual) CONSULTANT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 08 / 15 / 2017  
**Transaction ID : SA11A.517989**  
 Amount of Each Receipt this Period 50.00  
 Memo Item CONTRIBUTION

**B. STANTON-HICKS, 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) CCF Occupation (for Individual) CONSULTANT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 09 / 05 / 2017  
**Transaction ID : SA11A.519906**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**C. STANTON-HICKS, 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) CCF Occupation (for Individual) CONSULTANT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 09 / 15 / 2017  
**Transaction ID : SA11A.521200**  
 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 695 OF 997
	<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. STARKER, B., BOND, MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO BOX 809  
 City CORVALLIS State OR Zip Code 97339-0809  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) STARKER FORESTS 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  
 08 / 28 / 2017  
**Transaction ID : SA11A.518494**  
 Amount of Each Receipt this Period  
 2500.00  
 Memo Item  
 CONTRIBUTION

**B. STARNES, CLARKE, ROBERTSON, MR., III**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 856 OSPREY RIDGE RD  
 City WINSTON SALEM State NC Zip Code 27106-8001  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BB&T 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  
 09 / 18 / 2017  
**Transaction ID : SA11A.520682**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item  
 CONTRIBUTION

**C. STEVENS, MARK, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. 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 ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 01 / 2017  
**Transaction ID : SA11A.516809**  
 Amount of Each Receipt this Period  
 500.00  
 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: (check only one)	PAGE 696 OF 997
	<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. STEWARD, DAVID, L.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address PO BOX 1724

City MARYLAND HEIGHTS State MO Zip Code 63043-0724

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

Name of Employer (for Individual) WORLD WIDE TECHNOLOGY Occupation (for Individual) CHAIRMAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
0.00

Date of Receipt  
09 / 22 / 2017  
**Transaction ID : SA11A.521780**

Amount of Each Receipt this Period  
100000.00

Memo Item  
CONTRIBUTION

REFUNDED \$100,000.00 ON 09/26/2017

**B. STEWART, JEFFREY, R., MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 1 N WAUKEGAN RD ABV1 DEPT 0309

City NORTH CHICAGO State IL Zip Code 60064-1802

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

Name of Employer (for Individual) ABBVIE Occupation (for Individual) PRESIDENT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
08 / 16 / 2017  
**Transaction ID : SA11A.517995**

Amount of Each Receipt this Period  
5000.00

Memo Item  
CONTRIBUTION

**C. STEWART, MARY, C., MS.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 140 LINCOLN ROAD APT. 115

City LINCOLN State MA Zip Code 01773-3806

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  
08 / 01 / 2017  
**Transaction ID : SA11A.516791**

Amount of Each Receipt this Period  
50.00

Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....▶ 105050.00

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



**SCHEDULE A (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 997
	<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. 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 ▼ 450.00

Date of Receipt **07 / 29 / 2017**  
**Transaction ID : SA11A.517059**  
 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 ▼ 450.00

Date of Receipt **08 / 29 / 2017**  
**Transaction ID : SA11A.518801**  
 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 ▼ 450.00

Date of Receipt **09 / 29 / 2017**  
**Transaction ID : SA11A.522662**  
 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 698 OF 997
<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. STOCKWELL, WILLIAM, B., MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 892 LAFAYETTE DRIVE

City MOUNT LAUREL	State NJ	Zip Code 08054-3241
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) STOCKWELL ELASTOMERICS, INC	Occupation (for Individual) STOCKWELL ELASTOMERICS, INC
--	--

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
09	/	21	/	2017

**Transaction ID : SA11A.521712**

Amount of Each Receipt this Period  
500.00

Memo Item  
CONTRIBUTION

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

Mailing Address 4637 E APRICOT LN

City GILBERT	State AZ	Zip Code 85298-8354
-----------------	-------------	------------------------

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
07	/	25	/	2017

**Transaction ID : SA11A.515911**

Amount of Each Receipt this Period  
30.00

Memo Item  
CONTRIBUTION

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

Mailing Address P.O. BOX 127

City PARKER	State CO	Zip Code 80134-0127
----------------	-------------	------------------------

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 ▼  
450.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	25	/	2017

**Transaction ID : SA11A.515897**

Amount of Each Receipt this Period  
50.00

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: (check only one)	PAGE 699 OF 997
	<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. STRATMAN, JOHN, , ,**

Mailing Address P.O. BOX 127

City PARKER State CO Zip Code 80134-0127

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 ▼  
450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 25 / 2017

**Transaction ID : SA11A.518579**

Amount of Each Receipt this Period  
50.00

Memo Item  
CONTRIBUTION

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

Mailing Address P.O. BOX 127

City PARKER State CO Zip Code 80134-0127

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 ▼  
450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 25 / 2017

**Transaction ID : SA11A.521977**

Amount of Each Receipt this Period  
50.00

Memo Item  
CONTRIBUTION

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

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 ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 22 / 2017

**Transaction ID : SA11A.515831**

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 700 OF 997
	<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 ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		22		2017

**Transaction ID : SA11A.518405**

Amount of Each Receipt this Period  
25.00

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 ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		22		2017

**Transaction ID : SA11A.521906**

Amount of Each Receipt this Period  
25.00

Memo Item CONTRIBUTION

**C. STRIMPLE, GREGORY, E., MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 580 E ORION CT

City BOISE	State ID	Zip Code 83702-5067
---------------	-------------	------------------------

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 ▼  
4000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		13		2017

**Transaction ID : SA11A.520342**

Amount of Each Receipt this Period  
4000.00

Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	4050.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (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 997
	<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. 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) RETIRED Occupation (for Individual) RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 400.00

Date of Receipt 09 / 19 / 2017  
**Transaction ID : SA11A.521157**  
Amount of Each Receipt this Period 200.00  
 Memo Item CONTRIBUTION

**B. STRONG, SANDRA, J., MRS.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 800 N MICHIGAN AVE  
City CHICAGO State IL Zip Code 60611-2105  
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 09 / 07 / 2017  
**Transaction ID : SA11A.519912**  
Amount of Each Receipt this Period 5400.00  
 Memo Item CONTRIBUTION

**C. STRONG, WILLIAM, H., ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 800 N MICHIGAN AVE  
City CHICAGO State IL Zip Code 60611-2105  
FEC ID number of contributing federal political committee. **C**  
Name of Employer (for Individual) LONGFORD CAPITAL MANAGEMENT Occupation (for Individual) INVESTOR  
Receipt For:  Primary  General  Other (specify)  
Aggregate Year-to-Date ▼ 5400.00

Date of Receipt 09 / 07 / 2017  
**Transaction ID : SA11A.519911**  
Amount of Each Receipt this Period 5400.00  
 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 702 OF 997
	<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. STRUMBOS, CHRISTINE, K., MRS.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 257 PINE RIDGE DRIVE

City BLOOMFIELD	State MI	Zip Code 48304-2138
--------------------	-------------	------------------------

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 ▼  
280.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		14		2017

**Transaction ID : SA11A.517804**

Amount of Each Receipt this Period  
100.00

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 ▼  
450.00

Date of Receipt  

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

**Transaction ID : SA11A.514466**

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 ▼  
450.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		11		2017

**Transaction ID : SA11A.517836**

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 703 OF 997
	<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. 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 ▼  
450.00

Date of Receipt  

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

**Transaction ID : SA11A.520829**

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 ▼  
2250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		18		2017

**Transaction ID : SA11A.515081**

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 ▼  
2250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		18		2017

**Transaction ID : SA11A.518157**

Amount of Each Receipt this Period  
250.00

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 704 OF 997
	<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. 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 ▼ 2250.00

Date of Receipt **09 / 18 / 2017**  
**Transaction ID : SA11A.521247**  
 Amount of Each Receipt this Period 250.00  
 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 ▼ 225.00

Date of Receipt **07 / 18 / 2017**  
**Transaction ID : SA11A.515065**  
 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 ▼ 225.00

Date of Receipt **08 / 18 / 2017**  
**Transaction ID : SA11A.518145**  
 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 705 OF 997
	<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. 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 ▼  
225.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		18		2017

**Transaction ID : SA11A.521241**

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

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

Mailing Address 1068 SE BELLE AIRE DR

City GRANTS PASS	State OR	Zip Code 97526-3241
---------------------	-------------	------------------------

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

Name of Employer (for Individual) SWANSON GROUP INC	Occupation (for Individual) MANAGER
--	--

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
08		31		2017

**Transaction ID : SA11A.519158**

Amount of Each Receipt this Period  
7500.00

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 ▼  
450.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		26		2017

**Transaction ID : SA11A.516045**

Amount of Each Receipt this Period  
50.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	7575.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (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 997
	<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. 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 ▼ 450.00

Date of Receipt 08 / 26 / 2017  
**Transaction ID : SA11A.518747**  
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 ▼ 450.00

Date of Receipt 09 / 26 / 2017  
**Transaction ID : SA11A.522132**  
Amount of Each Receipt this Period 50.00  
 Memo Item CONTRIBUTION

**C. SWIGERT, HENRY, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 1425 SW 20TH AVENUE SUITE 104  
City PORTLAND State OR Zip Code 97201-2485  
FEC ID number of contributing 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 07 / 31 / 2017  
**Transaction ID : SA11A.516570**  
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: (check only one)	PAGE 707 OF 997
	<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. SWITZER, ROBERT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2100 COUNTRY CLUB ROAD  
 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 ▼ 400.00

Date of Receipt 07 / 28 / 2017  
**Transaction ID : SA11A.516352**  
 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 ▼ 1350.00

Date of Receipt 07 / 13 / 2017  
**Transaction ID : SA11A.514596**  
 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 ▼ 1350.00

Date of Receipt 07 / 17 / 2017  
**Transaction ID : SA11A.514853**  
 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 708 OF 997
	<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 ▼  
1350.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		13		2017

**Transaction ID : SA11A.517887**

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 ▼  
1350.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		17		2017

**Transaction ID : SA11A.518082**

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 ▼  
1350.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		13		2017

**Transaction ID : SA11A.520897**

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: (check only one)	PAGE 709 OF 997
	<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 ▼  
1350.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	17	/	2017

**Transaction ID : SA11A.521274**

Amount of Each Receipt this Period  
50.00

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 ▼  
450.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	26	/	2017

**Transaction ID : SA11A.516054**

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 ▼  
450.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	26	/	2017

**Transaction ID : SA11A.518754**

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 710 OF 997
	<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. 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 ▼ 450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 26 / 2017  
**Transaction ID : SA11A.522137**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item  
 CONTRIBUTION

**B. TAMASI, DAVID, , ,**  
 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 ▼ 7500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 04 / 2017  
**Transaction ID : SA11A.513748**  
 Amount of Each Receipt this Period  
 2500.00  
 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 ▼ 288.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 30 / 2017  
**Transaction ID : SA11A.517027**  
 Amount of Each Receipt this Period  
 32.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2582.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (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 997
	<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. 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 ▼  
288.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		30		2017

**Transaction ID : SA11A.519023**

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 ▼  
288.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2017

**Transaction ID : SA11A.522945**

Amount of Each Receipt this Period  
32.00

Memo Item  
CONTRIBUTION

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

Mailing Address BIG HAT RANCH

City CODY	State WY	Zip Code 82414-
--------------	-------------	--------------------

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

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

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
08		31		2017

**Transaction ID : SA11A.519090**

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 712 OF 997
	<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. 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 ▼ 900.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 29 / 2017  
**Transaction ID : SA11A.517085**  
 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 ▼ 900.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 29 / 2017  
**Transaction ID : SA11A.518822**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**C. 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 ▼ 900.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 29 / 2017  
**Transaction ID : SA11A.522675**  
 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 713 OF 997
	<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. 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 ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 31 / 2017  
**Transaction ID : SA11A.517206**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item  
 CONTRIBUTION

**B. 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 ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2017  
**Transaction ID : SA11A.522893**  
 Amount of Each Receipt this Period  
 50.00  
 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 ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2017  
**Transaction ID : SA11A.522894**  
 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 714 OF 997
	<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. 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 ▼ 225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 16 / 2017  
**Transaction ID : SA11A.514930**  
 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 ▼ 225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 16 / 2017  
**Transaction ID : SA11A.518025**  
 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 ▼ 225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 16 / 2017  
**Transaction ID : SA11A.521351**  
 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 715 OF 997
	<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. TAYLOR, ROBERT, P., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2443 FILLMORE ST UNIT 332  
 City SAN FRANCISCO State CA Zip Code 94115-1814  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RPT LEGAL STRATEGIES Occupation (for Individual) CONSULTANT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 07 / 2017  
**Transaction ID : SA11A.519913**  
 Amount of Each Receipt this Period 1000.00  
 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 ▼ 2250.00

Date of Receipt 07 / 01 / 2017  
**Transaction ID : SA11A.513953**  
 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 ▼ 2250.00

Date of Receipt 08 / 01 / 2017  
**Transaction ID : SA11A.517180**  
 Amount of Each Receipt this Period 250.00  
 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 716 OF 997
	<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. 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 ▼  
2250.00

Date of Receipt  
MM / DD / YYYY  
09 / 01 / 2017

**Transaction ID : SA11A.519762**

Amount of Each Receipt this Period  
250.00

Memo Item CONTRIBUTION

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

Mailing Address 1950 LAKE PARK DR.

City SMYRNA State GA Zip Code 30080-7648

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

Name of Employer (for Individual) UCB Occupation (for Individual) CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
MM / DD / YYYY  
07 / 28 / 2017

**Transaction ID : SA11A.516230**

Amount of Each Receipt this Period  
5000.00

Memo Item CONTRIBUTION

**C. TEMPLE, G. ERNEST, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address P.O. BOX 5 / 1644 US 3 NORTH

City TWIN MOUNTAIN State NH Zip Code 03595-0005

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 ▼  
455.00

Date of Receipt  
MM / DD / YYYY  
07 / 27 / 2017

**Transaction ID : SA11A.516175**

Amount of Each Receipt this Period  
40.00

Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	5290.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 717 OF 997
	<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**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. TEMPLE, G. ERNEST, , ,**

Mailing Address **P.O. BOX 5 / 1644 US 3 NORTH**

City <b>TWIN MOUNTAIN</b>	State <b>NH</b>	Zip Code <b>03595-0005</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 ▼  
**455.00**

Date of Receipt  
**08 / 27 / 2017**

**Transaction ID : SA11A.518676**

Amount of Each Receipt this Period  
**40.00**

Memo Item CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**B. TEMPLE, G. ERNEST, , ,**

Mailing Address **P.O. BOX 5 / 1644 US 3 NORTH**

City <b>TWIN MOUNTAIN</b>	State <b>NH</b>	Zip Code <b>03595-0005</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 ▼  
**455.00**

Date of Receipt  
**09 / 27 / 2017**

**Transaction ID : SA11A.522342**

Amount of Each Receipt this Period  
**40.00**

Memo Item CONTRIBUTION

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

Mailing Address **6020 WINTERTHUR DR. NW**

City <b>ATLANTA</b>	State <b>GA</b>	Zip Code <b>30328-4623</b>
------------------------	--------------------	-------------------------------

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

Name of Employer (for Individual) <b>SELF EMPLOYED</b>	Occupation (for Individual) <b>PHOTOGRAPHER</b>
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
**50000.00**

Date of Receipt  
**08 / 04 / 2017**

**Transaction ID : SA11A.517335**

Amount of Each Receipt this Period  
**50000.00**

Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>50080.00</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 718 OF 997
	<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. 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 ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		29		2017

**Transaction ID : SA11A.517056**

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 ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		29		2017

**Transaction ID : SA11A.518799**

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 ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		29		2017

**Transaction ID : SA11A.522652**

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 997
	<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. THOMPSON, DONALD, O., MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 8393 PROVIDENCE RD  
City CHARLOTTE State NC Zip Code 28277-9753  
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 09 / 28 / 2017  
**Transaction ID : SA11A.52214**  
Amount of Each Receipt this Period 25000.00  
 Memo Item CONTRIBUTION

**B. 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 ▼ 250.00

Date of Receipt 07 / 31 / 2017  
**Transaction ID : SA11A.516900**  
Amount of Each Receipt this Period 150.00  
 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 ▼ 225.00

Date of Receipt 07 / 29 / 2017  
**Transaction ID : SA11A.517070**  
Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....▶ 25175.00  
**TOTAL** This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 720 OF 997
	<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. 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 ▼ 225.00

Date of Receipt 08 / 29 / 2017  
**Transaction ID : SA11A.518811**  
 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 ▼ 225.00

Date of Receipt 09 / 29 / 2017  
**Transaction ID : SA11A.522657**  
 Amount of Each Receipt this Period 25.00  
 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 ▼ 1000.00

Date of Receipt 07 / 22 / 2017  
**Transaction ID : SA11A.515841**  
 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 721 OF 997
	<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, 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 ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
08 / 22 / 2017

**Transaction ID : SA11A.518410**

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 ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
09 / 22 / 2017

**Transaction ID : SA11A.521912**

Amount of Each Receipt this Period  
100.00

Memo Item CONTRIBUTION

**C. THOMSON, TONI, E., MRS.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 942 SHOSHONI ST

City CHEYENNE	State WY	Zip Code 82009-4329
------------------	-------------	------------------------

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 ▼  
2500.00

Date of Receipt  
MM / DD / YYYY  
08 / 28 / 2017

**Transaction ID : SA11A.518503**

Amount of Each Receipt this Period  
2500.00

Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2700.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (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 997
	<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. THOMSON, WILLIAM, J., MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 942 SHOSHONI ST

City CHEYENNE	State WY	Zip Code 82009-4329
------------------	-------------	------------------------

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 ▼  
2500.00

Date of Receipt  
MM / DD / YYYY  
08 / 28 / 2017

**Transaction ID : SA11A.518504**

Amount of Each Receipt this Period  
2500.00

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 ▼  
2250.00

Date of Receipt  
MM / DD / YYYY  
07 / 26 / 2017

**Transaction ID : SA11A.516052**

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 ▼  
2250.00

Date of Receipt  
MM / DD / YYYY  
08 / 26 / 2017

**Transaction ID : SA11A.518755**

Amount of Each Receipt this Period  
250.00

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: (check only one)	PAGE 723 OF 997
	<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 ▼ 2250.00

Date of Receipt 09 / 26 / 2017  
**Transaction ID : SA11A.522134**  
 Amount of Each Receipt this Period 250.00  
 Memo Item CONTRIBUTION

**B. THURK, PATRICIA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3932 MAIN ST. P O BOX 39  
 City ST BONIFACIUS State MN Zip Code 55375-1128  
 FEC ID number of contributing 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 07 / 31 / 2017  
**Transaction ID : SA11A.516941**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**C. THURK, PATRICIA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3932 MAIN ST. P O BOX 39  
 City ST BONIFACIUS State MN Zip Code 55375-1128  
 FEC ID number of contributing 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 08 / 31 / 2017  
**Transaction ID : SA11A.519642**  
 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 724 OF 997
	<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. THURK, PATRICIA, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3932 MAIN ST.  
P O BOX 39

City ST BONIFACIUS State MN Zip Code 55375-1128

FEC ID number of contributing 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  
09 / 30 / 2017  
Transaction ID : SA11A.522989

Amount of Each Receipt this Period  
25.00

Memo Item CONTRIBUTION

**B. TIDONA, NANCY, K., ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6460 GRASSLANDS COURT

City WESTERVILLE State OH Zip Code 43082-9542

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

Name of Employer (for Individual) NAVIGATOR MANAGEMENT PARTNERS Occupation (for Individual) CONSULTING

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
09 / 27 / 2017  
Transaction ID : SA11A.522310

Amount of Each Receipt this Period  
100.00

Memo Item CONTRIBUTION

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

Mailing Address 203 SPRUCE RD

City FLOURTOWN State PA Zip Code 19031-2234

FEC ID number of contributing 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  
07 / 31 / 2017  
Transaction ID : SA11A.516821

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 725 OF 997
	<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. TIERNAN, ROBERT, P., RADM.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address PO BOX 413

City DIABLO	State CA	Zip Code 94528-0413
----------------	-------------	------------------------

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 ▼  
2700.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		31		2017

**Transaction ID : SA11A.519147**

Amount of Each Receipt this Period  
2500.00

Memo Item  
CONTRIBUTION

**B. TIERNAN, ROBERT, REIS, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address PO BOX 366

City DIABLO	State CA	Zip Code 94528-0366
----------------	-------------	------------------------

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 ▼  
2500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		31		2017

**Transaction ID : SA11A.519170**

Amount of Each Receipt this Period  
2500.00

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 ▼  
450.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		19		2017

**Transaction ID : SA11A.515406**

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: (check only one)	PAGE 726 OF 997
	<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. 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 ▼  
450.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	19	/	2017

**Transaction ID : SA11A.518295**

Amount of Each Receipt this Period  
50.00

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 ▼  
450.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	19	/	2017

**Transaction ID : SA11A.521506**

Amount of Each Receipt this Period  
50.00

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) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
510.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2017

**Transaction ID : SA11A.516556**

Amount of Each Receipt this Period  
200.00

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 727 OF 997
	<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. TILDEN, BRAD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1168 HARVARD AVENUE E #8  
 City SEATTLE State WA Zip Code 98102-4397  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) ALASKA AIRINES Occupation (for Individual) CHIEF EXECUTIVE OFFICER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 08 / 21 / 2017  
**Transaction ID : SA11A.518213**  
 Amount of Each Receipt this Period 2500.00  
 Memo Item CONTRIBUTION

**B. TILTON, STEVEN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 14 DARWIN AVE.  
 City TAKOMA PARK State MD Zip Code 20912-4241  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) PHRMA Occupation (for Individual) VICE PRESIDENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 28 / 2017  
**Transaction ID : SA11A.522499**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item CONTRIBUTION

**C. TIPTON, LARRY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1525 E WINDSOR DR.  
 City DENTON State TX Zip Code 76209-1214  
 FEC ID number of contributing 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 07 / 26 / 2017  
**Transaction ID : SA11A.516047**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3525.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 728 OF 997
	<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. TIPTON, LARRY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1525 E WINDSOR DR.  
 City DENTON State TX Zip Code 76209-1214  
 FEC ID number of contributing 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  
 08 / 26 / 2017  
**Transaction ID : SA11A.518745**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item  
 CONTRIBUTION

**B. TIPTON, LARRY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1525 E WINDSOR DR.  
 City DENTON State TX Zip Code 76209-1214  
 FEC ID number of contributing 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  
 09 / 26 / 2017  
**Transaction ID : SA11A.522128**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item  
 CONTRIBUTION

**C. TOLL, BRUCE, E., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 754 S COUNTY ROAD  
 City PALM BEACH State FL Zip Code 33480-4826  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) TOLL BROTHERS Occupation (for Individual) DEVELOPER  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 58900.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2017  
**Transaction ID : SA11A.522711**  
 Amount of Each Receipt this Period  
 25000.00  
 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 729 OF 997
	<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. 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 ▼  
900.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		24		2017

**Transaction ID : SA11A.515763**

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 ▼  
900.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		24		2017

**Transaction ID : SA11A.518517**

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 ▼  
900.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		24		2017

**Transaction ID : SA11A.522003**

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 730 OF 997
	<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. TOLSMA, JOHN, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5312 TURTLE POINT

City KNOXVILLE	State TN	Zip Code 37919-9339
-------------------	-------------	------------------------

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

Name of Employer (for Individual) KNOWLEDGE LAUNCH, LLC	Occupation (for Individual) CEO
--	------------------------------------

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
07		04		2017

**Transaction ID : SA11A.514127**

Amount of Each Receipt this Period  
2500.00

Memo Item  
CONTRIBUTION

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

Mailing Address 45 EAST 89TH STREET  
15F

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 ▼  
950.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		04		2017

**Transaction ID : SA11A.514120**

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

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

Mailing Address 45 EAST 89TH STREET  
15F

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 ▼  
950.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		04		2017

**Transaction ID : SA11A.517437**

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2700.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (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 997
	<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 EAST 89TH STREET  
15F

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 ▼  
950.00

Date of Receipt  
09 / 04 / 2017  
**Transaction ID : SA11A.519830**

Amount of Each Receipt this Period  
100.00

Memo Item CONTRIBUTION

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

Mailing Address 1429 E LAKE SHORE DRIVE

City SPRINGFIELD State IL Zip Code 62712-5526

FEC ID number of contributing 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  
09 / 20 / 2017  
**Transaction ID : SA11A.521512**

Amount of Each Receipt this Period  
1000.00

Memo Item CONTRIBUTION

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

Mailing Address 566 CUTRUS AVE

City IMPERIAL BCH 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 ▼  
450.00

Date of Receipt  
07 / 07 / 2017  
**Transaction ID : SA11A.514302**

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 732 OF 997
	<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. TRAN, DAN, , MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 566 CUTRUS AVE  
 City IMPERIAL BCH 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 ▼ 450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 21 / 2017  
**Transaction ID : SA11A.515748**  
 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 CUTRUS AVE  
 City IMPERIAL BCH 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 ▼ 450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 07 / 2017  
**Transaction ID : SA11A.517529**  
 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 CUTRUS AVE  
 City IMPERIAL BCH 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 ▼ 450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 21 / 2017  
**Transaction ID : SA11A.518247**  
 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 733 OF 997
	<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. TRAN, DAN, , MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 566 CUTRUS AVE

City IMPERIAL BCH	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 ▼  
450.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	07	/	2017

**Transaction ID : SA11A.520790**

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 CUTRUS AVE

City IMPERIAL BCH	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 ▼  
450.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	21	/	2017

**Transaction ID : SA11A.521832**

Amount of Each Receipt this Period  
25.00

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 ▼  
270.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	24	/	2017

**Transaction ID : SA11A.515765**

Amount of Each Receipt this Period  
30.00

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 734 OF 997
	<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. 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 ▼ 270.00

Date of Receipt 08 / 24 / 2017  
**Transaction ID : SA11A.518519**  
 Amount of Each Receipt this Period 30.00  
 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 ▼ 270.00

Date of Receipt 09 / 24 / 2017  
**Transaction ID : SA11A.522004**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
**CONTRIBUTION**

**C. TRAUB, JONATHAN, G., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2514 LYON DR  
 City ANNAPOLIS State MD Zip Code 21403-4213  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) DELOITTE TAX LLP Occupation (for Individual) PRINCIPAL  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 10000.00

Date of Receipt 07 / 20 / 2017  
**Transaction ID : SA11A.515093**  
 Amount of Each Receipt this Period 10000.00  
 Memo Item  
**CONTRIBUTION**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	10060.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (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 997
	<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**

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

Mailing Address **63 ELMHURST RD**

City <b>NEWTON</b>	State <b>MA</b>	Zip Code <b>02458-2232</b>
-----------------------	--------------------	-------------------------------

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

Name of Employer (for Individual) <b>SANOFI</b>	Occupation (for Individual) <b>EXTERNAL AFFAIRS</b>
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**10000.00**

Date of Receipt  
**07 / 24 / 2017**

**Transaction ID : SA11A.515680**

Amount of Each Receipt this Period  
**10000.00**

Memo Item  
CONTRIBUTION

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

Mailing Address **2542 E 11TH STREET  
APT 1**

City <b>BROOKLYN</b>	State <b>NY</b>	Zip Code <b>11235-5012</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 ▼  
**240.00**

Date of Receipt  
**08 / 07 / 2017**

**Transaction ID : SA11A.517350**

Amount of Each Receipt this Period  
**60.00**

Memo Item  
CONTRIBUTION

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

Mailing Address **3746 SCARLET OAK**

City <b>CORPUS CHRISTI</b>	State <b>TX</b>	Zip Code <b>78418-9127</b>
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) <b>ONLINE DIRECTIONAL</b>	Occupation (for Individual) <b>CONSTRUCTION</b>
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
**675.00**

Date of Receipt  
**07 / 28 / 2017**

**Transaction ID : SA11A.516657**

Amount of Each Receipt this Period  
**75.00**

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>10135.00</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 736 OF 997
	<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. 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 ▼ 675.00

Date of Receipt 08 / 28 / 2017  
**Transaction ID : SA11A.518618**  
 Amount of Each Receipt this Period 75.00  
 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 ▼ 675.00

Date of Receipt 09 / 28 / 2017  
**Transaction ID : SA11A.522462**  
 Amount of Each Receipt this Period 75.00  
 Memo Item CONTRIBUTION

**C. TUREK, GEORGE, C., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 199 N TRANQUIL PATH  
 City THE WOODLANDS State TX Zip Code 77380-2756  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) VETERANS EVALUATION SERVICES Occupation (for Individual) PRESIDENT  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 25000.00

Date of Receipt 07 / 10 / 2017  
**Transaction ID : SA11A.514249**  
 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 737 OF 997
	<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. TUREK, LINDA, K., ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 199 N TRANQUIL PATH

City THE WOODLANDS	State TX	Zip Code 77380-2756
-----------------------	-------------	------------------------

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

Name of Employer (for Individual) MES GROUP INC	Occupation (for Individual) PRESIDENT
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
25000.00

Date of Receipt  
MM / DD / YYYY  
07 / 10 / 2017  
**Transaction ID : SA11A.514245**

Amount of Each Receipt this Period  
25000.00

Memo Item  
CONTRIBUTION

**B. 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 ▼  
1179.00

Date of Receipt  
MM / DD / YYYY  
07 / 30 / 2017  
**Transaction ID : SA11A.517031**

Amount of Each Receipt this Period  
131.00

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 ▼  
1179.00

Date of Receipt  
MM / DD / YYYY  
08 / 30 / 2017  
**Transaction ID : SA11A.518999**

Amount of Each Receipt this Period  
131.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	25262.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (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 997
	<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. 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 ▼  
1179.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2017

**Transaction ID : SA11A.522983**

Amount of Each Receipt this Period  
131.00

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 ▼  
2250.00

Date of Receipt  

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

**Transaction ID : SA11A.514464**

Amount of Each Receipt this Period  
250.00

Memo Item  
CONTRIBUTION

**C. 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 ▼  
2250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		11		2017

**Transaction ID : SA11A.517837**

Amount of Each Receipt this Period  
250.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	631.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 739 OF 997
	<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 ▼ 2250.00

Date of Receipt 09 / 11 / 2017  
**Transaction ID : SA11A.520831**  
 Amount of Each Receipt this Period 250.00  
 Memo Item CONTRIBUTION

**B. TYSON, HENRY, C., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 410 WAYBERRY DR  
 City FAYETTEVILLE State NC Zip Code 28303-5226  
 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 09 / 28 / 2017  
**Transaction ID : SA11A.522227**  
 Amount of Each Receipt this Period 250.00  
 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 ▼ 225.00

Date of Receipt 07 / 19 / 2017  
**Transaction ID : SA11A.515431**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	525.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (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 997
	<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. 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 ▼  
225.00

Date of Receipt  
MM / DD / YYYY  
08 / 19 / 2017

**Transaction ID : SA11A.518290**

Amount of Each Receipt this Period  
25.00

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 ▼  
225.00

Date of Receipt  
MM / DD / YYYY  
09 / 19 / 2017

**Transaction ID : SA11A.521489**

Amount of Each Receipt this Period  
25.00

Memo Item CONTRIBUTION

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

Mailing Address 9130 ALDERSHOT DRIVE

City BETHESDA	State MD	Zip Code 20817-1902
------------------	-------------	------------------------

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

Name of Employer (for Individual) PHRMA	Occupation (for Individual) PRESIDENT & CEO
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
15000.00

Date of Receipt  
MM / DD / YYYY  
09 / 21 / 2017

**Transaction ID : SA11A.521792**

Amount of Each Receipt this Period  
15000.00

Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	15050.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (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 997
	<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. UEBERROTH, PETER, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 668 N COAST HWY #250  
 City LAGUNA BEACH State CA Zip Code 92651-1513  
 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 ▼ 12500.00

Date of Receipt 08 / 31 / 2017  
**Transaction ID : SA11A.519215**  
 Amount of Each Receipt this Period 12500.00  
 Memo Item CONTRIBUTION

**B. UEBERROTH, VIRGINIA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO BOX 100  
 City LAGUNA BEACH State CA Zip Code 92652-0100  
 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 ▼ 12500.00

Date of Receipt 08 / 31 / 2017  
**Transaction ID : SA11A.519203**  
 Amount of Each Receipt this Period 12500.00  
 Memo Item CONTRIBUTION

**C. ULRICH, TOMAS, , MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 898 AMBOY AVE.  
 City EDISON State NJ Zip Code 08837-3268  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) THERAPIST  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 700.00

Date of Receipt 07 / 06 / 2017  
**Transaction ID : SA11A.514154**  
 Amount of Each Receipt this Period 100.00  
 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 742 OF 997
	<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. URSTADT, CHARLES, J., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6 BEECHWOOD RD  
 City BRONXVILLE State NY Zip Code 10708-3202  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) URSTADT BIDDLE Occupation (for Individual) REAL ESTATE INVESTMENTS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 12500.00

Date of Receipt 07 / 20 / 2017  
**Transaction ID : SA11A.515107**  
 Amount of Each Receipt this Period 12500.00  
 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 ▼ 13200.00

Date of Receipt 07 / 03 / 2017  
**Transaction ID : SA11A.513917**  
 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 ▼ 13200.00

Date of Receipt 07 / 20 / 2017  
**Transaction ID : SA11A.515099**  
 Amount of Each Receipt this Period 12500.00  
 Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	25100.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (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 997
	<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 ▼  
13200.00

Date of Receipt  
MM / DD / YYYY  
08 / 03 / 2017

**Transaction ID : SA11A.517403**

Amount of Each Receipt this Period  
100.00

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 ▼  
13200.00

Date of Receipt  
MM / DD / YYYY  
09 / 03 / 2017

**Transaction ID : SA11A.519845**

Amount of Each Receipt this Period  
100.00

Memo Item CONTRIBUTION

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

Mailing Address 1226 WILLOW CREEK

City BREESE	State IL	Zip Code 62230-1092
----------------	-------------	------------------------

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

Name of Employer (for Individual) ENTERPRISE FLEET MANAGEMENT	Occupation (for Individual) EXECUTIVE
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
07 / 10 / 2017

**Transaction ID : SA11A.514235**

Amount of Each Receipt this Period  
1000.00

Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1200.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (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 997
	<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. VAAGEN, DEBBIE, L., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 204 DUBOIS RD  
 City COLVILLE State WA Zip Code 99114-9255  
 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 ▼ 15000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 31 / 2017  
**Transaction ID : SA11A.519133**  
 Amount of Each Receipt this Period  
 15000.00  
 Memo Item  
 CONTRIBUTION

**B. VAGUE, RICHARD, , MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1735 MARKET ST STE 2501  
 City PHILADELPHIA State PA Zip Code 19103-7515  
 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 ▼ 10000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2017  
**Transaction ID : SA11A.523100**  
 Amount of Each Receipt this Period  
 10000.00  
 Memo Item  
 CONTRIBUTION

**C. VAKERICS, MITCHELL, T., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4221 36TH ST S  
 City ARLINGTON State VA Zip Code 22206-1807  
 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 ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 31 / 2017  
**Transaction ID : SA11A.519126**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	25500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



**SCHEDULE A (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 997
<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. VALACH, KENNETH, J., MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 820 GESSNER RD STE 760

City HOUSTON	State TX	Zip Code 77024-4486
-----------------	-------------	------------------------

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

Name of Employer (for Individual) TRAMMELL CROW RESIDENTIAL	Occupation (for Individual) CEO
--	------------------------------------

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
08	/	28	/	2017

**Transaction ID : SA11A.518535**

Amount of Each Receipt this Period  
5400.00

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 ▼  
1050.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	14	/	2017

**Transaction ID : SA11A.514657**

Amount of Each Receipt this Period  
150.00

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 ▼  
1050.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	14	/	2017

**Transaction ID : SA11A.517856**

Amount of Each Receipt this Period  
150.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	5700.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 746 OF 997
	<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. VALLAR, SCOTT, , ,**

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 ▼  
1050.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		14		2017

**Transaction ID : SA11A.520920**

Amount of Each Receipt this Period  
150.00

Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**B. VANDERSLOOT, BELINDA, , MRS.,**

Mailing Address PO BOX 50305

City IDAHO FALLS	State ID	Zip Code 83405-0305
---------------------	-------------	------------------------

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 ▼  
50000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		21		2017

**Transaction ID : SA11A.521634**

Amount of Each Receipt this Period  
50000.00

Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**C. VANDERSLOOT, FRANK, L., ,**

Mailing Address PO BOX 50305

City IDAHO FALLS	State ID	Zip Code 83405-0305
---------------------	-------------	------------------------

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

Name of Employer (for Individual) MELALEUCA INC	Occupation (for Individual) CEO
--	------------------------------------

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
09		21		2017

**Transaction ID : SA11A.521619**

Amount of Each Receipt this Period  
50000.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	100150.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (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 997
	<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. VARISCHETTI, NICHOLAS, D., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1198 HEWITT ST  
 City BROCKWAY State PA Zip Code 15824-1809  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BURNS WHITE Occupation (for Individual) ATTORNEY  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt **07 / 27 / 2017**  
**Transaction ID : SA11A.515939**  
 Amount of Each Receipt this Period 2000.00  
 Memo Item CONTRIBUTION

**B. VARISCHETTI, PETER, C., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1033 MAIN ST  
 City BROCKWAY State PA Zip Code 15824-1617  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) VARISCHETTI HOLDINGS Occupation (for Individual) PARTNER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **09 / 07 / 2017**  
**Transaction ID : SA11A.519733**  
 Amount of Each Receipt this Period 1000.00  
 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 TECHNOLOGY Occupation (for Individual) PHP DEVELOPER  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt **07 / 28 / 2017**  
**Transaction ID : SA11A.516664**  
 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 748 OF 997
	<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. 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 TECHNOLOGY Occupation (for Individual) PHP DEVELOPER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 08 / 28 / 2017  
**Transaction ID : SA11A.518644**  
 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 TECHNOLOGY Occupation (for Individual) PHP DEVELOPER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 09 / 06 / 2017  
**Transaction ID : SA11A.519877**  
 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 TECHNOLOGY Occupation (for Individual) PHP DEVELOPER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 09 / 28 / 2017  
**Transaction ID : SA11A.522488**  
 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 997
	<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  
**VILLAREAL, MACEDONIA, , ,**

Mailing Address **4815 RILEY WAY LANE**

City <b>SUGARLAND</b>	State <b>TX</b>	Zip Code <b>77479-</b>
--------------------------	--------------------	---------------------------

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

Name of Employer (for Individual) <b>PTG</b>	Occupation (for Individual) <b>PRESIDENT</b>
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**2700.00**

Date of Receipt  
**07 / 11 / 2017**

**Transaction ID : SA11A.514438**

Amount of Each Receipt this Period  
**2700.00**

Memo Item  
**CONTRIBUTION**

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

Mailing Address **25723 MEADOWHOUSE COURT**

City <b>CHANTILLY</b>	State <b>VA</b>	Zip Code <b>20152-2588</b>
--------------------------	--------------------	-------------------------------

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

Name of Employer (for Individual) <b>BGR GOVERNMENT AFFAIRS</b>	Occupation (for Individual) <b>PRINCIPAL</b>
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**7500.00**

Date of Receipt  
**07 / 12 / 2017**

**Transaction ID : SA11A.514487**

Amount of Each Receipt this Period  
**2500.00**

Memo Item  
**CONTRIBUTION**

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

Mailing Address **4692 HASTINGS PL**

City <b>LAKE OSWEGO</b>	State <b>OR</b>	Zip Code <b>97035-5722</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 BES</b>
--	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
**2500.00**

Date of Receipt  
**08 / 31 / 2017**

**Transaction ID : SA11A.519096**

Amount of Each Receipt this Period  
**2500.00**

Memo Item  
**CONTRIBUTION**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>7700.00</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 750 OF 997
	<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. VOLLBRACHT, WILLIAM, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3033 E 1ST AVE, 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 ▼  
45000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		27		2017

**Transaction ID : SA11A.516217**

Amount of Each Receipt this Period  
5000.00

Memo Item  
CONTRIBUTION

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

Mailing Address 3033 E 1ST AVE, 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 ▼  
45000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		27		2017

**Transaction ID : SA11A.518710**

Amount of Each Receipt this Period  
5000.00

Memo Item  
CONTRIBUTION

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

Mailing Address 3033 E 1ST AVE, 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 ▼  
45000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		27		2017

**Transaction ID : SA11A.522379**

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 751 OF 997
	<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. VONHOENE, WILLIAM, , MR., JR.**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6901 S CONSTANCE AVE

City CHICAGO	State IL	Zip Code 60649-1507
-----------------	-------------	------------------------

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

Name of Employer (for Individual) EXELON	Occupation (for Individual) SR. VP GEN. COUNSEL
---	--

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
09		30		2017

**Transaction ID : SA11A.523082**

Amount of Each Receipt this Period  
2500.00

Memo Item  
CONTRIBUTION

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

Mailing Address 50 COMMONWEALTH AVE  
UNIT 804-805

City BOSTON	State MA	Zip Code 02116-3025
----------------	-------------	------------------------

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

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

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
07		20		2017

**Transaction ID : SA11A.515384**

Amount of Each Receipt this Period  
1200.00

Memo Item  
CONTRIBUTION

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

Mailing Address 2332 OAK RIDGE DRIVE

City TROY	State MI	Zip Code 48098-5321
--------------	-------------	------------------------

FEC ID number of contributing 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
07		28		2017

**Transaction ID : SA11A.516641**

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3725.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (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 997
	<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. WAECHTER, JOHN, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 2332 OAK RIDGE DRIVE  
City TROY State MI Zip Code 48098-5321  
FEC ID number of contributing 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 08 / 03 / 2017  
Transaction ID : SA11A.517442  
Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**B. WAECHTER, JOHN, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 2332 OAK RIDGE DRIVE  
City TROY State MI Zip Code 48098-5321  
FEC ID number of contributing 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 09 / 30 / 2017  
Transaction ID : SA11A.522819  
Amount of Each Receipt this Period 50.00  
 Memo Item CONTRIBUTION

**C. WAGGONER, JAMES, J., , JR**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 3011 NUTMEG LANE UNIT A  
City HUTCHINSON State KS Zip Code 67502-3040  
FEC ID number of contributing federal political committee. **C**  
Name of Employer (for Individual) WAGGONERS INC. Occupation (for Individual) PRESIDENT  
Receipt For:  Primary  General  Other (specify)  
Aggregate Year-to-Date ▼ 300.00

Date of Receipt 07 / 28 / 2017  
Transaction ID : SA11A.516321  
Amount of Each Receipt this Period 300.00  
 Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	375.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 753 OF 997
	<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. WAGNER, JACK, L., MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1524 AUSTIN LANE

City BELLINGHAM	State WA	Zip Code 98229-5221
--------------------	-------------	------------------------

FEC ID number of contributing 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
09		29		2017

**Transaction ID : SA11A.522587**

Amount of Each Receipt this Period  
50.00

Memo Item CONTRIBUTION

**B. WALKER, KEVIN, L., ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6533 JAY MILLER DR

City FALLS CHURCH	State VA	Zip Code 22041-1115
----------------------	-------------	------------------------

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

Name of Employer (for Individual) PENN QUARTER PARTNERS	Occupation (for Individual) PARTNER
--	--

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
07		27		2017

**Transaction ID : SA11A.515965**

Amount of Each Receipt this Period  
2500.00

Memo Item CONTRIBUTION

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

Mailing Address P.O. BOX 620037

City MIDDLETON	State WI	Zip Code 53562-0037
-------------------	-------------	------------------------

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

Name of Employer (for Individual) T WALL PROPERTIES MGMT. CORP.	Occupation (for Individual) PRESIDENT
--	--

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
09		28		2017

**Transaction ID : SA11A.522204**

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 754 OF 997
	<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. 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 ▼  
320.00

Date of Receipt  
MM / DD / YYYY  
07 / 06 / 2017

**Transaction ID : SA11A.514146**

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 ▼  
320.00

Date of Receipt  
MM / DD / YYYY  
07 / 10 / 2017

**Transaction ID : SA11A.514335**

Amount of Each Receipt this Period  
20.00

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) Occupation (for Individual)  
PEL ASSOCIATES LLC PRESIDENT

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
320.00

Date of Receipt  
MM / DD / YYYY  
07 / 09 / 2017

**Transaction ID : SA11A.514390**

Amount of Each Receipt this Period  
25.00

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: (check only one)	PAGE 755 OF 997
	<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. 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 ▼ 320.00

Date of Receipt  
MM / DD / YYYY  
07 / 15 / 2017

**Transaction ID : SA11A.514955**

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 ▼ 320.00

Date of Receipt  
MM / DD / YYYY  
07 / 29 / 2017

**Transaction ID : SA11A.517050**

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) Occupation (for Individual)  
PEL ASSOCIATES LLC PRESIDENT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 320.00

Date of Receipt  
MM / DD / YYYY  
08 / 02 / 2017

**Transaction ID : SA11A.517407**

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 756 OF 997
	<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. 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 ▼ 320.00

Date of Receipt  
MM / DD / YYYY  
08 / 04 / 2017

**Transaction ID : SA11A.517426**

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 ▼ 320.00

Date of Receipt  
MM / DD / YYYY  
08 / 05 / 2017

**Transaction ID : SA11A.517588**

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) Occupation (for Individual)  
PEL ASSOCIATES LLC PRESIDENT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 320.00

Date of Receipt  
MM / DD / YYYY  
09 / 21 / 2017

**Transaction ID : SA11A.521800**

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 757 OF 997
	<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. 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 ▼  
450.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		30		2017

**Transaction ID : SA11A.517039**

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 ▼  
450.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		30		2017

**Transaction ID : SA11A.519004**

Amount of Each Receipt this Period  
50.00

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 ▼  
450.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2017

**Transaction ID : SA11A.522987**

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 758 OF 997
	<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. WARREN, NITA, , MS.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 900 E COOPER STREET  
 City BROWNSVILLE State TN Zip Code 38012-3524  
 FEC ID number of contributing 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 07 / 31 / 2017  
**Transaction ID : SA11A.516538**  
 Amount of Each Receipt this Period 200.00  
 Memo Item CONTRIBUTION

**B. WART, GARY, A., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9507 SE EVERGREEN HWY  
 City VANCOUVER State WA Zip Code 98664-2831  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) AVAMERE GROUP, INC. Occupation (for Individual) PRESIDENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 08 / 31 / 2017  
**Transaction ID : SA11A.519110**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item CONTRIBUTION

**C. WASMER, PEDRO, E., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 642 BOUGAINVILLEA ROAD  
 City NAPLES State FL Zip Code 34102-5525  
 FEC ID number of contributing 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 08 / 17 / 2017  
**Transaction ID : SA11A.518004**  
 Amount of Each Receipt this Period 200.00  
 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 759 OF 997
	<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. WATKINS, GARRY, D., MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 415 LAKE RIDGE RD

City LEITCHFIELD	State KY	Zip Code 42754-6756
---------------------	-------------	------------------------

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
09		30		2017

**Transaction ID : SA11A.523092**

Amount of Each Receipt this Period  
5000.00

Memo Item  
CONTRIBUTION

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

Mailing Address 473 LAKEIEW 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 ▼  
450.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		01		2017

**Transaction ID : SA11A.513958**

Amount of Each Receipt this Period  
50.00

Memo Item  
CONTRIBUTION

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

Mailing Address 473 LAKEIEW 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 ▼  
450.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		01		2017

**Transaction ID : SA11A.517186**

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: (check only one)	PAGE 760 OF 997
	<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. WAY, MERLE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 473 LAKEIEW 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 ▼ 450.00

Date of Receipt 09 / 01 / 2017  
**Transaction ID : SA11A.519777**  
 Amount of Each Receipt this Period 50.00  
 Memo Item CONTRIBUTION

**B. WEAVER, DAVID, H., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1093 E KENT RD  
 City WINSTON SALEM State NC Zip Code 27104-1113  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BB&T Occupation (for Individual) EXECUTIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 18 / 2017  
**Transaction ID : SA11A.520683**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item CONTRIBUTION

**C. WEBB, KRISTI, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 18496 SAINT MELLION PL  
 City EDEN PRAIRIE State MN Zip Code 55347-3487  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) ELEMENT FLEET MANAGEMENT Occupation (for Individual) PRESIDENT AND CEO  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 07 / 10 / 2017  
**Transaction ID : SA11A.514234**  
 Amount of Each Receipt this Period 2000.00  
 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 761 OF 997
	<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. WEBER, ALBERT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5132 E CALLE BRILLANTE  
 City TUCSON State AZ Zip Code 85718-1800  
 FEC ID number of contributing 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 **09 / 30 / 2017**  
**Transaction ID : SA11A.522836**  
 Amount of Each Receipt this Period 250.00  
 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) SELF EMPLOYED Occupation (for Individual) ACCOUNTANT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt **07 / 23 / 2017**  
**Transaction ID : SA11A.515818**  
 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) SELF EMPLOYED Occupation (for Individual) ACCOUNTANT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt **07 / 26 / 2017**  
**Transaction ID : SA11A.516065**  
 Amount of Each Receipt this Period 20.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 290.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (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 997
	<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. 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) SELF EMPLOYED Occupation (for Individual) ACCOUNTANT  
 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  
 08 / 23 / 2017  
**Transaction ID : SA11A.518471**  
 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) SELF EMPLOYED Occupation (for Individual) ACCOUNTANT  
 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  
 08 / 26 / 2017  
**Transaction ID : SA11A.518757**  
 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) SELF EMPLOYED Occupation (for Individual) ACCOUNTANT  
 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  
 09 / 23 / 2017  
**Transaction ID : SA11A.522054**  
 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 763 OF 997
	<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. WEBER, INES, , MS.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address **881 CHATTANOOGA AVE**

City <b>PACIFIC PALISADES</b>	State <b>CA</b>	Zip Code <b>90272-2326</b>
----------------------------------	--------------------	-------------------------------

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

Name of Employer (for Individual) <b>SELF EMPLOYED</b>	Occupation (for Individual) <b>ACCOUNTANT</b>
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt  
**09 / 26 / 2017**

**Transaction ID : SA11A.522135**

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 <b>PACIFIC PALISADES</b>	State <b>CA</b>	Zip Code <b>90272-2326</b>
----------------------------------	--------------------	-------------------------------

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

Name of Employer (for Individual) <b>SELF EMPLOYED</b>	Occupation (for Individual) <b>ACCOUNTANT</b>
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt  
**09 / 30 / 2017**

**Transaction ID : SA11A.523026**

Amount of Each Receipt this Period  
**20.00**

Memo Item  
CONTRIBUTION

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

Mailing Address **1024 CENTER OAK DR.**

City <b>PITTSBURGH</b>	State <b>PA</b>	Zip Code <b>15237-6112</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 ▼ **295.00**

Date of Receipt  
**07 / 30 / 2017**

**Transaction ID : SA11A.517003**

Amount of Each Receipt this Period  
**30.00**

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>70.00</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 764 OF 997
	<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. WEHRHEIM, NANCY, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1024 CENTER OAK DR.

City PITTSBURGH	State PA	Zip Code 15237-6112
--------------------	-------------	------------------------

FEC ID number of contributing 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  

M M M	/	D D D	/	Y Y Y Y Y Y
08		30		2017

**Transaction ID : SA11A.518981**

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 1024 CENTER OAK DR.

City PITTSBURGH	State PA	Zip Code 15237-6112
--------------------	-------------	------------------------

FEC ID number of contributing 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  

M M M	/	D D D	/	Y Y Y Y Y Y
09		08		2017

**Transaction ID : SA11A.520821**

Amount of Each Receipt this Period  

25.00
-------

Memo Item  
CONTRIBUTION

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

Mailing Address 1024 CENTER OAK DR.

City PITTSBURGH	State PA	Zip Code 15237-6112
--------------------	-------------	------------------------

FEC ID number of contributing 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  

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2017

**Transaction ID : SA11A.522938**

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 765 OF 997
	<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. WEIL, BRENT, , MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address **2810 WHEELLOCK AVE**

City <b>OGDEN</b>	State <b>UT</b>	Zip Code <b>84403-0455</b>
----------------------	--------------------	-------------------------------

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

Name of Employer (for Individual) <b>EMPRES HEALTHCARE</b>	Occupation (for Individual) <b>PRESIDENT</b>
---	---

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**2500.00**

Date of Receipt  
**08 / 31 / 2017**

**Transaction ID : SA11A.519094**

Amount of Each Receipt this Period  
**2500.00**

Memo Item  
CONTRIBUTION

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

Mailing Address **441 E ERIE ST STE 2710**

City <b>CHICAGO</b>	State <b>IL</b>	Zip Code <b>60611-7128</b>
------------------------	--------------------	-------------------------------

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

Name of Employer (for Individual) <b>HELATHENGINE</b>	Occupation (for Individual) <b>EXECUTIVE</b>
--	---

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**1000.00**

Date of Receipt  
**09 / 21 / 2017**

**Transaction ID : SA11A.521648**

Amount of Each Receipt this Period  
**1000.00**

Memo Item  
CONTRIBUTION

**C. WELCH, BRENDA, M., ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address **300 WIMBERLEY RANCH DR**

City <b>WIMBERLEY</b>	State <b>TX</b>	Zip Code <b>78676-4131</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 BES</b>
--	---

Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼  
**1000.00**

Date of Receipt  
**07 / 10 / 2017**

**Transaction ID : SA11A.514272**

Amount of Each Receipt this Period  
**1000.00**

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>4500.00</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 766 OF 997
<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. WELLEHAN, DANIEL, J., MR., JR.**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 104 CURTIS ROAD

City YARMOUTH	State ME	Zip Code 04096-5945
------------------	-------------	------------------------

FEC ID number of contributing 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
09		19		2017

**Transaction ID : SA11A.521097**

Amount of Each Receipt this Period  
1000.00

Memo Item  
CONTRIBUTION

**B. WELLONS, WILLIAM, S., MR., JR.**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 766

City SPRING LAKE	State NC	Zip Code 28390-0766
---------------------	-------------	------------------------

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

Name of Employer (for Individual) WCDC INC	Occupation (for Individual) DEVELOPER
---	--

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
09		28		2017

**Transaction ID : SA11A.522211**

Amount of Each Receipt this Period  
1000.00

Memo Item  
CONTRIBUTION

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

Mailing Address 2815 CORTE ESERALDA

City SAN CLEMENTE	State CA	Zip Code 92673-5661
----------------------	-------------	------------------------

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

Name of Employer (for Individual) CUSTOM INGRDIENTS INC	Occupation (for Individual) OWNER
--	--------------------------------------

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
08		10		2017

**Transaction ID : SA11A.517687**

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: (check only one)	PAGE 767 OF 997
	<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. 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 ▼  
225.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		18		2017

**Transaction ID : SA11A.515066**

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

**B. 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 ▼  
225.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		18		2017

**Transaction ID : SA11A.518141**

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

**C. 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 ▼  
225.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		18		2017

**Transaction ID : SA11A.521239**

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 768 OF 997
	<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. WHEELER, FLORENCE, F., MRS.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 10 N MAYFLOWER ROAD

City LAKE FOREST	State IL	Zip Code 60045-2421
---------------------	-------------	------------------------

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 ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		20		2017

**Transaction ID : SA11A.521540**

Amount of Each Receipt this Period  
500.00

Memo Item  
CONTRIBUTION

**B. WHITAKER, JOHN, C., MR., JR**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 19 GRAYLYN PLACE CT

City WINSTON SALEM	State NC	Zip Code 27106-5855
-----------------------	-------------	------------------------

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
09		28		2017

**Transaction ID : SA11A.522222**

Amount of Each Receipt this Period  
25000.00

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 ▼  
450.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		16		2017

**Transaction ID : SA11A.514918**

Amount of Each Receipt this Period  
50.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	25550.00
<b>TOTAL</b> This Period (last page this line number only).....	



**SCHEDULE A (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 997
	<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 ▼ 450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 16 / 2017

**Transaction ID : SA11A.518015**

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 ▼ 450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 16 / 2017

**Transaction ID : SA11A.521345**

Amount of Each Receipt this Period  
 50.00

Memo Item CONTRIBUTION

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

Mailing Address 1707 VALLEY AVENUE

City MCLEAN State VA Zip Code 22101-4721

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

Name of Employer (for Individual) HGA Occupation (for Individual) CONSULTANT

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  
 09 / 20 / 2017

**Transaction ID : SA11A.521715**

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: (check only one)	PAGE 770 OF 997
	<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, NORMA, J., MS.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 10341 LEOLANG AVENUE

City SUNLAND State CA Zip Code 91040-3114

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 ▼  
313.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 03 / 2017

**Transaction ID : SA11A.517285**

Amount of Each Receipt this Period  
50.00

Memo Item CONTRIBUTION

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

Mailing Address 3004 UNIVERSITY AVE

City COLUMBUS State GA Zip Code 31907-2106

FEC ID number of contributing 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  
 07 / 17 / 2017

**Transaction ID : SA11A.514855**

Amount of Each Receipt this Period  
100.00

Memo Item CONTRIBUTION

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

Mailing Address 15740 S OUTLOOK TER

City OREGON CITY State OR Zip Code 97045-9251

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

Name of Employer (for Individual) WENDELL WHITE VENTURES Occupation (for Individual) REALTOR

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  
 08 / 31 / 2017

**Transaction ID : SA11A.519167**

Amount of Each Receipt this Period  
5000.00

Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	5150.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (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 997
	<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. WHITMAN, ARNOLD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3500 LENOX RD STE 510  
 City ATLANTA State GA Zip Code 30326-4229  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FORMATION CAPITAL Occupation (for Individual) EXECUTIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 08 / 02 / 2017  
**Transaction ID : SA11A.517134**  
 Amount of Each Receipt this Period 2000.00  
 Memo Item CONTRIBUTION

**B. WICE, R. JOYCE, , MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2100 SHILOH VALLEY DRIVE NW APT 1215  
 City KENNESAW State GA Zip Code 30144-3181  
 FEC ID number of contributing 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 07 / 31 / 2017  
**Transaction ID : SA11A.516496**  
 Amount of Each Receipt this Period 200.00  
 Memo Item CONTRIBUTION

**C. WICE, R. JOYCE, , MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2100 SHILOH VALLEY DRIVE NW APT 1215  
 City KENNESAW State GA Zip Code 30144-3181  
 FEC ID number of contributing 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 09 / 21 / 2017  
**Transaction ID : SA11A.521713**  
 Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2300.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 772 OF 997
	<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**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. WIDMANN, RUDY, C., MR.,</b>			Date of Receipt
Mailing Address 1138 YOUNGSFORD RD			<input type="text" value="09"/> / <input type="text" value="28"/> / <input type="text" value="2017"/>
City GLADWYNE	State PA	Zip Code 19035-1326	<b>Transaction ID : SA11A.522234</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="2000.00"/>
Name of Employer (for Individual) NOT EMPLOYED		Occupation (for Individual) NOT EMPLOYED	<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="2000.00"/>		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. WILKE, DENNIS, , ,</b>			Date of Receipt
Mailing Address 726 WOODBRIDGE DRIVE			<input type="text" value="07"/> / <input type="text" value="17"/> / <input type="text" value="2017"/>
City OAKDALE	State PA	Zip Code 15071-9701	<b>Transaction ID : SA11A.514881</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="500.00"/>
Name of Employer (for Individual) ROSEDALE TECHNICAL COLLEGE		Occupation (for Individual) COLLEGE PRESIDENT	<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="500.00"/>		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. WILKE, JOHN, H., ,</b>			Date of Receipt
Mailing Address 1035 B CALLE SASTRE			<input type="text" value="09"/> / <input type="text" value="19"/> / <input type="text" value="2017"/>
City SANTA BARBARA	State CA	Zip Code 93105-5483	<b>Transaction ID : SA11A.521161</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="200.00"/>
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 ▼ <input type="text" value="950.00"/>		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<input type="text" value="2700.00"/>
<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 773 OF 997
	<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. WILKINSON, PATSY, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address **281 BROADWAY AVENUE**

City <b>OAK RIDGE</b>	State <b>TN</b>	Zip Code <b>37830-6507</b>
--------------------------	--------------------	-------------------------------

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

Name of Employer (for Individual) <b>COVENANT HEALTH</b>	Occupation (for Individual) <b>PHARMACIST</b>
---	--

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
07	/	01	/	2017

**Transaction ID : SA11A.513968**

Amount of Each Receipt this Period  

100.00
--------

Memo Item  
CONTRIBUTION

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

Mailing Address **281 BROADWAY AVENUE**

City <b>OAK RIDGE</b>	State <b>TN</b>	Zip Code <b>37830-6507</b>
--------------------------	--------------------	-------------------------------

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

Name of Employer (for Individual) <b>COVENANT HEALTH</b>	Occupation (for Individual) <b>PHARMACIST</b>
---	--

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
08	/	01	/	2017

**Transaction ID : SA11A.517191**

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 <b>OAK RIDGE</b>	State <b>TN</b>	Zip Code <b>37830-6507</b>
--------------------------	--------------------	-------------------------------

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

Name of Employer (for Individual) <b>COVENANT HEALTH</b>	Occupation (for Individual) <b>PHARMACIST</b>
---	--

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
09	/	01	/	2017

**Transaction ID : SA11A.519781**

Amount of Each Receipt this Period  

100.00
--------

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>300.00</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 774 OF 997
	<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, BYRON, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 40 PELICAN POINT DR.

City NEWPORT COAST	State CA	Zip Code 92657-2006
-----------------------	-------------	------------------------

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

Name of Employer (for Individual) CWSWG INC	Occupation (for Individual) CEO
--	------------------------------------

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
07		05		2017

**Transaction ID : SA11A.514103**

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

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

Mailing Address 40 PELICAN POINT DR.

City NEWPORT COAST	State CA	Zip Code 92657-2006
-----------------------	-------------	------------------------

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

Name of Employer (for Individual) CWSWG INC	Occupation (for Individual) CEO
--	------------------------------------

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
08		05		2017

**Transaction ID : SA11A.517593**

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

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

Mailing Address 1943 POHICK CREEK CT.

City WOODBIDGE	State VA	Zip Code 22192-2428
-------------------	-------------	------------------------

FEC ID number of contributing 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
07		26		2017

**Transaction ID : SA11A.516033**

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 775 OF 997		
	<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. WILLIAMS, CHARLES, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1943 POHICK CREEK CT.  
 City WOODBRIDGE State VA Zip Code 22192-2428  
 FEC ID number of contributing 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  
 08 / 26 / 2017  
**Transaction ID : SA11A.518729**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item  
 CONTRIBUTION

**B. WILLIAMS, CHARLES, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1943 POHICK CREEK CT.  
 City WOODBRIDGE State VA Zip Code 22192-2428  
 FEC ID number of contributing 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  
 09 / 26 / 2017  
**Transaction ID : SA11A.522115**  
 Amount of Each Receipt this Period  
 25.00  
 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 ▼  
 900.00

Date of Receipt  
 07 / 14 / 2017  
**Transaction ID : SA11A.514655**  
 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 776 OF 997		
	<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. 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 ▼ 900.00

Date of Receipt 08 / 14 / 2017  
**Transaction ID : SA11A.517855**  
 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 ▼ 900.00

Date of Receipt 09 / 14 / 2017  
**Transaction ID : SA11A.520919**  
 Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION

**C. WILLIAMS, FRANK, A. M., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 150 BROADWAY STREET APT 812  
 City NEW ORLEANS State LA Zip Code 70118-7605  
 FEC ID number of contributing 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 07 / 06 / 2017  
**Transaction ID : SA11A.514076**  
 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 777 OF 997
	<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, FRANK, A. M., MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 150 BROADWAY STREET  
APT 812

City NEW ORLEANS State LA Zip Code 70118-7605

FEC ID number of contributing 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  
09 / 21 / 2017  
**Transaction ID : SA11A.521695**

Amount of Each Receipt this Period  
70.00

Memo Item CONTRIBUTION

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

Mailing Address 3126 GRACFIELD RD  
325

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 ▼  
225.00

Date of Receipt  
07 / 11 / 2017  
**Transaction ID : SA11A.514468**

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 ▼  
225.00

Date of Receipt  
07 / 27 / 2017  
**Transaction ID : SA11A.516185**

Amount of Each Receipt this Period  
25.00

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 778 OF 997
	<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, JOHN, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3126 GRACFIELD RD  
325

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 ▼  
225.00

Date of Receipt  
MM / DD / YYYY  
08 / 11 / 2017

**Transaction ID : SA11A.517838**

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 ▼  
225.00

Date of Receipt  
MM / DD / YYYY  
08 / 27 / 2017

**Transaction ID : SA11A.518688**

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 3126 GRACFIELD RD  
325

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 ▼  
225.00

Date of Receipt  
MM / DD / YYYY  
09 / 11 / 2017

**Transaction ID : SA11A.520832**

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 779 OF 997
	<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. WILLIAMS, JOHN, , ,**

Mailing Address **P.O. BOX 150**

City <b>CHANNELVIEW</b>	State <b>TX</b>	Zip Code <b>77530-0150</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 ▼  
**225.00**

Date of Receipt  
**09 / 27 / 2017**

**Transaction ID : SA11A.522368**

Amount of Each Receipt this Period  
**25.00**

Memo Item  
**CONTRIBUTION**

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

Mailing Address **1949 POPULAR STREET**

City <b>LELAND</b>	State <b>NC</b>	Zip Code <b>28451-8181</b>
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) <b>WALEX</b>	Occupation (for Individual) <b>MANAGER</b>
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**455.00**

Date of Receipt  
**07 / 29 / 2017**

**Transaction ID : SA11A.517072**

Amount of Each Receipt this Period  
**50.00**

Memo Item  
**CONTRIBUTION**

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

Mailing Address **1949 POPULAR STREET**

City <b>LELAND</b>	State <b>NC</b>	Zip Code <b>28451-8181</b>
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) <b>WALEX</b>	Occupation (for Individual) <b>MANAGER</b>
---	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
**455.00**

Date of Receipt  
**08 / 29 / 2017**

**Transaction ID : SA11A.518812**

Amount of Each Receipt this Period  
**50.00**

Memo Item  
**CONTRIBUTION**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>125.00</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 780 OF 997
	<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. 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) MANAGER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 455.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 29 / 2017  
**Transaction ID : SA11A.522654**  
 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 ▼ 243.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 27 / 2017  
**Transaction ID : SA11A.516226**  
 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 ▼ 243.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 27 / 2017  
**Transaction ID : SA11A.518714**  
 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 781 OF 997
	<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. 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 ▼  
243.00

Date of Receipt  
MM / DD / YYYY  
09 / 27 / 2017

**Transaction ID : SA11A.522361**

Amount of Each Receipt this Period  
27.00

Memo Item  
CONTRIBUTION

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

Mailing Address 1006 RIVER VISTA DR

City ATLANTA	State GA	Zip Code 30339-2956
-----------------	-------------	------------------------

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

Name of Employer (for Individual) BB&T	Occupation (for Individual) EXECUTIVE
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
09 / 18 / 2017

**Transaction ID : SA11A.520684**

Amount of Each Receipt this Period  
1000.00

Memo Item  
CONTRIBUTION

**C. WILSON, DONALD, R., , JR.**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 540 W MADISON ST STE 2500

City CHICAGO	State IL	Zip Code 60661-2555
-----------------	-------------	------------------------

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

Name of Employer (for Individual) DRW TRADING	Occupation (for Individual) CEO
--	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
25000.00

Date of Receipt  
MM / DD / YYYY  
07 / 10 / 2017

**Transaction ID : SA11A.514238**

Amount of Each Receipt this Period  
25000.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	26027.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (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 997
	<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. WILSON, JOANNE, G., MS.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 27 E BRIAR HOLLOW LANE

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 ▼  
3150.00

Date of Receipt  

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

**Transaction ID : SA11A.514328**

Amount of Each Receipt this Period  
100.00

Memo Item CONTRIBUTION

**B. WILSON, JOANNE, G., MS.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 27 E BRIAR HOLLOW LANE

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 ▼  
3150.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		18		2017

**Transaction ID : SA11A.518045**

Amount of Each Receipt this Period  
250.00

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 ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		11		2017

**Transaction ID : SA11A.517828**

Amount of Each Receipt this Period  
50.00

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 783 OF 997
	<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. 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 ▼ 250.00

Date of Receipt **08 / 18 / 2017**  
**Transaction ID : SA11A.518124**  
 Amount of Each Receipt this Period 100.00  
 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 ▼ 250.00

Date of Receipt **09 / 18 / 2017**  
**Transaction ID : SA11A.521250**  
 Amount of Each Receipt this Period 100.00  
 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 ▼ 700.00

Date of Receipt **07 / 03 / 2017**  
**Transaction ID : SA11A.513915**  
 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 784 OF 997
	<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. 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 ▼ 700.00

Date of Receipt 08 / 03 / 2017  
**Transaction ID : SA11A.517396**  
 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 ▼ 700.00

Date of Receipt 09 / 03 / 2017  
**Transaction ID : SA11A.519839**  
 Amount of Each Receipt this Period 100.00  
 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 ▼ 900.00

Date of Receipt 07 / 19 / 2017  
**Transaction ID : SA11A.515407**  
 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 785 OF 997
	<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. 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 ▼ 900.00

Date of Receipt 08 / 19 / 2017  
**Transaction ID : SA11A.518285**  
 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 ▼ 900.00

Date of Receipt 09 / 19 / 2017  
**Transaction ID : SA11A.521486**  
 Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION

**C. WISCONSIN REALTORS, DIRECT GIVER PROGRAM, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4801 FOREST RUN ROAD SUITE 201  
 City MADISON State WI Zip Code 53704-3291  
 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 ▼ 350.00

Date of Receipt 07 / 10 / 2017  
**Transaction ID : SA11A.514199**  
 Amount of Each Receipt this Period 250.00  
 Memo Item CONTRIBUTION  
 SEE ATTRIBUTION BELOW

<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 786 OF 997
	<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. PELLA, LESLIE, SCHERRER, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 416 BAKER ST  
 City GENEVA State WI Zip Code 53147-2029  
 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 ▼ 250.00

Date of Receipt 07 / 10 / 2017  
**Transaction ID : SA11A.514212**  
 Amount of Each Receipt this Period 250.00  
 Memo Item CONTRIBUTION  
 EARMARKED FROM DIRECT GIVER PROGRAM WISCONSIN REALTORS

**B. WISCONSIN REALTORS, DIRECT GIVER PROGRAM, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4801 FOREST RUN ROAD SUITE 201  
 City MADISON State WI Zip Code 53704-3291  
 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 ▼ 350.00

Date of Receipt 07 / 20 / 2017  
**Transaction ID : SA11A.515100**  
 Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION  
 SEE ATTRIBUTION BELOW

**C. PEMBERTON , JUDITH, A., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 14945 WISCONSIN AVE  
 City ELM GROVE State WI Zip Code 53122-2344  
 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 ▼ 100.00

Date of Receipt 07 / 20 / 2017  
**Transaction ID : SA11A.515108**  
 Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION  
 EARMARKED FROM DIRECT GIVER PROGRAM WISCONSIN REALTORS

**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 787 OF 997
	<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 ▼  
900.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		21		2017

**Transaction ID : SA11A.515718**

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 ▼  
900.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		21		2017

**Transaction ID : SA11A.518220**

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 ▼  
900.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		21		2017

**Transaction ID : SA11A.521811**

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 788 OF 997
	<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. WITTENWYLER, MICHAEL, B., MKR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1 EAST MAIN ST STE 500

City MADISON	State WI	Zip Code 53703-3300
-----------------	-------------	------------------------

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
09		28		2017

**Transaction ID : SA11A.522225**

Amount of Each Receipt this Period  
1000.00

Memo Item  
CONTRIBUTION

**B. WOLCOTT, MICHAEL, A., ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 10006 VALLEYVIEW CR

City WEXFORD	State PA	Zip Code 15090-7101
-----------------	-------------	------------------------

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

Name of Employer (for Individual) WOLCOTT HOLDINGS	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
07		10		2017

**Transaction ID : SA11A.514253**

Amount of Each Receipt this Period  
10000.00

Memo Item  
CONTRIBUTION

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

Mailing Address 623 STORY STREET

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 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
07		14		2017

**Transaction ID : SA11A.514679**

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	11100.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 789 OF 997
	(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. WOLF, LAWRENCE, J., MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 623 STORY STREET

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 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
08		14		2017

**Transaction ID : SA11A.517875**

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

**B. WOLF, LAWRENCE, J., MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 623 STORY STREET

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 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
09		14		2017

**Transaction ID : SA11A.520933**

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

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

Mailing Address 10245 HASTINGS PLACE

City HARRISBURG	State NC	Zip Code 28075-6621
--------------------	-------------	------------------------

FEC ID number of contributing 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
08		07		2017

**Transaction ID : SA11A.517409**

Amount of Each Receipt this Period  
- 100.00

Memo Item  
CONTRIBUTION

CHARGED BACK

<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 790 OF 997
	<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. WOOD, CARLTON, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 10245 HASTINGS PLACE

City HARRISBURG	State NC	Zip Code 28075-6621
--------------------	-------------	------------------------

FEC ID number of contributing 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  
08 / 07 / 2017  
**Transaction ID : SA11A.517410**

Amount of Each Receipt this Period  
- 100.00

Memo Item  
CONTRIBUTION

CHARGED BACK

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

Mailing Address 151155 LAKE HOUSE DR

City NORTH PALM BEACH	State FL	Zip Code 33408-
--------------------------	-------------	--------------------

FEC ID number of contributing 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  
08 / 09 / 2017  
**Transaction ID : SA11A.517630**

Amount of Each Receipt this Period  
500.00

Memo Item  
CONTRIBUTION

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

Mailing Address 5905 W MEADOWPARK LANE

City CRYSTAL RIVER	State FL	Zip Code 34429-2701
-----------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
413.00

Date of Receipt  
07 / 30 / 2017  
**Transaction ID : SA11A.517005**

Amount of Each Receipt this Period  
59.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	459.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 791 OF 997
<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. WOOD, PAUL, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 151155 LAKE HOUSE DR  
City NORTH PALM BEACH State FL Zip Code 33408-  
FEC ID number of contributing 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 08 / 09 / 2017  
**Transaction ID : SA11A.517631**  
Amount of Each Receipt this Period 500.00  
 Memo Item CONTRIBUTION

**B. WOOD, RICHARD, L., MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 3775 WEST D. AVE  
City KALAMAZOO State MI Zip Code 49009-9080  
FEC ID number of contributing 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 07 / 15 / 2017  
**Transaction ID : SA11A.514964**  
Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION

**C. WOOD, RICHARD, L., MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 3775 WEST D. AVE  
City KALAMAZOO State MI Zip Code 49009-9080  
FEC ID number of contributing 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 07 / 19 / 2017  
**Transaction ID : SA11A.515413**  
Amount of Each Receipt this Period 100.00  
 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 792 OF 997
	(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. 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) GENERAL CONTRACTOR

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
MM / DD / YYYY  
07 / 21 / 2017

**Transaction ID : SA11A.515739**

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) GENERAL CONTRACTOR

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
MM / DD / YYYY  
08 / 21 / 2017

**Transaction ID : SA11A.518234**

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) GENERAL CONTRACTOR

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
MM / DD / YYYY  
09 / 21 / 2017

**Transaction ID : SA11A.521834**

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 793 OF 997
	<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. WRIGHT, GAYLE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 433 WINDSOR PARK DRIVE  
 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) EXECUTIVR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 405.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 30 / 2017  
**Transaction ID : SA11A.516985**  
 Amount of Each Receipt this Period  
 30.00  
 Memo Item  
 CONTRIBUTION

**B. WRIGHT, GAYLE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 433 WINDSOR PARK DRIVE  
 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) EXECUTIVR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 405.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 30 / 2017  
**Transaction ID : SA11A.518970**  
 Amount of Each Receipt this Period  
 30.00  
 Memo Item  
 CONTRIBUTION

**C. WRIGHT, GAYLE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 433 WINDSOR PARK DRIVE  
 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) EXECUTIVR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 405.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2017  
**Transaction ID : SA11A.523014**  
 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 794 OF 997
	<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 ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 15 / 2017  
**Transaction ID : SA11A.514963**  
 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 ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 15 / 2017  
**Transaction ID : SA11A.517985**  
 Amount of Each Receipt this Period  
 25.00  
 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 ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 15 / 2017  
**Transaction ID : SA11A.521189**  
 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	FOR LINE NUMBER: (check only one)	PAGE 795 OF 997
	<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 ▼ 300.00

Date of Receipt  
 09 / 15 / 2017  
**Transaction ID : SA11A.521196**  
 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 ▼ 300.00

Date of Receipt  
 09 / 29 / 2017  
**Transaction ID : SA11A.522559**  
 Amount of Each Receipt this Period 10.00  
 Memo Item CONTRIBUTION

**C. WULFF, ROBERT, K., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 219 SHAWMUT AVENUE APT 2  
 City BOSTON State MA Zip Code 02118-2148  
 FEC ID number of contributing 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  
 08 / 21 / 2017  
**Transaction ID : SA11A.518113**  
 Amount of Each Receipt this Period 500.00  
 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 796 OF 997
	<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. 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 ▼ 225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 30 / 2017  
**Transaction ID : SA11A.517041**  
 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 ▼ 225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 30 / 2017  
**Transaction ID : SA11A.519008**  
 Amount of Each Receipt this Period 25.00  
 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 ▼ 225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2017  
**Transaction ID : SA11A.522991**  
 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 797 OF 997
	<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. WYATT, JEANIE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 123 W KINGS HWY  
 City SAN ANTONIO State TX Zip Code 78212-2963  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SOUTH TEXAS MONEY MANAGEMENT Occupation (for Individual) PARTNER  
 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  
 07 / 10 / 2017  
**Transaction ID : SA11A.514260**  
 Amount of Each Receipt this Period  
 2700.00  
 Memo Item  
**CONTRIBUTION**

**B. YAHNIS, JIMMY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4541 RICHMOND HILL DR  
 City MURRELLS INLET State SC Zip Code 29576-6817  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) YAHNIS COMPANY Occupation (for Individual) BEER DISTRIBUTOR  
 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  
 07 / 10 / 2017  
**Transaction ID : SA11A.514271**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item  
**CONTRIBUTION**

**C. YASS, JEFF, , MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 214 CHESWOLD LANE  
 City HAVERFORD State PA Zip Code 19041-1804  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SIG Occupation (for Individual) STOCK TRADER  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 8333.33

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 13 / 2017  
**Transaction ID : SA11A.520331**  
 Amount of Each Receipt this Period  
 8333.33  
 Memo Item  
**CONTRIBUTION**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	11533.33
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (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 997
	<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. YATES, NANCY, S., MRS.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1209 GREENWAY DR

City HIGH POINT	State NC	Zip Code 27262-2825
--------------------	-------------	------------------------

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 ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		18		2017

**Transaction ID : SA11A.520672**

Amount of Each Receipt this Period  
500.00

Memo Item  
CONTRIBUTION

**B. YATES, W., RUFUS, MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1209 GREENWAY DR

City HIGH POINT	State NC	Zip Code 27262-2825
--------------------	-------------	------------------------

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

Name of Employer (for Individual) BB&T	Occupation (for Individual) BANKER
---	---------------------------------------

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
09		18		2017

**Transaction ID : SA11A.520671**

Amount of Each Receipt this Period  
500.00

Memo Item  
CONTRIBUTION

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

Mailing Address 9640 GEORGETOWN PIKE

City GREAT FALLS	State VA	Zip Code 22066-2638
---------------------	-------------	------------------------

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

Name of Employer (for Individual) THE CARLYLE GROUP	Occupation (for Individual) PARTNER
--	--

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
07		11		2017

**Transaction ID : SA11A.514428**

Amount of Each Receipt this Period  
50000.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	51000.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (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 997
	<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. 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 ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		30		2017

**Transaction ID : SA11A.516954**

Amount of Each Receipt this Period  
100.00

Memo Item CONTRIBUTION

**B. 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 ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		29		2017

**Transaction ID : SA11A.522568**

Amount of Each Receipt this Period  
100.00

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 ▼  
375.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		22		2017

**Transaction ID : SA11A.515845**

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 800 OF 997
	<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. 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 ▼  
375.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		28		2017

**Transaction ID : SA11A.516691**

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 ▼  
375.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		22		2017

**Transaction ID : SA11A.518403**

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 ▼  
375.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		28		2017

**Transaction ID : SA11A.518653**

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 801 OF 997
	<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 ▼ 375.00

Date of Receipt 09 / 22 / 2017  
**Transaction ID : SA11A.521907**  
 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 ▼ 375.00

Date of Receipt 09 / 28 / 2017  
**Transaction ID : SA11A.522491**  
 Amount of Each Receipt this Period 25.00  
 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 ▼ 450.00

Date of Receipt 07 / 12 / 2017  
**Transaction ID : SA11A.514529**  
 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 802 OF 997
	<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. 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 ▼ 450.00

Date of Receipt **08 / 12 / 2017**  
**Transaction ID : SA11A.517954**  
 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 ▼ 450.00

Date of Receipt **09 / 12 / 2017**  
**Transaction ID : SA11A.520874**  
 Amount of Each Receipt this Period 50.00  
 Memo Item CONTRIBUTION

**C. ZAUSNER, FREEMAN, , MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO BOX 728  
 City WALDOBORO State ME Zip Code 04572-0728  
 FEC ID number of contributing 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 **09 / 21 / 2017**  
**Transaction ID : SA11A.521623**  
 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 803 OF 997
	<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. ZIKA, STEVEN, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7145 SW SHARON LN

City PORTLAND	State OR	Zip Code 97225-2054
------------------	-------------	------------------------

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

Name of Employer (for Individual) HAMPTON AFFILIATES	Occupation (for Individual) CEO
---	------------------------------------

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
08		31		2017

**Transaction ID : SA11A.519165**

Amount of Each Receipt this Period  
2500.00

Memo Item  
CONTRIBUTION

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

Mailing Address 2333 ASHMEAD PL

City WASHINGTON	State DC	Zip Code 20009-1476
--------------------	-------------	------------------------

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

Name of Employer (for Individual) PHRMA	Occupation (for Individual) EXECUTIVE VICE PRESIDENT
--	---

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
07		27		2017

**Transaction ID : SA11A.515964**

Amount of Each Receipt this Period  
2000.00

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 34103-3483
----------------	-------------	------------------------

FEC ID number of contributing 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
07		28		2017

**Transaction ID : SA11A.516651**

Amount of Each Receipt this Period  
75.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	4575.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (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 997
	<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. 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 34103-3483  
 FEC ID number of contributing 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  
 09 / 28 / 2017  
**Transaction ID : SA11A.522433**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item  
**CONTRIBUTION**

**B. BREWSTER/JORY ASSOCIATES, LLC**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 499 S CAPITOL STREET 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 ▼ 7500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 27 / 2017  
**Transaction ID : SA11A.515957**  
 Amount of Each Receipt this Period  
 2500.00  
 Memo Item  
**CONTRIBUTION**  
 SEE ATTRIBUTION BELOW

**C. JORY, DAVID, C., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4528 MACOMB ST NW  
 City WASHINGTON State DC Zip Code 20016-2753  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 THE CAPITOL HILL GROUP 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  
 07 / 27 / 2017  
**Transaction ID : SA11A.515975**  
 Amount of Each Receipt this Period  
 2500.00  
 Memo Item  
**CONTRIBUTION**  
 PARTNERSHIP ATTRIBUTION

<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 805 OF 997
	<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. CHIROPRACTIC HEALTH INFO & EDUC FUND**

Mailing Address 521 E WASHINGTON AVE

City MADISON	State WI	Zip Code 53703-2900
-----------------	-------------	------------------------

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 ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		28		2017

**Transaction ID : SA11A.522169**

Amount of Each Receipt this Period  
1000.00

Memo Item CONTRIBUTION

SEE ATTRIBUTION BELOW

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**B. BROUILLETTE, DAVID, L., ,**

Mailing Address N5479 LORAIN DR

City FREDONIA	State WI	Zip Code 53021-9779
------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
150.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		28		2017

**Transaction ID : SA11A.522176**

Amount of Each Receipt this Period  
150.00

Memo Item CONTRIBUTION

EARMARKED FROM CHIROPRACTIC HEALTH INFO & EDUC FUND

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**C. POLITO, MICHAEL, L., ,**

Mailing Address 1412 AMBROSIA CT

City LACRESCENT	State MN	Zip Code 55947-2603
--------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
200.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		28		2017

**Transaction ID : SA11A.522177**

Amount of Each Receipt this Period  
200.00

Memo Item CONTRIBUTION

EARMARKED FROM CHIROPRACTIC HEALTH INFO & EDUC FUND

<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 806 OF 997
<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. RYAN, JOSEPH, W., ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 820 BROOKSTONE CREST

City MOUNT HOREB	State WI	Zip Code 53572-3370
---------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
200.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		28		2017

**Transaction ID : SA11A.522178**

Amount of Each Receipt this Period  
200.00

Memo Item  
CONTRIBUTION

EARMARKED FROM CHIROPRACTIC HEALTH INFO & EDUC FUND

**B. VARISH, WENDY, L., ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 516 S WISCONSIN DR

City HOWARDS GROVE	State WI	Zip Code 53083-1261
-----------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
200.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		28		2017

**Transaction ID : SA11A.522179**

Amount of Each Receipt this Period  
200.00

Memo Item  
CONTRIBUTION

EARMARKED FROM CHIROPRACTIC HEALTH INFO & EDUC FUND

**C. WILDER, JEFFREY, M., ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5667 COBBLESTONE LANE

City WAUNAKEE	State WI	Zip Code 53597-8708
------------------	-------------	------------------------

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

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

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
09		28		2017

**Transaction ID : SA11A.522180**

Amount of Each Receipt this Period  
250.00

Memo Item  
CONTRIBUTION

EARMARKED FROM CHIROPRACTIC HEALTH INFO & EDUC FUND

<b>SUBTOTAL</b> of Receipts This Page (optional).....	650.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (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 997
	<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. EASTERN SHORE DISTRIBUTING LIMITED PARTNERSHIP**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 2273

City SALISBURY	State MD	Zip Code 21802-2273
-------------------	-------------	------------------------

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 ▼  
2500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		28		2017

**Transaction ID : SA11A.518499**

Amount of Each Receipt this Period  
2500.00

Memo Item  
CONTRIBUTION

SEE ATTRIBUTION BELOW

**B. BURKE, ROBERT, J., MR., JR.**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 811 SNOW HILL RD

City SALISBURY	State MD	Zip Code 21804-1938
-------------------	-------------	------------------------

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

Name of Employer (for Individual) EASTERN SHORE DISTRIBUTING	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
08		28		2017

**Transaction ID : SA11A.519719**

Amount of Each Receipt this Period  
2500.00

Memo Item  
CONTRIBUTION

PARTNERSHIP ATTRIBUTION

**C. GIUSTINA RESOURCES, LLC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 529

City EUGENE	State OR	Zip Code 97440-0529
----------------	-------------	------------------------

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
08		31		2017

**Transaction ID : SA11A.519161**

Amount of Each Receipt this Period  
10000.00

Memo Item  
CONTRIBUTION

SEE ATTRIBUTION BELOW

<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 808 OF 997
	<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. GIUSTINA, DAN, , MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO BOX 529  
 City EUGENE State OR Zip Code 97440-0529  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GIUSTINA RESOURCES Occupation (for Individual) OWNER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 10000.00

Date of Receipt 08 / 31 / 2017  
**Transaction ID : SA11A.522061**  
 Amount of Each Receipt this Period 10000.00  
 Memo Item CONTRIBUTION  
 PARTNERSHIP ATTRIBUTION

**B. GONYEA MANAGEMENT CO**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO BOX 269  
 City SPRINGFIELD State OR Zip Code 97477-0055  
 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 08 / 31 / 2017  
**Transaction ID : SA11A.519187**  
 Amount of Each Receipt this Period 10000.00  
 Memo Item CONTRIBUTION  
 VERIFIED AS FEDERALLY PERMISSIBLE FUNDS; SEE ATTRIBUTION BELOW

**C. GONYEA, DAVID, W., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO BOX 269  
 City SPRINGFIELD State OR Zip Code 97477-0055  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) TIMBER PRODUCTS Occupation (for Individual) EXECUTIVE  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 3333.33

Date of Receipt 08 / 31 / 2017  
**Transaction ID : SA11A.519288**  
 Amount of Each Receipt this Period 3333.33  
 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: (check only one)	PAGE 809 OF 997
	<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. GONYEA, JOSEPH, H., MR, II**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 269

City SPRINGFIELD State OR Zip Code 97477-0055

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

Name of Employer (for Individual) TIMBER PRODUCTS Occupation (for Individual) CHAIRMAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 3333.34

Date of Receipt 08 / 31 / 2017  
**Transaction ID : SA11A.519286**

Amount of Each Receipt this Period 3333.34

Memo Item CONTRIBUTION

PARTNERSHIP ATTRIBUTION

**B. GONYEA, JOSEPH, H., MR., III**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 269

City SPRINGFIELD State OR Zip Code 97477-0055

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

Name of Employer (for Individual) TIMBER PRODUCTS Occupation (for Individual) CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 3333.33

Date of Receipt 08 / 31 / 2017  
**Transaction ID : SA11A.519287**

Amount of Each Receipt this Period 3333.33

Memo Item CONTRIBUTION

PARTNERSHIP ATTRIBUTION

**C. IDAHO LAND FUND**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 501 E BAYBROOK CT

City BOISE State ID Zip Code 83706-3915

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 ▼ 2500.00

Date of Receipt 08 / 16 / 2017  
**Transaction ID : SA11A.517974**

Amount of Each Receipt this Period 2500.00

Memo Item CONTRIBUTION

VERIFIED AS FEDERALLY PERMISSIBLE FUNDS; SEE ATTRIBUTION BELOW

<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: (check only one)	PAGE 810 OF 997
	<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. SCOTT, J.B., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 501 E BAYBROOK CT  
 City BOISE State ID Zip Code 83706-3915  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) ALSCOTT, INC. Occupation (for Individual) REAL ESTATE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 08 / 16 / 2017  
**Transaction ID : SA11A.517979**  
 Amount of Each Receipt this Period 2500.00  
 Memo Item CONTRIBUTION  
 PARTNERSHIP ATTRIBUTION

**B. KELLER LOGGING COMPANY**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4418 KELLER RD  
 City ROSEBURG State OR Zip Code 97470-5227  
 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 ▼ 2500.00

Date of Receipt 08 / 31 / 2017  
**Transaction ID : SA11A.519171**  
 Amount of Each Receipt this Period 2500.00  
 Memo Item CONTRIBUTION  
 VERIFIED AS FEDERALLY PERMISSIBLE FUNDS; SEE ATTRIBUTION BELOW

**C. KELLER, DAN, , MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4418 NE KELLER RD  
 City ROSEBURG State OR Zip Code 97470-5227  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) KELLER LOGGING CO Occupation (for Individual) PARTNER  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1250.00

Date of Receipt 08 / 31 / 2017  
**Transaction ID : SA11A.522160**  
 Amount of Each Receipt this Period 1250.00  
 Memo Item CONTRIBUTION  
 PARTNERSHIP ATTRIBUTION

<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: (check only one)	PAGE 811 OF 997
	<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. KELLER, JOHN, , MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4418 NE KELLER RD

City ROSEBURG	State OR	Zip Code 97470-5227
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) KELLER LOGGING CO	Occupation (for Individual) PARTNER
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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
08		31		2017

**Transaction ID : SA11A.522161**

Amount of Each Receipt this Period  
1250.00

Memo Item CONTRIBUTION  
PARTNERSHIP ATTRIBUTION

**B. MCF ADVISORS LLC**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 50 E RIVERCENTER BLVD STE 300

City COVINGTON	State KY	Zip Code 41011-1684
-------------------	-------------	------------------------

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 ▼  
2500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2017

**Transaction ID : SA11A.523098**

Amount of Each Receipt this Period  
2500.00

Memo Item CONTRIBUTION  
SEE ATTRIBUTION BELOW

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

Mailing Address 214 FOREST TRAIL

City NICHOLASVILLE	State KY	Zip Code 40356-9150
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) MCF ADVISORS	Occupation (for Individual) CEO
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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
09		30		2017

**Transaction ID : SA11A.523108**

Amount of Each Receipt this Period  
2500.00

Memo Item CONTRIBUTION  
PARTNERSHIP ATTRIBUTION

<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: (check only one)	PAGE 812 OF 997
	<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. MERCEDES-BENZ OF FORT WAYNE**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 7227 W JEFFERSON BLVD

City FT. WAYNE	State IN	Zip Code 46804-6279
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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  
07 / 10 / 2017

**Transaction ID : SA11A.514259**

Amount of Each Receipt this Period  
10000.00

Memo Item  
CONTRIBUTION

VERIFIED AS FEDERALLY PERMISSIBLE FUNDS;  
SEE ATTRIBUTION BELOW

**B. MCKIRREN, DOUGLAS, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 6406 WOODCROFT LANE

City FT. WAYNE	State IN	Zip Code 46804-
-------------------	-------------	--------------------

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

Name of Employer (for Individual) Occupation (for Individual)  
GLENBROOK AUTOMOTIVE AUTO DEALER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
8000.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
07 / 10 / 2017

**Transaction ID : SA11A.514281**

Amount of Each Receipt this Period  
8000.00

Memo Item  
CONTRIBUTION

PARTNERSHIP ATTRIBUTION

**C. WEBB, PAUL, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 12217 HAWKINS WAY

City FT. WAYNE	State IN	Zip Code 46814-9156
-------------------	-------------	------------------------

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

Name of Employer (for Individual) Occupation (for Individual)  
GLENBROOK AUTOMOTIVE AUTO DEALER

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  
07 / 10 / 2017

**Transaction ID : SA11A.514282**

Amount of Each Receipt this Period  
2000.00

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: (check only one)	PAGE 813 OF 997
	<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. SDS COMPANY, LLC**

Mailing Address **PO BOX 266**

City **BINGEN** State **WA** Zip Code **98605-0266**

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 ▼  
**2500.00**

Date of Receipt  
**08 / 31 / 2017**

**Transaction ID : SA11A.519189**

Amount of Each Receipt this Period  
**2500.00**

Memo Item  
**CONTRIBUTION**

**SEE ATTRIBUTION BELOW**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**B. SPADARO, JASON, S., ,**

Mailing Address **PO BOX 266**

City **BINGEN** State **WA** Zip Code **98605-0266**

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

Name of Employer (for Individual) Occupation (for Individual)  
**SDS COMPANY LLC PRESIDENT**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**2500.00**

Date of Receipt  
**08 / 31 / 2017**

**Transaction ID : SA11A.519196**

Amount of Each Receipt this Period  
**2500.00**

Memo Item  
**CONTRIBUTION**

**PARTNERSHIP ATTRIBUTION**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**C. SENECA SUSTAINABLE ENERGY, LLC**

Mailing Address **PO BOX 851**

City **EUGENE** State **OR** Zip Code **97440-0851**

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 ▼  
**7500.00**

Date of Receipt  
**08 / 31 / 2017**

**Transaction ID : SA11A.519162**

Amount of Each Receipt this Period  
**7500.00**

Memo Item  
**CONTRIBUTION**

**SEE ATTRIBUTION BELOW**

**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 814 OF 997
	<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. JONES, JODY, J., ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 851

City EUGENE State OR Zip Code 97440-0851

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

Name of Employer (for Individual) SENECA SUSTAINABLE ENERGY, LLC Occupation (for Individual) PARTNER

Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 08 / 31 / 2017  
**Transaction ID : SA11A.522060**

Amount of Each Receipt this Period 2500.00

Memo Item CONTRIBUTION

PARTNERSHIP ATTRIBUTION

**B. JONES-MCCANN, KATHLEEN, W., ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 851

City EUGENE State OR Zip Code 97440-0851

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

Name of Employer (for Individual) SENECA SUSTAINABLE ENERGY, LLC Occupation (for Individual) PARTNER

Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 08 / 31 / 2017  
**Transaction ID : SA11A.522059**

Amount of Each Receipt this Period 2500.00

Memo Item CONTRIBUTION

PARTNERSHIP ATTRIBUTION

**C. JONES, REBECCA, L., ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 851

City EUGENE State OR Zip Code 97440-0851

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

Name of Employer (for Individual) SENECA SUSTAINABLE ENERGY, LLC Occupation (for Individual) PARTNER SENECA SUSTAINABLE EN

Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 08 / 31 / 2017  
**Transaction ID : SA11A.522058**

Amount of Each Receipt this Period 2500.00

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 815 OF 997
	<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. SOUTHERN OHIO HOLDING ORG, LLC**

Mailing Address 495 OLD CHILLICOTHE RD SE

City WASHINGTON COURT H	State OH	Zip Code 43160-9053
----------------------------	-------------	------------------------

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 ▼  
25000.00

Date of Receipt  
MM / DD / YYYY  
07 / 10 / 2017

**Transaction ID : SA11A.514275**

Amount of Each Receipt this Period  
25000.00

Memo Item  
CONTRIBUTION

SEE ATTRIBUTION BELOW

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**B. RICHARDSON, JOHN, G., ,**

Mailing Address 7550 OLD HICKORY LANE

City CINCINNATI	State OH	Zip Code 45243-1436
--------------------	-------------	------------------------

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

Name of Employer (for Individual) SUGAR CREEK	Occupation (for Individual) CHAIRMAN & CEO
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
25000.00

Date of Receipt  
MM / DD / YYYY  
07 / 10 / 2017

**Transaction ID : SA11A.514280**

Amount of Each Receipt this Period  
25000.00

Memo Item  
CONTRIBUTION

PARTNERSHIP ATTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**C. SOUTHPORT FOREST PRODUCTS, LLC**

Mailing Address PO BOX 298

City COOS BAY	State OR	Zip Code 97420-0031
------------------	-------------	------------------------

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 ▼  
2500.00

Date of Receipt  
MM / DD / YYYY  
08 / 31 / 2017

**Transaction ID : SA11A.519163**

Amount of Each Receipt this Period  
2500.00

Memo Item  
CONTRIBUTION

SEE ATTRIBUTION BELOW

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	27500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (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 997
<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. LYONS, JAMES, A., MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address PO BOX 298  
City COOS BAY State OR Zip Code 97420-0031  
FEC ID number of contributing federal political committee. **C**  
Name of Employer (for Individual) SOUTHPORT FOREST PRODUCTS LLC Occupation (for Individual) MEMBER  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1250.00

Date of Receipt 08 / 31 / 2017  
Transaction ID : SA11A.522063  
Amount of Each Receipt this Period 1250.00  
 Memo Item CONTRIBUTION  
PARTNERSHIP ATTRIBUTION

**B. SMITH, JASON, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address PO BOX 298  
City COOS BAY State OR Zip Code 97420-0031  
FEC ID number of contributing federal political committee. **C**  
Name of Employer (for Individual) SOUTHPORT FOREST PRODUCTS Occupation (for Individual) PARTNER  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1250.00

Date of Receipt 08 / 31 / 2017  
Transaction ID : SA11A.522062  
Amount of Each Receipt this Period 1250.00  
 Memo Item CONTRIBUTION  
PARTNERSHIP ATTRIBUTION

**C. 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 08 / 31 / 2017  
Transaction ID : SA11A.519205  
Amount of Each Receipt this Period 2500.00  
 Memo Item CONTRIBUTION  
REFUNDED \$2,500.00 ON 09/30/2017

<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: (check only one)	PAGE 817 OF 997
	<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. VIVAGE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 12136 WEST BAYAUD AVE, STE 200

City LAKEWOOD	State CO	Zip Code 80228-2115
------------------	-------------	------------------------

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
08		31		2017

**Transaction ID : SA11A.519186**

Amount of Each Receipt this Period  
5000.00

Memo Item  
CONTRIBUTION

VERIFIED AS FEDERALLY PERMISSIBLE FUNDS;  
SEE ATTRIBUTION BELOW

**B. BRAMMEIER, JOHN, , MR.,**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 3 WHITE BIRCH

City LITTLETON	State CO	Zip Code 80127-
-------------------	-------------	--------------------

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

Name of Employer (for Individual) Occupation (for Individual)  
VIVAGE PARTNER

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
08		31		2017

**Transaction ID : SA11A.523196**

Amount of Each Receipt this Period  
750.00

Memo Item  
CONTRIBUTION

VERIFIED AS FEDERALLY PERMISSIBLE FUNDS;  
PARTNERSHIP ATTRIBUTION

**C. MOSKOWITZ, JAY, , MR.,**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 33 SOUTHMOOR DR

City DENVER	State CO	Zip Code 80220-
----------------	-------------	--------------------

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

Name of Employer (for Individual) Occupation (for Individual)  
VIVAGE PARTNER

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
3350.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		31		2017

**Transaction ID : SA11A.523194**

Amount of Each Receipt this Period  
3350.00

Memo Item  
CONTRIBUTION

VERIFIED AS FEDERALLY PERMISSIBLE FUNDS;  
PARTNERSHIP ATTRIBUTION

<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 818 OF 997
	<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. SILVA, STEVEN, , MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1470 ROCK GLEN CIRCLE

City MONUMENT	State CO	Zip Code 80132-
------------------	-------------	--------------------

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

Name of Employer (for Individual) VIVAGE	Occupation (for Individual) PARTNER
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
900.00

Date of Receipt  
MM / DD / YYYY  
08 / 31 / 2017

**Transaction ID : SA11A.523195**

Amount of Each Receipt this Period  
900.00

Memo Item CONTRIBUTION

VERIFIED AS FEDERALLY PERMISSIBLE FUNDS; PARTNERSHIP ATTRIBUTION

**B. WISCONSIN MEDICAL SOCIETY FEDERAL PAC**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 1109

City MADISON	State WI	Zip Code 53701-1109
-----------------	-------------	------------------------

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 ▼  
3000.00

Date of Receipt  
MM / DD / YYYY  
09 / 28 / 2017

**Transaction ID : SA11A.522162**

Amount of Each Receipt this Period  
1500.00

Memo Item CONTRIBUTION

SEE ATTRIBUTION BELOW

**C. GALBIS-REIG, DAVID, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1301 53RD AVENUE

City KENOSHA	State WI	Zip Code 53144-5201
-----------------	-------------	------------------------

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

Name of Employer (for Individual) WHEATON FRANCISCAN HEALTHCARE	Occupation (for Individual) PHYSICIAN
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
09 / 28 / 2017

**Transaction ID : SA11A.522186**

Amount of Each Receipt this Period  
500.00

Memo Item CONTRIBUTION

EARMARKED FROM WISCONSIN MEDICAL SOCIETY FEDERAL PAC

<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: (check only one)	PAGE 819 OF 997
	<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. LEE, DON, S., DR., M.D.**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9751 W PRAIRIE GRASS WAY

City FRANKLIN	State WI	Zip Code 53132-7201
------------------	-------------	------------------------

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

Name of Employer (for Individual) COLUMBIA ST. MARY'S	Occupation (for Individual) PHYSICIAN
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1500.00

Date of Receipt  
09 / 28 / 2017  
**Transaction ID : SA11A.522188**

Amount of Each Receipt this Period  
500.00

Memo Item CONTRIBUTION

EARMARKED FROM WISCONSIN MEDICAL SOCIETY FEDERAL PAC

**B. LIEPERT, AMY, , DR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 922 PEBBLE BEACH DR.

City MADISON	State WI	Zip Code 53717-1173
-----------------	-------------	------------------------

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

Name of Employer (for Individual) UW HEALTH SURGERY CLINIC	Occupation (for Individual) PHYSICIAN
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
09 / 28 / 2017  
**Transaction ID : SA11A.522187**

Amount of Each Receipt this Period  
500.00

Memo Item CONTRIBUTION

EARMARKED FROM WISCONSIN MEDICAL SOCIETY FEDERAL PAC

**C. WISCONSIN MEDICAL SOCIETY FEDERAL PAC**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 1109

City MADISON	State WI	Zip Code 53701-1109
-----------------	-------------	------------------------

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 ▼  
3000.00

Date of Receipt  
09 / 28 / 2017  
**Transaction ID : SA11A.522163**

Amount of Each Receipt this Period  
500.00

Memo Item CONTRIBUTION

SEE ATTRIBUTION BELOW

<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 820 OF 997
	<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. CHOU, CLARENCE, , DR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 10028 N MILLER DRIVE # 2W

City MEQUON State WI Zip Code 53092-6186

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 ▼ 50.00

Date of Receipt 09 / 28 / 2017  
**Transaction ID : SA11A.522196**

Amount of Each Receipt this Period 50.00

Memo Item CONTRIBUTION

EARMARKED FROM WISCONSIN MEDICAL SOCIETY FEDERAL PAC

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

Mailing Address 1521 BELLE PLANE CIR

City GREEN BAY State WI Zip Code 54313-3211

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

Name of Employer (for Individual) VISONEX Occupation (for Individual) VP OF OPERATIONS

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 100.00

Date of Receipt 09 / 28 / 2017  
**Transaction ID : SA11A.522195**

Amount of Each Receipt this Period 100.00

Memo Item CONTRIBUTION

EARMARKED FROM WISCONSIN MEDICAL SOCIETY FEDERAL PAC

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

Mailing Address 6007 WINNEQUAH RD

City MONONA State WI Zip Code 53716-3457

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

Name of Employer (for Individual) MENDOTA MENTAL HEALTH Occupation (for Individual) MEDICAL DIRECTOR

Receipt For:  Primary  General  Other (specify)

Aggregate Year-to-Date ▼ 100.00

Date of Receipt 09 / 28 / 2017  
**Transaction ID : SA11A.522193**

Amount of Each Receipt this Period 100.00

Memo Item CONTRIBUTION

EARMARKED FROM WISCONSIN MEDICAL SOCIETY FEDERAL PAC

**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 821 OF 997
	<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. SYTH, LINDA, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 290 LYNNE TRAIL  
City OREGON State WI Zip Code 53575-3424  
FEC ID number of contributing federal political committee. **C**  
Name of Employer (for Individual) STATE MEDICAL SOCIETY OF WIS. Occupation (for Individual) VICE PRESIDENT  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 28 / 2017  
Transaction ID : SA11A.522192  
Amount of Each Receipt this Period 250.00  
 Memo Item CONTRIBUTION  
EARMARKED FROM WISCONSIN MEDICAL SOCIETY FEDERAL PAC

**B. WMC CONDUIT**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 501 E WASHINGTON AVE  
City MADISON State WI Zip Code 53703-2914  
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 ▼ 1000.00

Date of Receipt 09 / 28 / 2017  
Transaction ID : SA11A.522170  
Amount of Each Receipt this Period 1000.00  
 Memo Item CONTRIBUTION  
SEE ATTRIBUTION BELOW

**C. BAUER, KURT, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 4521 ELLINGTON WAY  
City MIDDLETON State WI Zip Code 53562-4914  
FEC ID number of contributing federal political committee. **C**  
Name of Employer (for Individual) WISCONSIN MANUFACTURERS & COMMERCE Occupation (for Individual) PRESIDENT  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 28 / 2017  
Transaction ID : SA11A.522171  
Amount of Each Receipt this Period 1000.00  
 Memo Item CONTRIBUTION  
EARMARKED FROM WMC CONDUIT

**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 822 OF 997
	<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. WISCONSIN HOSPITAL ASSN. CONDUIT**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 5510 RESEARCH PARK DR.  
City FITCHBURG State WI Zip Code 53711-5377  
FEC ID number of contributing federal political committee. **C** C00422881  
Name of Employer (for Individual) Occupation (for Individual)  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 2250.00

Date of Receipt 09 / 28 / 2017  
**Transaction ID : SA11C.522164**  
Amount of Each Receipt this Period 1000.00  
 Memo Item CONTRIBUTION  
SEE ATTRIBUTION BELOW

**B. BORGERDING, ERIC, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 325 GLACIER RIDGE TRAIL  
City VERONA State WI Zip Code 53593-1754  
FEC ID number of contributing federal political committee. **C**  
Name of Employer (for Individual) Occupation (for Individual)  
WISCONSIN HOSPITAL ASSOCIATION CEO  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 28 / 2017  
**Transaction ID : SA11A.522201**  
Amount of Each Receipt this Period 1000.00  
 Memo Item CONTRIBUTION  
EARMARKED FROM WISCONSIN HOSPITAL ASSN. CONDUIT

**C. WISCONSIN HOSPITAL ASSN. CONDUIT**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 5510 RESEARCH PARK DR.  
City FITCHBURG State WI Zip Code 53711-5377  
FEC ID number of contributing federal political committee. **C** C00422881  
Name of Employer (for Individual) Occupation (for Individual)  
Receipt For:  Primary  General  Other (specify)  
Aggregate Year-to-Date ▼ 2250.00

Date of Receipt 09 / 28 / 2017  
**Transaction ID : SA11C.522165**  
Amount of Each Receipt this Period 250.00  
 Memo Item CONTRIBUTION  
SEE ATTRIBUTION BELOW

**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 823 OF 997
	<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. BORGERDING, DANA, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 325 GLACIER RIDGE TRAIL

City VERONA	State WI	Zip Code 53593-1754
----------------	-------------	------------------------

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

Name of Employer (for Individual) DEAN HEALTH SYSTEM	Occupation (for Individual) RADIOLOGY
---	--

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
09		28		2017

**Transaction ID : SA11A.522200**

Amount of Each Receipt this Period  
250.00

Memo Item CONTRIBUTION

EARMARKED FROM WISCONSIN HOSPITAL ASSN. CONDUIT

**B. WISCONSIN HOSPITAL ASSN. CONDUIT**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5510 RESEARCH PARK DR.

City FITCHBURG	State WI	Zip Code 53711-5377
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00422881

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		28		2017

**Transaction ID : SA11C.522166**

Amount of Each Receipt this Period  
250.00

Memo Item CONTRIBUTION

SEE ATTRIBUTION BELOW

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

Mailing Address 325 GLACIER RIDGE TRAIL

City VERONA	State WI	Zip Code 53593-1754
----------------	-------------	------------------------

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

Name of Employer (for Individual) DEAN HEALTH SYSTEM	Occupation (for Individual) RADIOLOGY
---	--

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
09		28		2017

**Transaction ID : SA11A.522199**

Amount of Each Receipt this Period  
250.00

Memo Item CONTRIBUTION

EARMARKED FROM WISCONSIN HOSPITAL ASSN. CONDUIT

<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: (check only one)	PAGE 824 OF 997
	<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. WISCONSIN HOSPITAL ASSN. CONDUIT**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 5510 RESEARCH PARK DR.  
City FITCHBURG State WI Zip Code 53711-5377  
FEC ID number of contributing federal political committee. **C** C00422881  
Name of Employer (for Individual) Occupation (for Individual)  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 2250.00

Date of Receipt 09 / 28 / 2017  
**Transaction ID : SA11C.522167**  
Amount of Each Receipt this Period 250.00  
 Memo Item CONTRIBUTION  
SEE ATTRIBUTION BELOW

**B. FRANK, JENNIFER, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 292 MAPLE HEIGHTS RD  
City MARSHALL State WI Zip Code 53559-9411  
FEC ID number of contributing federal political committee. **C**  
Name of Employer (for Individual) Occupation (for Individual) WISCONSIN HOSPITAL ASSOC. EXECUTIVE  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 28 / 2017  
**Transaction ID : SA11A.522198**  
Amount of Each Receipt this Period 250.00  
 Memo Item CONTRIBUTION  
EARMARKED FROM WISCONSIN HOSPITAL ASSN. CONDUIT

**C. WISCONSIN HOSPITAL ASSN. CONDUIT**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 5510 RESEARCH PARK DR.  
City FITCHBURG State WI Zip Code 53711-5377  
FEC ID number of contributing federal political committee. **C** C00422881  
Name of Employer (for Individual) Occupation (for Individual)  
Receipt For:  Primary  General  Other (specify)  
Aggregate Year-to-Date ▼ 2250.00

Date of Receipt 09 / 28 / 2017  
**Transaction ID : SA11C.522168**  
Amount of Each Receipt this Period 500.00  
 Memo Item CONTRIBUTION  
SEE ATTRIBUTION BELOW

<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 825 OF 997
	<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.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**BOESE, JENNIFER, , ,**

Mailing Address **6898 AVALON LANE**

City <b>MADISON</b>	State <b>WI</b>	Zip Code <b>53719-6203</b>
------------------------	--------------------	-------------------------------

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

Name of Employer (for Individual) <b>WISCONSIN HOSPITAL ASSOCIATION</b>	Occupation (for Individual) <b>V.P.</b>
--	--

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**500.00**

Date of Receipt  
**09 / 28 / 2017**

**Transaction ID : SA11A.522197**

Amount of Each Receipt this Period  
**500.00**

Memo Item  
**CONTRIBUTION**

**EARMARKED FROM WISCONSIN HOSPITAL ASSN. CONDUIT**

**B.** 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

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

Mailing Address

City	State	Zip Code
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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).....	<b>500.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	<b>5503297.41</b>

**SCHEDULE A (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 997
<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. FRIENDS OF DAVE REICHERT**

Mailing Address **PO BOX 2032**

City <b>ISSAQUAH</b>	State <b>WA</b>	Zip Code <b>98027-0090</b>
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FEC ID number of contributing federal political committee. **C C00397737**

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

Aggregate Year-to-Date ▼  
**2500.00**

Date of Receipt  
**08 / 28 / 2017**

**Transaction ID : SA11C.518491**

Amount of Each Receipt this Period  
**2500.00**

Memo Item  
**CONTRIBUTION**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**B. JIM BANKS FOR CONGRESS, INC.**

Mailing Address **PO BOX 11431**

City <b>FORT WAYNE</b>	State <b>IN</b>	Zip Code <b>46858-1431</b>
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FEC ID number of contributing federal political committee. **C C00577999**

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**550.00**

Date of Receipt  
**07 / 09 / 2017**

**Transaction ID : SA11C.514283**

Amount of Each Receipt this Period  
**550.00**

Memo Item  
**CONTRIBUTION**

**JFC EVENT PHOTOGRAPHY**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**C. TIM MURPHY FOR CONGRESS**

Mailing Address **PO BOX 24551**

City <b>PTTSBURGH</b>	State <b>PA</b>	Zip Code <b>15234-4551</b>
--------------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee. **C C00372201**

Name of Employer (for Individual)	Occupation (for Individual)
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Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
**10000.00**

Date of Receipt  
**07 / 27 / 2017**

**Transaction ID : SA11C.515947**

Amount of Each Receipt this Period  
**10000.00**

Memo Item  
**CONTRIBUTION**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>13050.00</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 827 OF 997
<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. AA HOMECARE PAC**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 241 18TH ST. SOUTH  
SUITE 500

City ARLINGTON State VA Zip Code 22202-3415

FEC ID number of contributing federal political committee. **C** C00357129

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
08 / 31 / 2017  
**Transaction ID : SA11C.519120**

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 ▼  
5000.00

Date of Receipt  
08 / 31 / 2017  
**Transaction ID : SA11C.519085**

Amount of Each Receipt this Period  
5000.00

Memo Item  
CONTRIBUTION

**C. ACADIA HEALTHCARE COMPANY, INC. FEDPAC**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6100 TOWER CIRCLE ROAD  
SUITE 1000

City FRANKLIN State TN Zip Code 37067-1509

FEC ID number of contributing federal political committee. **C** C00496919

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
08 / 31 / 2017  
**Transaction ID : SA11C.519179**

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 828 OF 997
<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. ACPAC ACA INTERNATIONAL**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 509 2ND STREET, NE

City WASHINGTON	State DC	Zip Code 20002-7726
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00034785

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
09	/	30	/	2017

**Transaction ID : SA11C.523055**

Amount of Each Receipt this Period  
2500.00

Memo Item  
CONTRIBUTION

**B. ALASKA AIR GROUP PAC**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 19300 PACIFIC HIGHWAY SOUTH

City SEATTLE	State WA	Zip Code 98188-
-----------------	-------------	--------------------

FEC ID number of contributing federal political committee. **C** C00024349

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
09	/	13	/	2017

**Transaction ID : SA11C.520325**

Amount of Each Receipt this Period  
5000.00

Memo Item  
CONTRIBUTION

**C. ALLIANCE COAL PAC**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address P.O. BOX 22027

City TULSA	State OK	Zip Code 74121-2027
---------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00330233

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
09	/	30	/	2017

**Transaction ID : SA11C.523075**

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 829 OF 997
<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. ALLSTATE INSURANCE COMPANY PAC**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 2775 SANDERS ROAD  
SUITE A4  
City NORTHBROOK State IL Zip Code 60062-6110  
FEC ID number of contributing federal political committee. **C** C00040253  
Name of Employer (for Individual) Occupation (for Individual)  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 5000.00

Date of Receipt **07 / 10 / 2017**  
**Transaction ID : SA11C.514230**  
Amount of Each Receipt this Period 5000.00  
 Memo Item  
CONTRIBUTION

**B. AMAZON PAC**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 601 NEW JERSEY AVE NW STE 900  
City WASHINGTON State DC Zip Code 20001-2027  
FEC ID number of contributing federal political committee. **C** C00360354  
Name of Employer (for Individual) Occupation (for Individual)  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 12500.00

Date of Receipt **09 / 28 / 2017**  
**Transaction ID : SA11C.522172**  
Amount of Each Receipt this Period 5000.00  
 Memo Item  
CONTRIBUTION

**C. AMAZON PAC**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 601 NEW JERSEY AVE NW STE 900  
City WASHINGTON State DC Zip Code 20001-2027  
FEC ID number of contributing federal political committee. **C** C00360354  
Name of Employer (for Individual) Occupation (for Individual)  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 12500.00

Date of Receipt **09 / 28 / 2017**  
**Transaction ID : SA11C.522174**  
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 830 OF 997
<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. AMAZON PAC**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 601 NEW JERSEY AVE NW STE 900

City WASHINGTON	State DC	Zip Code 20001-2027
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00360354

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
09	/	28	/	2017

**Transaction ID : SA11C.522182**

Amount of Each Receipt this Period  
2500.00

Memo Item  
CONTRIBUTION

**B. AMERICAN ACADEMY OF DERMATOLOGY PAC**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 1445 NEW YORK AVENUE NW STE 800

City WASHINGTON	State DC	Zip Code 20005-2125
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00359539

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
07	/	10	/	2017

**Transaction ID : SA11C.514186**

Amount of Each Receipt this Period  
5000.00

Memo Item  
CONTRIBUTION

**C. AMERICAN ACADEMY OF DERMATOLOGY PAC**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 1445 NEW YORK AVENUE NW STE 800

City WASHINGTON	State DC	Zip Code 20005-2125
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00359539

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
07	/	10	/	2017

**Transaction ID : SA11C.514195**

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 997
<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 ASSOC. OF NURSE ANESTHETISTS PAC**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 25 MASSACHUSETTS AVE. NW  
STE. 550  
City WASHINGTON State DC Zip Code 20001-1408  
FEC ID number of contributing federal political committee. **C** C00173153  
Name of Employer (for Individual) Occupation (for Individual)  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 09 / 13 / 2017  
**Transaction ID : SA11C.520322**  
Amount of Each Receipt this Period 5000.00  
 Memo Item  
CONTRIBUTION

**B. AMERICAN ACADEMY OF PHYSICIAN ASSISTANTS POLITICAL ACTION CO**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 2318 MILL ROAD  
SUITE 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 09 / 28 / 2017  
**Transaction ID : SA11C.522190**  
Amount of Each Receipt this Period 2000.00  
 Memo Item  
CONTRIBUTION  
TO BE CHARGED BACK

**C. AMERICAN ASSOCIATION OF ORTHOPAEDIC SURGEONS PAC (AAOS)**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 317 MASSACHUSETTS AVE NE  
City WASHINGTON State DC Zip Code 20002-5769  
FEC ID number of contributing federal political committee. **C** C00343137  
Name of Employer (for Individual) Occupation (for Individual)  
Receipt For:  Primary  General  Other (specify)  
Aggregate Year-to-Date ▼ 7500.00

Date of Receipt 09 / 30 / 2017  
**Transaction ID : SA11C.523062**  
Amount of Each Receipt this Period 2500.00  
 Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 9500.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (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 997
<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 BENEFITS COUNCIL PAC**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1501 M STREET NW  
SUITE 600

City WASHINGTON State DC Zip Code 20005-1775

FEC ID number of contributing federal political committee. **C** C00153171

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3000.00

Date of Receipt  
MM / DD / YYYY  
08 / 04 / 2017

**Transaction ID : SA11C.517299**

Amount of Each Receipt this Period  
3000.00

Memo Item  
CONTRIBUTION

**B. AMERICAN BUS ASSOCIATION PAC**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 111 K STREET NE  
9TH FLOOR

City WASHINGTON State DC Zip Code 20002-8110

FEC ID number of contributing federal political committee. **C** C00004879

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
09 / 13 / 2017

**Transaction ID : SA11C.520326**

Amount of Each Receipt this Period  
1000.00

Memo Item  
CONTRIBUTION

**C. AMERICAN BANKERS ASSN PAC**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1120 CONNECTICUT AVENUE NW  
SUITE 600

City WASHINGTON State DC Zip Code 20036-3971

FEC ID number of contributing federal political committee. **C** C00004275

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
10000.00

Date of Receipt  
MM / DD / YYYY  
09 / 28 / 2017

**Transaction ID : SA11C.522173**

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 833 OF 997
<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 BANKERS ASSN PAC**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 1120 CONNECTICUT AVENUE NW  
SUITE 600  
City WASHINGTON State DC Zip Code 20036-3971  
FEC ID number of contributing federal political committee. **C** C00004275  
Name of Employer (for Individual) Occupation (for Individual)  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 10000.00

Date of Receipt 09 / 29 / 2017  
**Transaction ID : SA11C.522511**  
Amount of Each Receipt this Period 5000.00  
 Memo Item  
CONTRIBUTION

**B. AMERICAN COMMERCIAL LINES, INC. PAC**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 1701 EAST MARKET STREET  
City JEFFERSONVILLE State IN Zip Code 47130-4755  
FEC ID number of contributing federal political committee. **C** C00418269  
Name of Employer (for Individual) Occupation (for Individual)  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 07 / 10 / 2017  
**Transaction ID : SA11C.514208**  
Amount of Each Receipt this Period 2500.00  
 Memo Item  
CONTRIBUTION

**C. AMERICAN COLLEGE OF RADIOLOGY ASSOC. PAC**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 1891 PRESTON WHITE DR.  
City RESTON State VA Zip Code 20191-4326  
FEC ID number of contributing federal political committee. **C** C00343459  
Name of Employer (for Individual) Occupation (for Individual)  
Receipt For:  Primary  General  Other (specify)  
Aggregate Year-to-Date ▼ 15000.00

Date of Receipt 09 / 30 / 2017  
**Transaction ID : SA11C.523058**  
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 834 OF 997
<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 COLLEGE OF RADIOLOGY ASSOC. PAC**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 1891 PRESTON WHITE DR.  
City RESTON State VA Zip Code 20191-4326  
FEC ID number of contributing federal political committee. **C** C00343459  
Name of Employer (for Individual) Occupation (for Individual)  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 15000.00

Date of Receipt 09 / 30 / 2017  
**Transaction ID : SA11C.523060**  
Amount of Each Receipt this Period 5000.00  
 Memo Item  
CONTRIBUTION

**B. AMERICAN FAMILY MUTUAL INSURANCE CO. PAC**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 6000 AMERICAN PARKWAY  
City MADISON State WI Zip Code 53783-0001  
FEC ID number of contributing federal political committee. **C** C00354290  
Name of Employer (for Individual) Occupation (for Individual)  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 10000.00

Date of Receipt 09 / 28 / 2017  
**Transaction ID : SA11C.522202**  
Amount of Each Receipt this Period 2500.00  
 Memo Item  
CONTRIBUTION

**C. AMERICAN FAMILY MUTUAL INSURANCE CO. PAC**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 6000 AMERICAN PARKWAY  
City MADISON State WI Zip Code 53783-0001  
FEC ID number of contributing federal political committee. **C** C00354290  
Name of Employer (for Individual) Occupation (for Individual)  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 10000.00

Date of Receipt 09 / 28 / 2017  
**Transaction ID : SA11C.522203**  
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 835 OF 997
<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. AMERICAN HEALTH CARE ASSOCIATION PAC**

Mailing Address 1201 L ST NW

City WASHINGTON	State DC	Zip Code 20005-4024
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00006080

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

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
07	/	24	/	2017

**Transaction ID : SA11C.515674**

Amount of Each Receipt this Period  
15000.00

Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**B. AMERICAN HOTEL & LODGING ASN. PAC (HOTEL PAC)**

Mailing Address 1250 I STREET, NW #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 ▼  
12500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	04	/	2017

**Transaction ID : SA11C.517295**

Amount of Each Receipt this Period  
5000.00

Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**C. AMERICAN HEALTH CARE ASSOCIATION PAC**

Mailing Address 1201 L ST NW

City WASHINGTON	State DC	Zip Code 20005-4024
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00006080

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

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
08	/	31	/	2017

**Transaction ID : SA11C.519146**

Amount of Each Receipt this Period  
5000.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	25000.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (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 997
<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 STREET, NW #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 ▼ 12500.00

Date of Receipt 09 / 28 / 2017  
**Transaction ID : SA11C.522185**  
 Amount of Each Receipt this Period 2500.00  
 Memo Item  
**CONTRIBUTION**

**B. AMERICAN LAND TITLE ASSOCIATION TITLE INDUSTRY PAC (TIPAC)**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1800 M STREET NW STE 300S  
 City WASHINGTON State DC Zip Code 20036-5830  
 FEC ID number of contributing federal political committee. **C** C00012914  
 Name of Employer (for Individual) Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 15000.00

Date of Receipt 09 / 28 / 2017  
**Transaction ID : SA11C.522181**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item  
**CONTRIBUTION**

**C. AMERICAN OPTOMETRIC ASSOCIATION AOAPAC**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1505 PRINCE STREET SUITE 300  
 City ALEXANDRIA State VA Zip Code 22314-2874  
 FEC ID number of contributing federal political committee. **C** C00024968  
 Name of Employer (for Individual) Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 15000.00

Date of Receipt 09 / 29 / 2017  
**Transaction ID : SA11C.522514**  
 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 837 OF 997
<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 OPTOMETRIC ASSOCIATION AOAPAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1505 PRINCE STREET  
SUITE 300

City ALEXANDRIA State VA Zip Code 22314-2874

FEC ID number of contributing federal political committee. **C** C00024968

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
15000.00

Date of Receipt  
MM / DD / YYYY  
09 / 29 / 2017

**Transaction ID : SA11C.522515**

Amount of Each Receipt this Period  
5000.00

Memo Item  
CONTRIBUTION

**B. AMERICAN OPTOMETRIC ASSOCIATION AOAPAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1505 PRINCE STREET  
SUITE 300

City ALEXANDRIA State VA Zip Code 22314-2874

FEC ID number of contributing federal political committee. **C** C00024968

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
15000.00

Date of Receipt  
MM / DD / YYYY  
09 / 29 / 2017

**Transaction ID : SA11C.522516**

Amount of Each Receipt this Period  
5000.00

Memo Item  
CONTRIBUTION

**C. AMERICAN PETROLEUM INSTITUTE PAC (API PAC)**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1220 L STREET, NW

City WASHINGTON State DC Zip Code 20005-4018

FEC ID number of contributing federal political committee. **C** C00483677

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  
MM / DD / YYYY  
07 / 10 / 2017

**Transaction ID : SA11C.514232**

Amount of Each Receipt this Period  
2500.00

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 838 OF 997
<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 PUBLIC POWER ASSN PAC (POWER PAC)**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 2451 CRYSTAL DRIVE  
SUITE 1000  
City ARLINGTON State VA Zip Code 22202-4804  
FEC ID number of contributing federal political committee. **C** C00161570  
Name of Employer (for Individual) Occupation (for Individual)  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 09 / 28 / 2017  
**Transaction ID : SA11C.522184**  
Amount of Each Receipt this Period 1500.00  
 Memo Item  
CONTRIBUTION

**B. AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIANS PAC**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 2831 LONE OAK ROAD  
City PADUCAH State KY Zip Code 42003-8041  
FEC ID number of contributing federal political committee. **C** C00351197  
Name of Employer (for Individual) Occupation (for Individual)  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 10000.00

Date of Receipt 09 / 29 / 2017  
**Transaction ID : SA11C.522508**  
Amount of Each Receipt this Period 10000.00  
 Memo Item  
CONTRIBUTION

**C. AMERIPRISE FINANCIAL INC. POLITICAL ACTION COMMITTEE (AMERIP**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 101 CONSTITUTION AVE. NW  
SUITE 912 WEST  
City WASHINGTON State DC Zip Code 20001-2133  
FEC ID number of contributing federal political committee. **C** C00414474  
Name of Employer (for Individual) Occupation (for Individual)  
Receipt For:  Primary  General  Other (specify)  
Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 07 / 10 / 2017  
**Transaction ID : SA11C.514197**  
Amount of Each Receipt this Period 2500.00  
 Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	14000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (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 997
<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. APPRAISAL INSTITUTE PAC**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 122 C STREET NW  
SUITE 360

City WASHINGTON State DC Zip Code 20001-2149

FEC ID number of contributing federal political committee. **C** C00144261

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
MM / DD / YYYY  
07 / 24 / 2017

**Transaction ID : SA11C.515678**

Amount of Each Receipt this Period  
5000.00

Memo Item  
CONTRIBUTION

**B. APRIA HEALTHCARE PAC**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 26220 ENTERPRISE COURT

City LAKE FOREST State CA Zip Code 92630-8405

FEC ID number of contributing federal political committee. **C** C00240218

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
08 / 28 / 2017

**Transaction ID : SA11C.518496**

Amount of Each Receipt this Period  
1000.00

Memo Item  
CONTRIBUTION

**C. AQUA AMERICA H2O PAC**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 762 WEST LANCASTER AVENUE

City BRYN MAWR State PA Zip Code 19010-3402

FEC ID number of contributing federal political committee. **C** C00340455

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
MM / DD / YYYY  
09 / 30 / 2017

**Transaction ID : SA11C.523080**

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 840 OF 997
<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. ARCADIS US INC PAC**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 630 PLAZA DRIVE, SUITE 100

City HIGHLANDS RANCH	State CO	Zip Code 80129-2379
-------------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00388983

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
09		30		2017

**Transaction ID : SA11C.523106**

Amount of Each Receipt this Period  
1000.00

Memo Item  
CONTRIBUTION

**B. ARCHIPAC -THE AMERICAN INSTITUTE OF ARCHITECTS**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1735 NEW YORK AVE NW

City WASHINGTON	State DC	Zip Code 20006-5209
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00139071

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
07		17		2017

**Transaction ID : SA11C.514610**

Amount of Each Receipt this Period  
5000.00

Memo Item  
CONTRIBUTION

**C. ASSOCIATED OREGON LOGGERS FEDERAL PAC**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2015 MADRONA AVE SE

City SALEM	State OR	Zip Code 97302-1149
---------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00318816

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

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
08		31		2017

**Transaction ID : SA11C.519160**

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 841 OF 997
<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. AVISTA EMPLOYEES FOR EFFECTIVE GOVERNMENT PAC**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address P.O. BOX 3727

City SPOKANE	State WA	Zip Code 99220-3727
FEC ID number of contributing federal political committee. <b>C</b> C00041038		
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  
MM / DD / YYYY  
08 / 16 / 2017  
**Transaction ID : SA11C.517975**

Amount of Each Receipt this Period  
2500.00

Memo Item  
CONTRIBUTION

**B. BAKER DONELSON PAC**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 901 K STREET NW, SUITE 900

City WASHINGTON	State DC	Zip Code 20001-6436
FEC ID number of contributing federal political committee. <b>C</b> C00431072		
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  
MM / DD / YYYY  
09 / 13 / 2017  
**Transaction ID : SA11C.520324**

Amount of Each Receipt this Period  
1000.00

Memo Item  
CONTRIBUTION

**C. BASF CORPORATION EMPLOYEES PAC**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 100 PARK AVENUE

City FLORHAM PARK	State NJ	Zip Code 07932-1049
FEC ID number of contributing federal political committee. <b>C</b> C00340075		
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  
MM / DD / YYYY  
07 / 10 / 2017  
**Transaction ID : SA11C.514192**

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 842 OF 997
<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. BIPARTISAN PAC THE BANK OF NY MELLON CORP (BIPAC)**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address BNY MELLON CENTER ROOM 3225  
 City PITTSBURGH State PA Zip Code 15258-0001  
 FEC ID number of contributing federal political committee. **C** C00017558  
 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  
 09 / 07 / 2017  
**Transaction ID : SA11C.519729**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item  
 CONTRIBUTION

**B. BLUEPAC - BLUE CROSS AND BLUE SHIELD ASSOCIATION PAC**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1310 G STREET NW  
 City WASHINGTON State DC Zip Code 20005-3000  
 FEC ID number of contributing federal political committee. **C** C00194746  
 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  
 09 / 18 / 2017  
**Transaction ID : SA11C.520685**  
 Amount of Each Receipt this Period  
 5000.00  
 Memo Item  
 CONTRIBUTION

**C. BOEING PAC**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 929 LONG BRIDGE DR  
 City ARLINGTON State VA Zip Code 22202-4208  
 FEC ID number of contributing federal political committee. **C** C00142711  
 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  
 09 / 25 / 2017  
**Transaction ID : SA11C.521781**  
 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 843 OF 997
<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. BOSTON SCIENTIFIC CORP. PAC**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address **ONE BOSTON SCIENTIFIC PLACE**  
City **NATICK** State **MA** Zip Code **01760-1536**  
FEC ID number of contributing federal political committee. **C C00357863**  
Name of Employer (for Individual) Occupation (for Individual)  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ **5000.00**

Date of Receipt **09 / 30 / 2017**  
**Transaction ID : SA11C.523054**  
Amount of Each Receipt this Period **5000.00**  
 Memo Item  
**CONTRIBUTION**

**B. BP NORTH AMERICAN EMPLOYEE PAC**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address **501 WESTLAKE PARK BOULEVARD**  
City **HOUSTON** State **TX** Zip Code **77079-2604**  
FEC ID number of contributing federal political committee. **C C00060103**  
Name of Employer (for Individual) Occupation (for Individual)  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ **5000.00**

Date of Receipt **07 / 10 / 2017**  
**Transaction ID : SA11C.514200**  
Amount of Each Receipt this Period **2500.00**  
 Memo Item  
**CONTRIBUTION**

**C. BP NORTH AMERICAN EMPLOYEE PAC**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address **501 WESTLAKE PARK BOULEVARD**  
City **HOUSTON** State **TX** Zip Code **77079-2604**  
FEC ID number of contributing federal political committee. **C C00060103**  
Name of Employer (for Individual) Occupation (for Individual)  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ **5000.00**

Date of Receipt **07 / 10 / 2017**  
**Transaction ID : SA11C.514201**  
Amount of Each Receipt this Period **2500.00**  
 Memo Item  
**CONTRIBUTION**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>10000.00</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 844 OF 997
<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. BRANCH BANKING & TRUST CO PAC**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address P.O. BOX 1290

City WINSTON SALEM	State NC	Zip Code 27102-1290
FEC ID number of contributing federal political committee. <b>C</b> C00075291		
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 ▼ 10000.00	

Date of Receipt  
MM / DD / YYYY  
09 / 18 / 2017  
**Transaction ID : SA11C.520666**

Amount of Each Receipt this Period  
5000.00

Memo Item  
CONTRIBUTION

**B. BRANCH BANKING & TRUST CO PAC**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address P.O. BOX 1290

City WINSTON SALEM	State NC	Zip Code 27102-1290
FEC ID number of contributing federal political committee. <b>C</b> C00075291		
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 ▼ 10000.00	

Date of Receipt  
MM / DD / YYYY  
09 / 18 / 2017  
**Transaction ID : SA11C.520667**

Amount of Each Receipt this Period  
5000.00

Memo Item  
CONTRIBUTION

**C. BRETT PAC**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 504 DEREK AVENUE

City ELIZABETH TOWN	State KY	Zip Code 42701-9168
FEC ID number of contributing federal political committee. <b>C</b> C00483487		
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  
MM / DD / YYYY  
09 / 30 / 2017  
**Transaction ID : SA11C.523097**

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 845 OF 997
<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. BRYAN CAVE LLP PAC**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 1155 F STREET NW STE 700

City WASHINGTON	State DC	Zip Code 20004-1361
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00332643

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
08	/	16	/	2017

**Transaction ID : SA11C.517965**

Amount of Each Receipt this Period  
10000.00

Memo Item  
CONTRIBUTION

**B. BRYAN CAVE LLP PAC**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 1155 F STREET NW STE 700

City WASHINGTON	State DC	Zip Code 20004-1361
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00332643

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
08	/	31	/	2017

**Transaction ID : SA11C.519197**

Amount of Each Receipt this Period  
2500.00

Memo Item  
CONTRIBUTION

**C. BUCHANAN INGERSOLL & ROONEY PC COMMITTEE FOR EFFECTIVE GOVER**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address ONE OXFORD CENTRE, MILES H. SIMON  
301 GRANT STREET 20TH FLOOR

City PITTSBURGH	State PA	Zip Code 15219-1400
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00195388

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
07	/	27	/	2017

**Transaction ID : SA11C.515930**

Amount of Each Receipt this Period  
2500.00

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 846 OF 997
<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. BUILDING OWNERS & MANAGERS ASSOC PAC (BOMAPAC)**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1101 15TH STREET NW  
 SUITE 800  
 City WASHINGTON State DC Zip Code 20005-5021  
 FEC ID number of contributing federal political committee. **C** C00106435  
 Name of Employer (for Individual) Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt **07 / 17 / 2017**  
**Transaction ID : SA11C.514550**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item  
**CONTRIBUTION**

**B. BURSON-MARSTELLER YOUNG & RUBICAM PAC**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1110 VERMONT AVENUE, NW  
 SUITE 1000  
 City WASHINGTON State DC Zip Code 20005-3551  
 FEC ID number of contributing federal political committee. **C** C00201863  
 Name of Employer (for Individual) Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt **08 / 31 / 2017**  
**Transaction ID : SA11C.519103**  
 Amount of Each Receipt this Period 1500.00  
 Memo Item  
**CONTRIBUTION**

**C. CALIFORNIA ASSOCIATION OF PHYSICIAN GROUPS (CAPG) PHYSICIANS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 915 WILSHIRE BOULEVARD  
 SUITE 1620  
 City LOS ANGELES State CA Zip Code 90017-2658  
 FEC ID number of contributing federal political committee. **C** C00461756  
 Name of Employer (for Individual) Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt **07 / 10 / 2017**  
**Transaction ID : SA11C.514229**  
 Amount of Each Receipt this Period 5000.00  
 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 847 OF 997
<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. CARGILL INC PAC**

Mailing Address P.O. BOX 9300

City MINNEAPOLIS State MN Zip Code 55440-9300

FEC ID number of contributing federal political committee. **C** C00067884

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  
 07 / 10 / 2017

**Transaction ID : SA11C.514202**

Amount of Each Receipt this Period  
2500.00

Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**B. CELGENE CORPORATION POLITICAL ACTION COMMITTEE**

Mailing Address 86 MORRIS AVENUE

City SUMMIT State NJ Zip Code 07901-3915

FEC ID number of contributing federal political committee. **C** C00514331

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  
 09 / 28 / 2017

**Transaction ID : SA11C.522175**

Amount of Each Receipt this Period  
3750.00

Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**C. CELGENE CORPORATION POLITICAL ACTION COMMITTEE**

Mailing Address 86 MORRIS AVENUE

City SUMMIT State NJ Zip Code 07901-3915

FEC ID number of contributing federal political committee. **C** C00514331

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  
 09 / 28 / 2017

**Transaction ID : SA11C.522183**

Amount of Each Receipt this Period  
1250.00

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 848 OF 997
<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. CHARLES SCHWAB CORP PAC**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 325 7TH STREET NW, SUITE 200

City WASHINGTON	State DC	Zip Code 20004-2827
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00370114

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  
07 / 20 / 2017

**Transaction ID : SA11C.515091**

Amount of Each Receipt this Period  
2500.00

Memo Item  
CONTRIBUTION

**B. CHUBB-ACE GROUP HOLDINGS PAC**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 436 WALNUT STREET

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 ▼  
5000.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
09 / 13 / 2017

**Transaction ID : SA11C.520323**

Amount of Each Receipt this Period  
2500.00

Memo Item  
CONTRIBUTION

**C. CIGNA CORPORATION PAC**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 601 PENNSYLVANIA AVENUE 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 ▼  
2500.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
08 / 11 / 2017

**Transaction ID : SA11C.517737**

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 849 OF 997
<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. CITIZENS FINANCIAL GROUP INC PAC**

Mailing Address 1 CITIZENS PLZ

City PROVIDENCE	State RI	Zip Code 02903-1338
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00307249

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  
09 / 30 / 2017

**Transaction ID : SA11C.523074**

Amount of Each Receipt this Period  
2500.00

Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**B. COCA-COLA CO PAC**

Mailing Address 1 COCA-COLA PLAZA NW

City ATLANTA	State GA	Zip Code 30313-2420
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00012468

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  
07 / 10 / 2017

**Transaction ID : SA11C.514203**

Amount of Each Receipt this Period  
2500.00

Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**C. COMMERCIAL REAL ESTATE FINANCE COUNCIL PAC**

Mailing Address 900 SEVENTH STREET,NW SUITE 501

City WASHINGTON	State DC	Zip Code 20001-3886
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00411173

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  
09 / 30 / 2017

**Transaction ID : SA11C.523066**

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 850 OF 997
<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. COMMUNITY FINANCIAL SERVICES ASSOC. OF AMERICA PAC (CFSA PAC)**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 515 KING STREET SUITE 300  
 City ALEXANDRIA State VA Zip Code 22314-3137  
 FEC ID number of contributing federal political committee. **C** C00432534  
 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  
 07 / 10 / 2017  
**Transaction ID : SA11C.514211**  
 Amount of Each Receipt this Period  
 5000.00  
 Memo Item  
**CONTRIBUTION**

**B. CONSOL ENERGY, INC. PAC**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address C/O COMERICA BANK, PAC SERVICES  
 P.O. BOX 75000, MC2250  
 City DETROIT State MI Zip Code 48275-0001  
 FEC ID number of contributing federal political committee. **C** C00279331  
 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  
 07 / 27 / 2017  
**Transaction ID : SA11C.515948**  
 Amount of Each Receipt this Period  
 10000.00  
 Memo Item  
**CONTRIBUTION**

**C. CONSUMER FIREWORKS SAFETY ASSOCIATION PAC**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 16526 SHORE DRIVE NE  
 City LAKE FOREST PARK State WA Zip Code 98155-5631  
 FEC ID number of contributing federal political committee. **C** C00297077  
 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  
 08 / 31 / 2017  
**Transaction ID : SA11C.519122**  
 Amount of Each Receipt this Period  
 2500.00  
 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 851 OF 997
<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. COWBOY PAC**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 3465 N PINES WAY, SUITE 104

City WILSON	State WY	Zip Code 83014-9129
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00638130

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
09		13		2017

**Transaction ID : SA11C.520356**

Amount of Each Receipt this Period  
5000.00

Memo Item  
CONTRIBUTION

**B. COZEN O'CONNOR PAC**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address ONE LIBERTY PLACE  
1650 MARKET STREET

City PHILADELPHIA	State PA	Zip Code 19103-4201
----------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00312777

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
09		30		2017

**Transaction ID : SA11C.523071**

Amount of Each Receipt this Period  
5000.00

Memo Item  
CONTRIBUTION

**C. COZEN O'CONNOR PAC**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address ONE LIBERTY PLACE  
1650 MARKET STREET

City PHILADELPHIA	State PA	Zip Code 19103-4201
----------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00312777

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
09		30		2017

**Transaction ID : SA11C.523072**

Amount of Each Receipt this Period  
10000.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	20000.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 852 OF 997
<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. CRUISE LINES INTERNATIONAL ASSOCIATION PAC (CLIA PAC)**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2111 WILSON BOULEVARD  
 FLOOR 8  
 City ARLINGTON State VA Zip Code 22201-3001  
 FEC ID number of contributing federal political committee. **C** C00432393  
 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  
 07 / 10 / 2017  
**Transaction ID : SA11C.514231**  
 Amount of Each Receipt this Period  
 2500.00  
 Memo Item  
**CONTRIBUTION**

**B. CUNA MUTUAL PAC**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. BOX 747  
 City MADISON State WI Zip Code 53701-0747  
 FEC ID number of contributing federal political committee. **C** C00402107  
 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  
 09 / 21 / 2017  
**Transaction ID : SA11C.521617**  
 Amount of Each Receipt this Period  
 2500.00  
 Memo Item  
**CONTRIBUTION**

**C. DRS TECHNOLOGIES INC. GOOD GOVERNMENT FUND**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2345 CRYSTAL DRIVE  
 SUITE 915  
 City ARLINGTON State VA Zip Code 22202-4801  
 FEC ID number of contributing federal political committee. **C** C00275123  
 Name of Employer (for Individual) Occupation (for Individual)  
 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  
 07 / 10 / 2017  
**Transaction ID : SA11C.514204**  
 Amount of Each Receipt this Period  
 3000.00  
 Memo Item  
**CONTRIBUTION**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	8000.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 853 OF 997
<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 STREET

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 ▼  
7500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	21	/	2017

**Transaction ID : SA11C.521618**

Amount of Each Receipt this Period  
5000.00

Memo Item  
CONTRIBUTION

**B. DUNKIN'S BRANDS INC PAC**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 130 ROYALL STREET

City CANTON	State MA	Zip Code 02021-1010
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00431544

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
09	/	28	/	2017

**Transaction ID : SA11C.522233**

Amount of Each Receipt this Period  
5000.00

Memo Item  
CONTRIBUTION

**C. EDWARD JONES PAC**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 12555 MANCHESTER ROAD

City SAINT LOUIS	State MO	Zip Code 63131-3710
---------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00410407

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
07	/	13	/	2017

**Transaction ID : SA11C.514489**

Amount of Each Receipt this Period  
2500.00

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 854 OF 997
<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. ENTERPRISE HOLDINGS INC. PAC**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 600 CORPORATE PARK DR  
City ST. LOUIS State MO Zip Code 63105-4204  
FEC ID number of contributing federal political committee. **C** C00219642  
Name of Employer (for Individual) Occupation (for Individual)  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 6000.00

Date of Receipt 07 / 10 / 2017  
**Transaction ID : SA11C.514216**  
Amount of Each Receipt this Period 1000.00  
 Memo Item  
CONTRIBUTION

**B. ERIE INDEMNITY COMPANY PAC - FEDERAL**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 100 ERIE INSURANCE PL  
City ERIE State PA Zip Code 16530-9000  
FEC ID number of contributing federal political committee. **C** C00153577  
Name of Employer (for Individual) Occupation (for Individual)  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 3500.00

Date of Receipt 07 / 27 / 2017  
**Transaction ID : SA11C.515928**  
Amount of Each Receipt this Period 2500.00  
 Memo Item  
CONTRIBUTION

**C. ERIE INDEMNITY COMPANY PAC - FEDERAL**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 100 ERIE INSURANCE PL  
City ERIE State PA Zip Code 16530-9000  
FEC ID number of contributing federal political committee. **C** C00153577  
Name of Employer (for Individual) Occupation (for Individual)  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 3500.00

Date of Receipt 07 / 27 / 2017  
**Transaction ID : SA11C.515929**  
Amount of Each Receipt this Period 1000.00  
 Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 4500.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 855 OF 997
<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. ESOP ASSOCIATION PAC**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 1726 M ST NW STE 501

City WASHINGTON	State DC	Zip Code 20036-4522
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00196089

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
07		24		2017

**Transaction ID : SA11C.515676**

Amount of Each Receipt this Period  
2500.00

Memo Item  
CONTRIBUTION

**B. ESOP ASSOCIATION PAC**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 1726 M ST NW STE 501

City WASHINGTON	State DC	Zip Code 20036-4522
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00196089

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
09		28		2017

**Transaction ID : SA11C.522189**

Amount of Each Receipt this Period  
2500.00

Memo Item  
CONTRIBUTION

**C. FEDERAL FOREST RESOURCE COALITION PAC (FFRC PAC)**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 600 NEW HAMPSHIRE AVENUE NW  
SUITE 500

City WASHINGTON	State DC	Zip Code 20037-2443
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00504753

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
08		31		2017

**Transaction ID : SA11C.519200**

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 856 OF 997
<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. FINANCIAL SERVICES POLITICAL COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1001 LIBERTY AVENUE

City PITTSBURGH	State PA	Zip Code 15222-3714
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00162735

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
09		07		2017

**Transaction ID : SA11C.519730**

Amount of Each Receipt this Period  
1000.00

Memo Item  
CONTRIBUTION

**B. FOOD PAC (FOOD MARKETING INSTITUTE)**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2345 CRYSTAL DRIVE  
SUITE 800

City ARLINGTON	State VA	Zip Code 22202-4813
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00014555

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
08		16		2017

**Transaction ID : SA11C.517977**

Amount of Each Receipt this Period  
2500.00

Memo Item  
CONTRIBUTION

**C. FREEDOM FUND**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 701 8TH STREET, NW  
SUITE 500

City WASHINGTON	State DC	Zip Code 20001-3965
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00390674

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
09		07		2017

**Transaction ID : SA11C.519739**

Amount of Each Receipt this Period  
10000.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	13500.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 857 OF 997
<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. GENERAL ELECTRIC PAC**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 1299 PENNSYLVANIA AVE NW STE 900W

City WASHINGTON	State DC	Zip Code 20004-2414
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00024869

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
09	/	30	/	2017

**Transaction ID : SA11C.523059**

Amount of Each Receipt this Period  
2000.00

Memo Item  
CONTRIBUTION

**B. GENESIS HEALTHCARE CORP PAC**  
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** C00292094

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
11000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	20	/	2017

**Transaction ID : SA11C.515097**

Amount of Each Receipt this Period  
8500.00

Memo Item  
CONTRIBUTION

**C. GENESIS HEALTHCARE CORP PAC**  
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** C00292094

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
11000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2017

**Transaction ID : SA11C.523067**

Amount of Each Receipt this Period  
2500.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	13000.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 858 OF 997
<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. GOOGLE INC. NETPAC</b>		Date of Receipt
Mailing Address 25 MASSACHUSETTS AVE NW 9TH FLOOR		<input type="text" value="07"/> / <input type="text" value="10"/> / <input type="text" value="2017"/>
City WASHINGTON	State DC	Zip Code 20001-1430
FEC ID number of contributing federal political committee. <b>C</b> C00428623		<b>Transaction ID : SA11C.514188</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="8500.00"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. GOOGLE INC. NETPAC</b>		Date of Receipt
Mailing Address 25 MASSACHUSETTS AVE NW 9TH FLOOR		<input type="text" value="07"/> / <input type="text" value="10"/> / <input type="text" value="2017"/>
City WASHINGTON	State DC	Zip Code 20001-1430
FEC ID number of contributing federal political committee. <b>C</b> C00428623		<b>Transaction ID : SA11C.514196</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="8500.00"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. GOOGLE INC. NETPAC</b>		Date of Receipt
Mailing Address 25 MASSACHUSETTS AVE NW 9TH FLOOR		<input type="text" value="08"/> / <input type="text" value="28"/> / <input type="text" value="2017"/>
City WASHINGTON	State DC	Zip Code 20001-1430
FEC ID number of contributing federal political committee. <b>C</b> C00428623		<b>Transaction ID : SA11C.518489</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="8500.00"/>	

<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" value="8500.00"/>

**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 859 OF 997
<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. GREEN DIAMOND RESOURCE CO PAC**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 1301 5TH AVE STE 2700

City SEATTLE	State WA	Zip Code 98101-2675
FEC ID number of contributing federal political committee. <b>C</b> C00402321		
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 ▼ 10000.00

Date of Receipt  
MM / DD / YYYY  
08 / 31 / 2017  
**Transaction ID : SA11C.519105**

Amount of Each Receipt this Period  
10000.00

Memo Item  
CONTRIBUTION

**B. GROOM LAW GROUP, CHARTERED PAC**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 1701 PENNSYLVANIA AVENUE NW

City WASHINGTON	State DC	Zip Code 20006-5805
FEC ID number of contributing federal political committee. <b>C</b> C00394775		
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  
MM / DD / YYYY  
08 / 11 / 2017  
**Transaction ID : SA11C.517738**

Amount of Each Receipt this Period  
2500.00

Memo Item  
CONTRIBUTION

**C. HALLIBURTON PAC**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 10200 BELLAIRE BOULEVARD

City HOUSTON	State TX	Zip Code 77072-5206
FEC ID number of contributing federal political committee. <b>C</b> C00035691		
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 ▼ 10000.00

Date of Receipt  
MM / DD / YYYY  
09 / 29 / 2017  
**Transaction ID : SA11C.522512**

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 860 OF 997
<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. HCR MANOR CARE PAC**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 333 NORTH SUMMIT STREET  
16TH FLOOR

City TOLEDO State OH Zip Code 43604-1531

FEC ID number of contributing federal political committee. **C** C00260141

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  
07 / 13 / 2017

**Transaction ID : SA11C.514492**

Amount of Each Receipt this Period  
20000.00

Memo Item  
CONTRIBUTION

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

Mailing Address 1800 CENTER STREET

City CAMP HILL State PA Zip Code 17011-1702

FEC ID number of contributing federal political committee. **C** C00302844

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  
07 / 27 / 2017

**Transaction ID : SA11C.515955**

Amount of Each Receipt this Period  
5000.00

Memo Item  
CONTRIBUTION

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

Mailing Address 1800 M ST NW  
STE 500 S

City WASHINGTON State DC Zip Code 20036-5802

FEC ID number of contributing federal political committee. **C** C00556068

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

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  
09 / 21 / 2017

**Transaction ID : SA11C.521633**

Amount of Each Receipt this Period  
5000.00

Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 30000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 861 OF 997
<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. INDEPENDENT BANKERS ASSOCIATION OF TEXAS PAC**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1700 RIO GRANDE ST., STE. 100  
 City AUSTIN State TX Zip Code 78701-1683  
 FEC ID number of contributing federal political committee. **C** C00332841  
 Name of Employer (for Individual) Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt **07 / 10 / 2017**  
**Transaction ID : SA11C.514182**  
 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 STREET  
 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 ▼ 1000.00

Date of Receipt **09 / 07 / 2017**  
**Transaction ID : SA11C.519734**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item  
**CONTRIBUTION**

**C. INDEPENDENCE BLUE CROSS PAC (IBC PAC)**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1901 MARKET STREET  
 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 ▼ 10000.00

Date of Receipt **09 / 25 / 2017**  
**Transaction ID : SA11C.521788**  
 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 862 OF 997
<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. INDEPENDENCE BLUE CROSS PAC (IBC PAC)**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 1901 MARKET STREET

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 ▼  
10000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	25	/	2017

**Transaction ID : SA11C.521789**

Amount of Each Receipt this Period  
5000.00

Memo Item  
CONTRIBUTION

**B. INTERNATIONAL UNION OF OPERATING ENGINEERS**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 1125 17TH STREET NW

City WASHINGTON	State DC	Zip Code 20036-4709
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00029504

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
09	/	21	/	2017

**Transaction ID : SA11C.521584**

Amount of Each Receipt this Period  
5000.00

Memo Item  
CONTRIBUTION

**C. INVACARE CORPORATION PAC**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address ONE INVACARE WAY

City ELYRIA	State OH	Zip Code 44035-4190
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00249896

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
08	/	31	/	2017

**Transaction ID : SA11C.519115**

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 863 OF 997
<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. J.R. SIMPLOT CO. PAC**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 27

City BOISE State ID Zip Code 83707-0027

FEC ID number of contributing federal political committee. **C** C00120873

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
MM / DD / YYYY  
08 / 09 / 2017

**Transaction ID : SA11C.517610**

Amount of Each Receipt this Period  
5000.00

Memo Item  
CONTRIBUTION

**B. JACOBS GOOD GOVERNMENT FUND**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 155 NORTH LAKE AVE.

City PASADENA State CA Zip Code 91101-1849

FEC ID number of contributing federal political committee. **C** C00142299

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
MM / DD / YYYY  
07 / 10 / 2017

**Transaction ID : SA11C.514210**

Amount of Each Receipt this Period  
5000.00

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 PLACE

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 ▼  
2500.00

Date of Receipt  
MM / DD / YYYY  
07 / 10 / 2017

**Transaction ID : SA11C.514205**

Amount of Each Receipt this Period  
2500.00

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 864 OF 997
<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. JUNO THERAPEUTICS PAC**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 307 WESTLAKE AVE N  
SUITE 300

City SEATTLE State WA Zip Code 98109-5235

FEC ID number of contributing federal political committee. **C** C00614156

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
08 / 31 / 2017  
**Transaction ID : SA11C.519119**

Amount of Each Receipt this Period  
1000.00

Memo Item  
CONTRIBUTION

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

Mailing Address 409 SOUTH OAK STREET

City COTTONWOOD FALLS State KS Zip Code 66845-2824

FEC ID number of contributing federal political committee. **C** C00412312

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
08 / 31 / 2017  
**Transaction ID : SA11C.519214**

Amount of Each Receipt this Period  
5000.00

Memo Item  
CONTRIBUTION

**C. KEEPING AMERICA ROLLING**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 185

City HARRISBURG State PA Zip Code 17108-0185

FEC ID number of contributing federal political committee. **C** C00524603

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
09 / 07 / 2017  
**Transaction ID : SA11C.519736**

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: (check only one)	PAGE 865 OF 997
<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. KEYSTONE ALLIANCE PAC**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address PO BOX 3883

City PHILADELPHIA	State PA	Zip Code 19146-0183
----------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00432096

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
09	/	21	/	2017

**Transaction ID : SA11C.521625**

Amount of Each Receipt this Period  
10000.00

Memo Item  
CONTRIBUTION

**B. KPMG PAC**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address PO BOX 18254

City WASHINGTON	State DC	Zip Code 20036-8254
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00280222

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
09	/	30	/	2017

**Transaction ID : SA11C.523057**

Amount of Each Receipt this Period  
5000.00

Memo Item  
CONTRIBUTION

**C. LIBERTY MUTUAL INS. CO. PAC**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 175 BERKELEY STREET

City BOSTON	State MA	Zip Code 02116-5066
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00171843

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
07	/	10	/	2017

**Transaction ID : SA11C.514191**

Amount of Each Receipt this Period  
5000.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	20000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 866 OF 997
<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. LOEWS CORPORATION PUBLIC AFFAIRS COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 667 MADISON AVENUE  
ATT CORPORATE

City NEW YORK State NY Zip Code 10065-8029

FEC ID number of contributing federal political committee. **C** C00416495

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  
MM / DD / YYYY  
07 / 10 / 2017

**Transaction ID : SA11C.514228**

Amount of Each Receipt this Period  
2500.00

Memo Item  
CONTRIBUTION

**B. LOWPAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1000 LOWES BOULEVARD

City MOORESVILLE State NC Zip Code 28117-8520

FEC ID number of contributing federal political committee. **C** C00251751

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
MM / DD / YYYY  
09 / 29 / 2017

**Transaction ID : SA11C.522513**

Amount of Each Receipt this Period  
5000.00

Memo Item  
CONTRIBUTION

**C. LUNDBECK EMPLOYEE PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address FOUR PARKWAY NORTH  
SUITE 200

City DEERFIELD State IL Zip Code 60015-2542

FEC ID number of contributing federal political committee. **C** C00491118

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
4000.00

Date of Receipt  
MM / DD / YYYY  
08 / 04 / 2017

**Transaction ID : SA11C.517296**

Amount of Each Receipt this Period  
4000.00

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 867 OF 997
<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. METLIFE, INC. EMPLOYEES POLITICAL PARTICIPATION FUND**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 1095 AVENUE OF THE AMERICAS

City NEW YORK	State NY	Zip Code 10036-6797
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00040923

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
09		07		2017

**Transaction ID : SA11C.519720**

Amount of Each Receipt this Period  
5000.00

Memo Item  
CONTRIBUTION

**B. MONDELEZ INTERNATIONAL, INC. PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 975 F ST NW

City WASHINGTON	State DC	Zip Code 20004-1454
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00529073

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
07		10		2017

**Transaction ID : SA11C.514227**

Amount of Each Receipt this Period  
1000.00

Memo Item  
CONTRIBUTION

**C. MORGAN STANLEY PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 1585 BROADWAY 39TH FL

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 ▼  
5000.00

Date of Receipt  

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

**Transaction ID : SA11C.514189**

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 868 OF 997
<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. MORTGAGE BANKERS ASSOC. OF AMERICA**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1919 M STREET NW  
FLOOR 5

City WASHINGTON State DC Zip Code 20036-3572

FEC ID number of contributing federal political committee. **C** C00004812

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
10000.00

Date of Receipt  
MM / DD / YYYY  
08 / 11 / 2017

**Transaction ID : SA11C.517736**

Amount of Each Receipt this Period  
5000.00

Memo Item  
CONTRIBUTION

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

Mailing Address 1212 NEW YORK AVE NW  
SUITE 1100

City WASHINGTON State DC Zip Code 20005-3987

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 ▼  
2500.00

Date of Receipt  
MM / DD / YYYY  
07 / 20 / 2017

**Transaction ID : SA11C.515095**

Amount of Each Receipt this Period  
2500.00

Memo Item  
CONTRIBUTION

**C. NAT'L ASSN. OF HOME BUILDERS PAC**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1201 15TH STREET, NW

City WASHINGTON State DC Zip Code 20005-2899

FEC ID number of contributing federal political committee. **C** C00000901

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
MM / DD / YYYY  
07 / 17 / 2017

**Transaction ID : SA11C.514548**

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 869 OF 997
<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 APARTMENT ASSOC. PAC (NAA PAC)**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 4300 WILSON BLVD  
SUITE 400  
City ARLINGTON State VA Zip Code 22203-4168  
FEC ID number of contributing federal political committee. **C** C00113241  
Name of Employer (for Individual) Occupation (for Individual)  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 10000.00

Date of Receipt 07 / 17 / 2017  
**Transaction ID : SA11C.514549**  
Amount of Each Receipt this Period 5000.00  
 Memo Item  
CONTRIBUTION

**B. NATIONAL APARTMENT ASSOC. PAC (NAA PAC)**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 4300 WILSON BLVD  
SUITE 400  
City ARLINGTON State VA Zip Code 22203-4168  
FEC ID number of contributing federal political committee. **C** C00113241  
Name of Employer (for Individual) Occupation (for Individual)  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 10000.00

Date of Receipt 07 / 17 / 2017  
**Transaction ID : SA11C.514551**  
Amount of Each Receipt this Period 5000.00  
 Memo Item  
CONTRIBUTION

**C. NATIONAL COMMUNITY PHARMACISTS ASSOCIATION PAC**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 100 DANGERFIELD RD  
City ALEXANDRIA State VA Zip Code 22314-2886  
FEC ID number of contributing federal political committee. **C** C00030809  
Name of Employer (for Individual) Occupation (for Individual)  
Receipt For:  Primary  General  Other (specify)  
Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 08 / 09 / 2017  
**Transaction ID : SA11C.517605**  
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 870 OF 997
<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 FUEL GAS FEDERAL PAC**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 6363 MAIN STREET  
City WILLIAMSVILLE State NY Zip Code 14221-5855  
FEC ID number of contributing federal political committee. **C** C00083758  
Name of Employer (for Individual) Occupation (for Individual)  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 07 / 26 / 2017  
**Transaction ID : SA11C.515927**  
Amount of Each Receipt this Period 1000.00  
 Memo Item  
CONTRIBUTION

**B. NATIONAL HEALTH CORPORATION PAC**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address P.O. BOX 1398  
City MURFREESBORO State TN Zip Code 37133-1398  
FEC ID number of contributing federal political committee. **C** C00153445  
Name of Employer (for Individual) Occupation (for Individual)  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 20000.00

Date of Receipt 07 / 13 / 2017  
**Transaction ID : SA11C.514503**  
Amount of Each Receipt this Period 20000.00  
 Memo Item  
CONTRIBUTION

**C. NATIONAL RESTAURANT ASSOCIATION PAC**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 2055 L STREET NW  
City WASHINGTON State DC Zip Code 20036-4983  
FEC ID number of contributing federal political committee. **C** C00003764  
Name of Employer (for Individual) Occupation (for Individual)  
Receipt For:  Primary  General  Other (specify)  
Aggregate Year-to-Date ▼ 40000.00

Date of Receipt 09 / 25 / 2017  
**Transaction ID : SA11C.521782**  
Amount of Each Receipt this Period 15000.00  
 Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	36000.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 871 OF 997
<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 SHOOTING SPORTS FOUNDATION PAC**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 400 N. CAPITOL STREET NW  
SUITE 490  
City WASHINGTON State DC Zip Code 20001-6509  
FEC ID number of contributing federal political committee. **C** C00480863  
Name of Employer (for Individual) Occupation (for Individual)  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 10000.00

Date of Receipt 08 / 31 / 2017  
**Transaction ID : SA11C.519199**  
Amount of Each Receipt this Period 10000.00  
 Memo Item  
CONTRIBUTION

**B. NATIONAL TANK TRUCK CARRIERS PAC**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 950 NORTH GLEBE RD STE 520  
City ARLINGTON State VA Zip Code 22203-4183  
FEC ID number of contributing federal political committee. **C** C00188011  
Name of Employer (for Individual) Occupation (for Individual)  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 09 / 13 / 2017  
**Transaction ID : SA11C.520321**  
Amount of Each Receipt this Period 5000.00  
 Memo Item  
CONTRIBUTION

**C. NATIONAL VENTURE CAPITAL ASSN PAC**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 25 MASSACHUSETTS AVE NW  
SUTIE 730  
City WASHINGTON State DC Zip Code 20001-7401  
FEC ID number of contributing federal political committee. **C** C00150367  
Name of Employer (for Individual) Occupation (for Individual)  
Receipt For:  Primary  General  Other (specify)  
Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 08 / 31 / 2017  
**Transaction ID : SA11C.519102**  
Amount of Each Receipt this Period 5000.00  
 Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	20000.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 872 OF 997
<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. NAVISTAR GOOD GOVERNMENT COMMITTEE**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 2701 NAVISTAR DRIVE

City LISLE	State IL	Zip Code 60532-3637
---------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00040840

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  
07 / 20 / 2017

**Transaction ID : SA11C.515096**

Amount of Each Receipt this Period  
2500.00

Memo Item  
CONTRIBUTION

**B. NEXION FUND FOR QUALITY PAC**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 6937 WARFIELD AVE

City SYKESVILLE	State MD	Zip Code 21784-7454
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00434233

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  
07 / 10 / 2017

**Transaction ID : SA11C.514237**

Amount of Each Receipt this Period  
5000.00

Memo Item  
CONTRIBUTION

**C. NIKE, INC. FEDERAL PAC**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 1 SW BOWERMAN DRIVE

City BEAVERTON	State OR	Zip Code 97005-0979
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00142786

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  
09 / 29 / 2017

**Transaction ID : SA11C.522505**

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 873 OF 997
<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. NUSTAR PAC**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 19003 IH-10 WEST

City SAN ANTONIO	State TX	Zip Code 78257-9518
---------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00435321

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

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
07		10		2017

**Transaction ID : SA11C.514183**

Amount of Each Receipt this Period  
10000.00

Memo Item  
CONTRIBUTION

**B. NUSTAR PAC**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 19003 IH-10 WEST

City SAN ANTONIO	State TX	Zip Code 78257-9518
---------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00435321

Name of Employer (for Individual) Occupation (for Individual)

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
07		10		2017

**Transaction ID : SA11C.514193**

Amount of Each Receipt this Period  
5000.00

Memo Item  
CONTRIBUTION

**C. NUSTAR PAC**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 19003 IH-10 WEST

City SAN ANTONIO	State TX	Zip Code 78257-9518
---------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00435321

Name of Employer (for Individual) Occupation (for Individual)

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
07		10		2017

**Transaction ID : SA11C.514206**

Amount of Each Receipt this Period  
10000.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	25000.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 874 OF 997
<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. OLD DOMINION FREIGHT LINE PAC**

Mailing Address 500 OLD DOMINION WAY

City THOMASVILLE	State NC	Zip Code 27360-8923
---------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00496836

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
09	/	13	/	2017

**Transaction ID : SA11C.520327**

Amount of Each Receipt this Period  
2500.00

Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**B. ORACLE AMERICA INC. PAC**

Mailing Address 1015 15TH STREET NW STE. 200

City WASHINGTON	State DC	Zip Code 20005-2635
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00323048

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
8750.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2017

**Transaction ID : SA11C.519081**

Amount of Each Receipt this Period  
3750.00

Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**C. ORBITAL ATK INC PAC**

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 ▼  
2500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	10	/	2017

**Transaction ID : SA11C.514207**

Amount of Each Receipt this Period  
2500.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	8750.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 875 OF 997
<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. ORRICK HERRINGTON & SUTCLIFFE FEDERAL PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 405 HOWARD STREET

City SAN FRANCISCO	State CA	Zip Code 94105-2625
-----------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00220558

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
09		13		2017

**Transaction ID : SA11C.520355**

Amount of Each Receipt this Period  
2500.00

Memo Item  
CONTRIBUTION

**B. PERMOBIL FEDERAL PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 300 DUKE DRIVE

City LEBANON	State TN	Zip Code 37090-8115
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00583229

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
09		13		2017

**Transaction ID : SA11C.520358**

Amount of Each Receipt this Period  
1000.00

Memo Item  
CONTRIBUTION

**C. PETROLEUM MARKETERS ASSOCIATION OF AMERICA'S**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1901 NORTH FORT MYER DRIVE  
SUITE 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 ▼  
7500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		07		2017

**Transaction ID : SA11C.519721**

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 876 OF 997
<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. PPG INDUSTRIES PAC</b>			Date of Receipt
Mailing Address ONE PPG PLACE ATTN: GABE PELLATHY			<input type="text" value="09"/> / <input type="text" value="07"/> / <input type="text" value="2017"/>
City PITTSBURGH	State PA	Zip Code 15272-0001	<b>Transaction ID : SA11C.519731</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/> <input type="text" value="C00034298"/>			Amount of Each Receipt this Period <input type="text" value="45000.00"/>
Name of Employer (for Individual)		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="60000.00"/>		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. PRAXAIR INC. PAC</b>			Date of Receipt
Mailing Address PO BOX 2958			<input type="text" value="07"/> / <input type="text" value="13"/> / <input type="text" value="2017"/>
City DANBURY	State CT	Zip Code 06813-2958	<b>Transaction ID : SA11C.514490</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/> <input type="text" value="C00283440"/>			Amount of Each Receipt this Period <input type="text" value="10000.00"/>
Name of Employer (for Individual)		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>C. PRIDE MOBILITY PRODUCTS CORP PAC</b>			Date of Receipt
Mailing Address 182 SUSQUEHANNA AVE			<input type="text" value="08"/> / <input type="text" value="31"/> / <input type="text" value="2017"/>
City EXETER	State PA	Zip Code 18643-2653	<b>Transaction ID : SA11C.519121</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/> <input type="text" value="C00388132"/>			Amount of Each Receipt this Period <input type="text" value="1000.00"/>
Name of Employer (for Individual)		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"/>		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="56000.00"/>
<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 877 OF 997
<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 WEST BRYN MAWR  
SUITE 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 ▼  
2500.00

Date of Receipt  
MM / DD / YYYY  
09 / 30 / 2017

**Transaction ID : SA11C.523061**

Amount of Each Receipt this Period  
2500.00

Memo Item  
CONTRIBUTION

**B. REALPAC THE REAL ESTATE ROUNDTABLE PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 801 PENNSYLVANIA AVENUE  
SUITE 720

City WASHINGTON State DC Zip Code 20004-2686

FEC ID number of contributing federal political committee. **C** C00033779

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
MM / DD / YYYY  
07 / 27 / 2017

**Transaction ID : SA11C.515931**

Amount of Each Receipt this Period  
5000.00

Memo Item  
CONTRIBUTION

**C. REPUBLICAN FINANCE COMMITTEE OF HAMILTON COUNTY**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 700 WALNUT ST., STE. 309

City CINCINNATI State OH Zip Code 45202-2015

FEC ID number of contributing federal political committee. **C** C00222000

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
MM / DD / YYYY  
07 / 17 / 2017

**Transaction ID : SA11C.514617**

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 878 OF 997
<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. RITE AID PAC**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 30 HUNTER LANE

City CAMP HILL	State PA	Zip Code 17011-2400
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00104083

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  
09 / 29 / 2017

**Transaction ID : SA11C.522506**

Amount of Each Receipt this Period  
2500.00

Memo Item  
CONTRIBUTION

**B. ROCKPAC**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 1605 KING ST

City ALEXANDRIA	State VA	Zip Code 22314-2726
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00089458

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  
07 / 10 / 2017

**Transaction ID : SA11C.514185**

Amount of Each Receipt this Period  
5000.00

Memo Item  
CONTRIBUTION

**C. ROCKPAC**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 1605 KING ST

City ALEXANDRIA	State VA	Zip Code 22314-2726
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00089458

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  
07 / 10 / 2017

**Transaction ID : SA11C.514194**

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 879 OF 997
<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. ROCKPAC**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 1605 KING ST  
City ALEXANDRIA State VA Zip Code 22314-2726  
FEC ID number of contributing federal political committee. **C** C00089458  
Name of Employer (for Individual) Occupation (for Individual)  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 15000.00

Date of Receipt 07 / 10 / 2017  
**Transaction ID : SA11C.514215**  
Amount of Each Receipt this Period 5000.00  
 Memo Item  
CONTRIBUTION

**B. S. & B PAC**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 7825 PARK PLACE BLVD  
City HOUSTON State TX Zip Code 77087-4639  
FEC ID number of contributing federal political committee. **C** C00236083  
Name of Employer (for Individual) Occupation (for Individual)  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 07 / 10 / 2017  
**Transaction ID : SA11C.514268**  
Amount of Each Receipt this Period 5000.00  
 Memo Item  
CONTRIBUTION

**C. SAFARI CLUB INTERNATIONAL PAC**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 4800 W GATES PASS ROAD  
City TUCSON State AZ Zip Code 85745-9600  
FEC ID number of contributing federal political committee. **C** C00122101  
Name of Employer (for Individual) Occupation (for Individual)  
Receipt For:  Primary  General  Other (specify)  
Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 07 / 10 / 2017  
**Transaction ID : SA11C.514241**  
Amount of Each Receipt this Period 2000.00  
 Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	12000.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 880 OF 997
<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. SEMPRA ENERGY EMPLOYEES POLITICAL ACTION COMMITTEE- FEDERAL**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 488 8TH AVE.  
 City SAN DIEGO State CA Zip Code 92101-7123  
 FEC ID number of contributing federal political committee. **C** C00008748  
 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  
 07 / 10 / 2017  
**Transaction ID : SA11C.514190**  
 Amount of Each Receipt this Period  
 5000.00  
 Memo Item  
**CONTRIBUTION**

**B. SEMPRA ENERGY EMPLOYEES POLITICAL ACTION COMMITTEE- FEDERAL**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 488 8TH AVE.  
 City SAN DIEGO State CA Zip Code 92101-7123  
 FEC ID number of contributing federal political committee. **C** C00008748  
 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  
 07 / 10 / 2017  
**Transaction ID : SA11C.514218**  
 Amount of Each Receipt this Period  
 5000.00  
 Memo Item  
**CONTRIBUTION**

**C. SIERRA NEVADA PAC**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. 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 ▼ 2500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 17 / 2017  
**Transaction ID : SA11C.514611**  
 Amount of Each Receipt this Period  
 2500.00  
 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 881 OF 997
<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. SOUTH VALLEY WATER PAC**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 5721 W SEEGER COURT  
City VISALIA State CA Zip Code 93277-8667  
FEC ID number of contributing federal political committee. **C** C00407486  
Name of Employer (for Individual) Occupation (for Individual)  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 08 / 31 / 2017  
**Transaction ID : SA11C.519216**  
Amount of Each Receipt this Period 5000.00  
 Memo Item  
CONTRIBUTION

**B. T-MOBILE PAC**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 401 9TH STREET NW SUITE 550  
City WASHINGTON State DC Zip Code 20004-2141  
FEC ID number of contributing federal political committee. **C** C00361758  
Name of Employer (for Individual) Occupation (for Individual)  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 15000.00

Date of Receipt 08 / 31 / 2017  
**Transaction ID : SA11C.519083**  
Amount of Each Receipt this Period 5000.00  
 Memo Item  
CONTRIBUTION

**C. T-MOBILE PAC**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 401 9TH STREET NW SUITE 550  
City WASHINGTON State DC Zip Code 20004-2141  
FEC ID number of contributing federal political committee. **C** C00361758  
Name of Employer (for Individual) Occupation (for Individual)  
Receipt For:  Primary  General  Other (specify)  
Aggregate Year-to-Date ▼ 15000.00

Date of Receipt 08 / 31 / 2017  
**Transaction ID : SA11C.519084**  
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 882 OF 997
<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. T-MOBILE PAC**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 401 9TH STREET NW  
SUITE 550  
City WASHINGTON State DC Zip Code 20004-2141  
FEC ID number of contributing federal political committee. **C** C00361758  
Name of Employer (for Individual) Occupation (for Individual)  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 15000.00

Date of Receipt 08 / 31 / 2017  
**Transaction ID : SA11C.519097**  
Amount of Each Receipt this Period 5000.00  
 Memo Item  
CONTRIBUTION

**B. TEXAS FARM BUREAU AGFUND**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 7420 FISH POND ROAD  
PO BOX 2689  
City WACO State TX Zip Code 76710-1010  
FEC ID number of contributing federal political committee. **C** C00214981  
Name of Employer (for Individual) Occupation (for Individual)  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 07 / 10 / 2017  
**Transaction ID : SA11C.514266**  
Amount of Each Receipt this Period 5000.00  
 Memo Item  
CONTRIBUTION

**C. THE HERSHEY COMPANY POLITICAL ACTION COMMITTEE**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 100 CRYSTAL A DRIVE  
City HERSHEY State PA Zip Code 17033-9524  
FEC ID number of contributing federal political committee. **C** C00200139  
Name of Employer (for Individual) Occupation (for Individual)  
Receipt For:  Primary  General  Other (specify)  
Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 07 / 20 / 2017  
**Transaction ID : SA11C.515092**  
Amount of Each Receipt this Period 2000.00  
 Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 12000.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 883 OF 997
<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. TRUCK PAC OF AMER TRUCKING ASSOC**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 430 1ST STREET SE

City WASHINGTON	State DC	Zip Code 20003-1826
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00002881

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
07		10		2017

**Transaction ID : SA11C.514217**

Amount of Each Receipt this Period  
2500.00

Memo Item  
CONTRIBUTION

**B. TYSON FOODS INC PAC (TYPAC)**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address PO BOX 2020

City SPRINGDALE	State AR	Zip Code 72765-2020
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00169821

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
09		30		2017

**Transaction ID : SA11C.523065**

Amount of Each Receipt this Period  
2000.00

Memo Item  
CONTRIBUTION

**C. UA POLITICAL EDUCATION COMMITTEE**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 3 PARK PL

City ANNAPOLIS	State MD	Zip Code 21401-3687
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00012476

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 M	/	D D D	/	Y Y Y Y Y Y
08		31		2017

**Transaction ID : SA11C.519143**

Amount of Each Receipt this Period  
30000.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	34500.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 884 OF 997
<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. UNITED HEALTH SERVICES PAC**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 1626 JEURGENS COURT

City NORCROSS	State GA	Zip Code 30093-2219
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00400135

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
07		10		2017

**Transaction ID : SA11C.514264**

Amount of Each Receipt this Period  
5000.00

Memo Item  
CONTRIBUTION

**B. UNITED STATES STEEL CORPORATION PAC**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 600 GRANT STREET, ROOM 669

City PITTSBURGH	State PA	Zip Code 15219-2702
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00030676

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
09		12		2017

**Transaction ID : SA11C.520315**

Amount of Each Receipt this Period  
5000.00

Memo Item  
CONTRIBUTION

**C. UNITED STATES STEEL CORPORATION PAC**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 600 GRANT STREET, ROOM 669

City PITTSBURGH	State PA	Zip Code 15219-2702
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00030676

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
09		12		2017

**Transaction ID : SA11C.520317**

Amount of Each Receipt this Period  
10000.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	20000.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 885 OF 997
<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. UPSPAC**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 55 GLENLAKE PKWY NE

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 ▼  
10000.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
07 / 10 / 2017  
**Transaction ID : SA11C.514187**

Amount of Each Receipt this Period  
5000.00

Memo Item  
CONTRIBUTION

**B. VALERO ENERGY CORPORATION POLITICAL ACTION COMMITTEE**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 1 VALERO WAY

City SAN ANTONIO	State TX	Zip Code 78249-1616
---------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00109546

Name of Employer (for Individual) Occupation (for Individual)

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  
07 / 10 / 2017  
**Transaction ID : SA11C.514242**

Amount of Each Receipt this Period  
25000.00

Memo Item  
CONTRIBUTION

**C. VANGUARD COMM FOR RESPON GOVERN**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 975 F STREET NW  
SUITE 500

City WASHINGTON	State DC	Zip Code 20004-1457
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00410266

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  
08 / 11 / 2017  
**Transaction ID : SA11C.517735**

Amount of Each Receipt this Period  
5000.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	35000.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 886 OF 997
<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. WALPAC - WAL-MART STORES PAC**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 702 S.W. 8TH STREET

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 ▼  
5000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2017

**Transaction ID : SA11C.523056**

Amount of Each Receipt this Period  
5000.00

Memo Item  
CONTRIBUTION

**B. WAWA PAC**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address C/O ELKO & ASSOCIATES, LTD  
2 W. BALTIMORE AVENUE, SUITE 210

City MEDIA	State PA	Zip Code 19063-3740
---------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00148510

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
09		30		2017

**Transaction ID : SA11C.523081**

Amount of Each Receipt this Period  
5000.00

Memo Item  
CONTRIBUTION

**C. WERNER ENTERPRISES INC PAC**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address P.O. BOX 45308

City OMAHA	State NE	Zip Code 68145-0308
---------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00236034

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
09		13		2017

**Transaction ID : SA11C.520320**

Amount of Each Receipt this Period  
2500.00

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 887 OF 997
<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. WEYERHAEUSER PAC**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address P.O. BOX 9777

City FEDERAL WAY	State WA	Zip Code 98063-9777
FEC ID number of contributing federal political committee. <b>C</b> C00007948		
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  
MM / DD / YYYY  
08 / 16 / 2017  
**Transaction ID : SA11C.517967**

Amount of Each Receipt this Period  
2500.00

Memo Item  
CONTRIBUTION

**B. WINE AND SPIRITS WHOLESALERS OF AMERICA PAC**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 805 15TH ST NW STE 430

City WASHINGTON	State DC	Zip Code 20005-2273
FEC ID number of contributing federal political committee. <b>C</b> C00147173		
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 ▼ 15000.00	

Date of Receipt  
MM / DD / YYYY  
08 / 02 / 2017  
**Transaction ID : SA11C.516755**

Amount of Each Receipt this Period  
5000.00

Memo Item  
CONTRIBUTION

**C. WINE AND SPIRITS WHOLESALERS OF AMERICA PAC**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 805 15TH ST NW STE 430

City WASHINGTON	State DC	Zip Code 20005-2273
FEC ID number of contributing federal political committee. <b>C</b> C00147173		
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 ▼ 15000.00	

Date of Receipt  
MM / DD / YYYY  
08 / 02 / 2017  
**Transaction ID : SA11C.516756**

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 888 OF 997
	<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. WINE AND SPIRITS WHOLESALERS OF AMERICA PAC**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 805 15TH ST NW STE 430

City WASHINGTON	State DC	Zip Code 20005-2273
FEC ID number of contributing federal political committee. <b>C</b> C00147173		
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 ▼ 15000.00	

Date of Receipt  
MM / DD / YYYY  
08 / 02 / 2017  
**Transaction ID : SA11C.516757**

Amount of Each Receipt this Period  
5000.00

Memo Item  
CONTRIBUTION

**B.**  
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. <b>C</b>		
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 ▼	

Date of Receipt  
MM / DD / YYYY

Amount of Each Receipt this Period

Memo Item

**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. <b>C</b>		
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 ▼	

Date of Receipt  
MM / DD / YYYY

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	5000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	908050.00



# 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 889 OF 997
<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 ▼  
245311.34

Date of Receipt  
MM / DD / YYYY  
08 / 17 / 2017

**Transaction ID : SA12.19665**

Amount of Each Receipt this Period  
157829.89

Memo Item  
XFER FOR JFC EXPENSES (LEGAL FUND)

**B.**  
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  
MM / DD / YYYY

Amount of Each Receipt this Period

Memo Item

**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  
MM / DD / YYYY

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	157829.89
<b>TOTAL</b> This Period (last page this line number only).....▶	157829.89

**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. JIM BANKS FOR CONGRESS, INC.**

Mailing Address PO BOX 11431

City  
FORT WAYNE

State  
IN

Zip Code  
46858-1431

Purpose of Disbursement  
IN-KIND CONTRIBUTION

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
0	7		0	9		2	0	1	7

FEC Identification Number

**C** C00577999

**Transaction ID : SB21B.51428**

Amount of Each Disbursement this Period

550.00

JFC EVENT PHOTOGRAPHY

Memo Item

Full Name (Last, First, Middle Initial)

**B. ANDERSON, A. SCOTT, , MR.,**

Mailing Address ONE S MAIN ST 2ND FL

City  
SALT LAKE CITY

State  
UT

Zip Code  
84133-1109

Purpose of Disbursement  
IN-KIND CONTRIBUTION

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
0	8		2	8		2	0	1	7

FEC Identification Number

**C**

**Transaction ID : SB21B.52121!**

Amount of Each Disbursement this Period

5353.02

JFC EVENT CATERING & ROOM RENTAL

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

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	4		2	0	1	7

FEC Identification Number

**C**

**Transaction ID : SB21B.11935**

Amount of Each Disbursement this Period

971.13

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

6874.15

**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**

Full Name (Last, First, Middle Initial)  
**A. DAY, VANESSA, , ,**

Date of Disbursement  
MM / DD / YYYY  
07 / 31 / 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.I1947I**  
Amount of Each Disbursement this Period  
971.14

Memo Item

Full Name (Last, First, Middle Initial)  
**B. DAY, VANESSA, , ,**

Date of Disbursement  
MM / DD / YYYY  
08 / 15 / 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.I1964I**  
Amount of Each Disbursement this Period  
971.13

Memo Item

Full Name (Last, First, Middle Initial)  
**C. DAY, VANESSA, , ,**

Date of Disbursement  
MM / DD / YYYY  
08 / 31 / 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.I1973I**  
Amount of Each Disbursement this Period  
971.14

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 2913.41

**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:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	5		2	0	1	7

FEC Identification Number

**C** [ ]  
**Transaction ID : SB21B.I1992I**  
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:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	9		2	0	1	7

FEC Identification Number

**C** [ ]  
**Transaction ID : SB21B.I2000I**  
Amount of Each Disbursement this Period  
[ ] 971.14

Memo Item

Full Name (Last, First, Middle Initial)

**C. DIVINCENTIS, ELIZABETH, , ,**

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	4		2	0	1	7

FEC Identification Number

**C** [ ]  
**Transaction ID : SB21B.I1935I**  
Amount of Each Disbursement this Period  
[ ] 458.33

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
						2	4	0	0

**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. DIVINCENTIS, ELIZABETH, , ,</b>		Date of Disbursement MM / DD / YYYY 07 / 31 / 2017	
Mailing Address 1920 14TH ST NW #707		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.I1947</b> Amount of Each Disbursement this Period 458.34	
City WASHINGTON	State DC	Zip Code 20009	Category/ Type
Purpose of Disbursement JFC SALARY			
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. DIVINCENTIS, ELIZABETH, , ,</b>		Date of Disbursement MM / DD / YYYY 08 / 15 / 2017	
Mailing Address 1920 14TH ST NW #707		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.I19647</b> Amount of Each Disbursement this Period 458.34	
City WASHINGTON	State DC	Zip Code 20009	Category/ Type
Purpose of Disbursement JFC SALARY			
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. DIVINCENTIS, ELIZABETH, , ,</b>		Date of Disbursement MM / DD / YYYY 08 / 31 / 2017	
Mailing Address 1920 14TH ST NW #707		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.I1973</b> Amount of Each Disbursement this Period 458.33	
City WASHINGTON	State DC	Zip Code 20009	Category/ Type
Purpose of Disbursement JFC SALARY			
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).....▶	1375.01
<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) <b>A. DIVINCENTIS, ELIZABETH, , ,</b>		Date of Disbursement MM / DD / YYYY 09 / 15 / 2017	
Mailing Address 1920 14TH ST NW #707		FEC Identification Number C [ ] <b>Transaction ID : SB21B.I1992!</b> Amount of Each Disbursement this Period [ ] 458.33	
City WASHINGTON	State DC	Zip Code 20009	Category/ Type [ ]
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) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) <b>B. DIVINCENTIS, ELIZABETH, , ,</b>		Date of Disbursement MM / DD / YYYY 09 / 29 / 2017	
Mailing Address 1920 14TH ST NW #707		FEC Identification Number C [ ] <b>Transaction ID : SB21B.I2000!</b> Amount of Each Disbursement this Period [ ] 458.34	
City WASHINGTON	State DC	Zip Code 20009	Category/ Type [ ]
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) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) <b>C. GRIBBIN, BRIDGET, K, ,</b>		Date of Disbursement MM / DD / YYYY 07 / 14 / 2017	
Mailing Address 1618 19TH ST NW APT 7		FEC Identification Number C [ ] <b>Transaction ID : SB21B.I1935</b> Amount of Each Disbursement this Period [ ] 848.44	
City WASHINGTON	State DC	Zip Code 20009	Category/ Type [ ]
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) ▼		Memo Item <input type="checkbox"/>
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 1765.11
<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. 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	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			3	1			2	0	1	7		

FEC Identification Number

**C**  
**Transaction ID : SB21B.I1947I**  
Amount of Each Disbursement this Period

848.45

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	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			1	5			2	0	1	7		

FEC Identification Number

**C**  
**Transaction ID : SB21B.I1964I**  
Amount of Each Disbursement this Period

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	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			3	1			2	0	1	7		

FEC Identification Number

**C**  
**Transaction ID : SB21B.I1973I**  
Amount of Each Disbursement this Period

848.45

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

2545.34

**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: 09 / 15 / 2017

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: C  
Transaction ID : SB21B.I1993  
Amount of Each Disbursement this Period: 848.44

Memo Item

**B. GRIBBIN, BRIDGET, K, ,**

Full Name (Last, First, Middle Initial)  
Date of Disbursement: 09 / 29 / 2017

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: C  
Transaction ID : SB21B.I20007  
Amount of Each Disbursement this Period: 848.45

Memo Item

**C. HAMEL, LAUREN, G., ,**

Full Name (Last, First, Middle Initial)  
Date of Disbursement: 07 / 14 / 2017

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:

FEC Identification Number: C  
Transaction ID : SB21B.I1935  
Amount of Each Disbursement this Period: 921.99

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 2618.88

**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. HAMEL, LAUREN, G., ,</b>		Date of Disbursement MM / DD / YYYY 07 / 31 / 2017	
Mailing Address 2425 KING ST		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.I1947!</b> Amount of Each Disbursement this Period 922.00	
City ALEXANDRIA	State VA	Zip Code 22301	Category/ Type
Purpose of Disbursement JFC SALARY			
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. HAMEL, LAUREN, G., ,</b>		Date of Disbursement MM / DD / YYYY 08 / 15 / 2017	
Mailing Address 2425 KING ST		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.I1964!</b> Amount of Each Disbursement this Period 922.00	
City ALEXANDRIA	State VA	Zip Code 22301	Category/ Type
Purpose of Disbursement JFC SALARY			
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. HAMEL, LAUREN, G., ,</b>		Date of Disbursement MM / DD / YYYY 08 / 31 / 2017	
Mailing Address 2425 KING ST		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.I1973</b> Amount of Each Disbursement this Period 921.99	
City ALEXANDRIA	State VA	Zip Code 22301	Category/ Type
Purpose of Disbursement JFC SALARY			
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).....▶	2765.99
<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. 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
0	9		1	5		2	0	1	7

FEC Identification Number

**C** [Redacted]  
**Transaction ID : SB21B.I1993'**  
Amount of Each Disbursement this Period  
[Redacted] 921.99

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	9		2	0	1	7

FEC Identification Number

**C** [Redacted]  
**Transaction ID : SB21B.I20008**  
Amount of Each Disbursement this Period  
[Redacted] 922.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. HILLIS, JENNIFER, , ,**

Mailing Address 951 E WYE LANE

City  
FOX POINT

State  
WI

Zip Code  
53217-3649

Purpose of Disbursement  
IN-KIND CONTRIBUTION

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
0	8		2	3		2	0	1	7

FEC Identification Number

**C** [Redacted]  
**Transaction ID : SB21B.51831**  
Amount of Each Disbursement this Period  
[Redacted] 8064.39  
JFC EVENT CATERING

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

[Redacted] 9908.38

**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. KASTAN, JACOB, , ,</b>		Date of Disbursement MM / DD / YYYY 07 / 14 / 2017	
Mailing Address 1100 FIRST ST SE		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.I1935</b> Amount of Each Disbursement this Period 9652.26	
City WASHINGTON	State DC	Zip Code 20003-2307	Category/ Type
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) ▼		<input type="checkbox"/> Memo Item
State: District:			

Full Name (Last, First, Middle Initial) <b>B. KASTAN, JACOB, , ,</b>		Date of Disbursement MM / DD / YYYY 07 / 31 / 2017	
Mailing Address 1100 FIRST ST SE		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.I19474</b> Amount of Each Disbursement this Period 10005.67	
City WASHINGTON	State DC	Zip Code 20003-2307	Category/ Type
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) ▼		<input type="checkbox"/> Memo Item
State: District:			

Full Name (Last, First, Middle Initial) <b>C. KASTAN, JACOB, , ,</b>		Date of Disbursement MM / DD / YYYY 08 / 15 / 2017	
Mailing Address 1100 FIRST ST SE		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.I1964</b> Amount of Each Disbursement this Period 1960.47	
City WASHINGTON	State DC	Zip Code 20003-2307	Category/ Type
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) ▼		<input type="checkbox"/> Memo Item
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	21618.40
<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) <b>A. KASTAN, JACOB, , ,</b>		Date of Disbursement MM / DD / YYYY 08 / 31 / 2017	
Mailing Address 1100 FIRST ST SE		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.I1973'</b> Amount of Each Disbursement this Period 1960.48	
City WASHINGTON	State DC	Zip Code 20003-2307	Category/ Type
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) ▼		<input type="checkbox"/> Memo Item
State: District:			

Full Name (Last, First, Middle Initial) <b>B. KASTAN, JACOB, , ,</b>		Date of Disbursement MM / DD / YYYY 09 / 15 / 2017	
Mailing Address 1100 FIRST ST SE		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.I19932</b> Amount of Each Disbursement this Period 1960.47	
City WASHINGTON	State DC	Zip Code 20003-2307	Category/ Type
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) ▼		<input type="checkbox"/> Memo Item
State: District:			

Full Name (Last, First, Middle Initial) <b>C. KASTAN, JACOB, , ,</b>		Date of Disbursement MM / DD / YYYY 09 / 29 / 2017	
Mailing Address 1100 FIRST ST SE		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.I2000</b> Amount of Each Disbursement this Period 1960.48	
City WASHINGTON	State DC	Zip Code 20003-2307	Category/ Type
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) ▼		<input type="checkbox"/> Memo Item
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	5881.43
<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) <b>A. MCDONALD, OLIVIA, M, ,</b>		Date of Disbursement MM / DD / YYYY 07 / 14 / 2017	
Mailing Address 1407 CORCORAN ST NW		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.I1935'</b> Amount of Each Disbursement this Period [REDACTED] 848.44	
City WASHINGTON	State DC	Zip Code 20009	Category/ Type [REDACTED]
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) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) <b>B. MCDONALD, OLIVIA, M, ,</b>		Date of Disbursement MM / DD / YYYY 07 / 31 / 2017	
Mailing Address 1407 CORCORAN ST NW		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.I19473</b> Amount of Each Disbursement this Period [REDACTED] 848.45	
City WASHINGTON	State DC	Zip Code 20009	Category/ Type [REDACTED]
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) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) <b>C. MCDONALD, OLIVIA, M, ,</b>		Date of Disbursement MM / DD / YYYY 08 / 15 / 2017	
Mailing Address 1407 CORCORAN ST NW		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.I1964</b> Amount of Each Disbursement this Period [REDACTED] 848.44	
City WASHINGTON	State DC	Zip Code 20009	Category/ Type [REDACTED]
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) ▼		Memo Item <input type="checkbox"/>
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[REDACTED] 2545.33
<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. MCDONALD, OLIVIA, M, ,</b>		Date of Disbursement MM / DD / YYYY 08 / 31 / 2017	
Mailing Address 1407 CORCORAN ST NW		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.I1973I</b> Amount of Each Disbursement this Period [REDACTED] 848.45	
City WASHINGTON	State DC	Zip Code 20009	Category/ Type [REDACTED]
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) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) <b>B. MCDONALD, OLIVIA, M, ,</b>		Date of Disbursement MM / DD / YYYY 09 / 15 / 2017	
Mailing Address 1407 CORCORAN ST NW		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.I1993I</b> Amount of Each Disbursement this Period [REDACTED] 848.44	
City WASHINGTON	State DC	Zip Code 20009	Category/ Type [REDACTED]
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) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) <b>C. MCDONALD, OLIVIA, M, ,</b>		Date of Disbursement MM / DD / YYYY 09 / 29 / 2017	
Mailing Address 1407 CORCORAN ST NW		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.I2001I</b> Amount of Each Disbursement this Period [REDACTED] 848.45	
City WASHINGTON	State DC	Zip Code 20009	Category/ Type [REDACTED]
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) ▼		Memo Item <input type="checkbox"/>
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[REDACTED] 2545.34
<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. MERRICK, DAVID, , ,</b>		Date of Disbursement MM / DD / YYYY 07 / 14 / 2017	
Mailing Address 1819 E CAPITOL ST SE APT 301		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.I1935I</b> Amount of Each Disbursement this Period [REDACTED] 577.25	
City WASHINGTON	State DC	Zip Code 20003	Category/ Type [REDACTED]
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) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) <b>B. MERRICK, DAVID, , ,</b>		Date of Disbursement MM / DD / YYYY 07 / 25 / 2017	
Mailing Address 1819 E CAPITOL ST SE APT 301		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.I1943I</b> Amount of Each Disbursement this Period [REDACTED] 992.28	
City WASHINGTON	State DC	Zip Code 20003	Category/ Type [REDACTED]
Purpose of Disbursement SEE MEMO ENTRIES BELOW		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. AVIS RENT A CAR</b>		Date of Disbursement MM / DD / YYYY 07 / 25 / 2017	
Mailing Address 6 SYLVAN WAY		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.I1943I</b> Amount of Each Disbursement this Period [REDACTED] 946.11	
City PARSIPPANY	State NJ	Zip Code 07054	Category/ Type [REDACTED]
Purpose of Disbursement JFC CAR RENTAL		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 checked="" type="checkbox"/>
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[REDACTED] 1569.53
<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. UBER</b>			Date of Disbursement MM / DD / YYYY 07 / 25 / 2017	
Mailing Address 182 HOWARD ST #8			FEC Identification Number C [REDACTED]	
City SAN FRANCISCO	State CA	Zip Code 94105	Transaction ID : SB21B.I1943!	
Purpose of Disbursement JFC TRANSPORTATION		Category/ Type	Amount of Each Disbursement this Period 16.00	
Candidate Name		Memo Item <input checked="" 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. MERRICK, DAVID, , ,</b>			Date of Disbursement MM / DD / YYYY 07 / 31 / 2017	
Mailing Address 1819 E CAPITOL ST SE APT 301			FEC Identification Number C [REDACTED]	
City WASHINGTON	State DC	Zip Code 20003	Transaction ID : SB21B.I19472	
Purpose of Disbursement JFC SALARY		Category/ Type	Amount of Each Disbursement this Period 577.26	
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. MERRICK, DAVID, , ,</b>			Date of Disbursement MM / DD / YYYY 08 / 15 / 2017	
Mailing Address 1819 E CAPITOL ST SE APT 301			FEC Identification Number C [REDACTED]	
City WASHINGTON	State DC	Zip Code 20003	Transaction ID : SB21B.I1964	
Purpose of Disbursement JFC SALARY		Category/ Type	Amount of Each Disbursement this Period 577.25	
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)..... ▶	1154.51
<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. 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

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		3	1		2	0	1	7

FEC Identification Number

C [ ]

**Transaction ID : SB21B.I1972!**

Amount of Each Disbursement this Period

[ ] 577.26

Memo Item

Full Name (Last, First, Middle Initial)

**B. 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

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	5		2	0	1	7

FEC Identification Number

C [ ]

**Transaction ID : SB21B.I19934**

Amount of Each Disbursement this Period

[ ] 577.25

Memo Item

Full Name (Last, First, Middle Initial)

**C. 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

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	9		2	0	1	7

FEC Identification Number

C [ ]

**Transaction ID : SB21B.I2001**

Amount of Each Disbursement this Period

[ ] 577.26

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

[ ] 1731.77

[ ]

**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

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
0	7		1	4		2	0	1	7

FEC Identification Number

**C**

**Transaction ID : SB21B.I1934!**

Amount of Each Disbursement this Period

675.64

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
0	7		3	1		2	0	1	7

FEC Identification Number

**C**

**Transaction ID : SB21B.I19471**

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
0	8		1	5		2	0	1	7

FEC Identification Number

**C**

**Transaction ID : SB21B.I1964**

Amount of Each Disbursement this Period

675.63

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

2026.90

**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. PLAUT, BRIAN, , ,**

Full Name (Last, First, Middle Initial)

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: 08 / 31 / 2017

FEC Identification Number: C

Transaction ID : SB21B.I1972i

Amount of Each Disbursement this Period: 675.63

Memo Item

**B. PLAUT, BRIAN, , ,**

Full Name (Last, First, Middle Initial)

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: 09 / 15 / 2017

FEC Identification Number: C

Transaction ID : SB21B.I1993i

Amount of Each Disbursement this Period: 675.63

Memo Item

**C. PLAUT, BRIAN, , ,**

Full Name (Last, First, Middle Initial)

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: 09 / 29 / 2017

FEC Identification Number: C

Transaction ID : SB21B.I2001

Amount of Each Disbursement this Period: 675.63

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 2026.89

**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. RODAY, ZACK , M, ,</b>		Date of Disbursement MM / DD / YYYY 07 / 14 / 2017	
Mailing Address 536 COLECRAFT CT		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.I1934I</b> Amount of Each Disbursement this Period 1476.84	
City ALEXANDRIA	State VA	Zip Code 22314	Category/ Type
Purpose of Disbursement JFC SALARY		Memo Item <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:			

Full Name (Last, First, Middle Initial) <b>B. RODAY, ZACK , M, ,</b>		Date of Disbursement MM / DD / YYYY 07 / 31 / 2017	
Mailing Address 536 COLECRAFT CT		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.I1947C</b> Amount of Each Disbursement this Period 1476.84	
City ALEXANDRIA	State VA	Zip Code 22314	Category/ Type
Purpose of Disbursement JFC SALARY		Memo Item <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:			

Full Name (Last, First, Middle Initial) <b>C. RODAY, ZACK , M, ,</b>		Date of Disbursement MM / DD / YYYY 08 / 15 / 2017	
Mailing Address 536 COLECRAFT CT		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.I1964</b> Amount of Each Disbursement this Period 1476.84	
City ALEXANDRIA	State VA	Zip Code 22314	Category/ Type
Purpose of Disbursement JFC SALARY		Memo Item <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:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	4430.52
<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. RODAY, ZACK, M, ,**

Mailing Address 536 COLECRAFT CT

City  
ALEXANDRIA

State  
VA

Zip Code  
22314

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
0	8		3	1		2	0	1	7

FEC Identification Number

**C** [REDACTED]  
**Transaction ID : SB21B.I1972i**  
Amount of Each Disbursement this Period  
[REDACTED] 1476.85

Memo Item

Full Name (Last, First, Middle Initial)

**B. RODAY, ZACK, M, ,**

Mailing Address 536 COLECRAFT CT

City  
ALEXANDRIA

State  
VA

Zip Code  
22314

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
0	9		1	5		2	0	1	7

FEC Identification Number

**C** [REDACTED]  
**Transaction ID : SB21B.I1993f**  
Amount of Each Disbursement this Period  
[REDACTED] 1476.84

Memo Item

Full Name (Last, First, Middle Initial)

**C. RODAY, ZACK, M, ,**

Mailing Address 536 COLECRAFT CT

City  
ALEXANDRIA

State  
VA

Zip Code  
22314

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
0	9		2	9		2	0	1	7

FEC Identification Number

**C** [REDACTED]  
**Transaction ID : SB21B.I2001**  
Amount of Each Disbursement this Period  
[REDACTED] 1476.84

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

4	4	3	0	.	5	3
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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  
SEE MEMO ENTRY BELOW

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
0	7				1	1		2	0	1	7		

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I1932'  
Amount of Each Disbursement this Period

[REDACTED] 331.71

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 EXPENSES

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
0	7				1	1		2	0	1	7		

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I1932'  
Amount of Each Disbursement this Period

[REDACTED] 331.71

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

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
0	7				1	4		2	0	1	7		

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I1934  
Amount of Each Disbursement this Period

[REDACTED] 9324.95

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

[REDACTED] 9656.66

[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  
SEE MEMO ENTRIES 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.I1943**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. AVIS RENT A CAR**

Mailing Address 6 SYLVAN WAY

City  
PARSIPPANY

State  
NJ

Zip Code  
07054

Purpose of Disbursement  
JFC CAR RENTAL

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.I19441**  
Amount of Each Disbursement this Period

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

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B.I1943**  
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. HILTON HOTELS**

Mailing Address 7930 JONES BRANCH DR.

City  
MCLEAN

State  
VA

Zip Code  
22102

Purpose of Disbursement  
JFC TRAVEL EXPENSE

Candidate Name

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
0	7			2	5			2	0	1	7		

FEC Identification Number

C [ ]  
**Transaction ID : SB21B.I1944C**  
Amount of Each Disbursement this Period  
[ ] 319.52 [ ]

Memo Item

Full Name (Last, First, Middle Initial)

**B. MORTON'S THE STEAKHOUSE**

Mailing Address 1510 W LOOP SOUTH

City  
HOUSTON

State  
TX

Zip Code  
77027

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	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			2	5			2	0	1	7		

FEC Identification Number

C [ ]  
**Transaction ID : SB21B.I1944C**  
Amount of Each Disbursement this Period  
[ ] 1586.80 [ ]

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 TRANSPORTATION

Candidate Name

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
0	7			2	5			2	0	1	7		

FEC Identification Number

C [ ]  
**Transaction ID : SB21B.I1943**  
Amount of Each Disbursement this Period  
[ ] 40.68 [ ]

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0	0	0
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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. SEIFERT, KEVIN, , ,**

Full Name (Last, First, Middle Initial)

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:

Date of Disbursement: 07 / 31 / 2017

FEC Identification Number: C  
**Transaction ID : SB21B.I1946!**  
 Amount of Each Disbursement this Period: 9947.02

Memo Item

**B. SEIFERT, KEVIN, , ,**

Full Name (Last, First, Middle Initial)

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:

Date of Disbursement: 08 / 15 / 2017

FEC Identification Number: C  
**Transaction ID : SB21B.I1963!**  
 Amount of Each Disbursement this Period: 1839.85

Memo Item

**C. SEIFERT, KEVIN, , ,**

Full Name (Last, First, Middle Initial)

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:

Date of Disbursement: 08 / 31 / 2017

FEC Identification Number: C  
**Transaction ID : SB21B.I1972**  
 Amount of Each Disbursement this Period: 1839.85

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 13626.72

**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. SEIFERT, KEVIN, , ,**

Full Name (Last, First, Middle Initial)

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

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 09 / 12 / 2017

FEC Identification Number: C

Transaction ID : SB21B.I1984!

Amount of Each Disbursement this Period: 361.57

Memo Item

**B. TORTILLA COAST**

Full Name (Last, First, Middle Initial)

Mailing Address 400 FIRST STREET NE

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:

Date of Disbursement: 09 / 12 / 2017

FEC Identification Number: C

Transaction ID : SB21B.I1984!

Amount of Each Disbursement this Period: 39.61

Memo Item

**C. UBER**

Full Name (Last, First, Middle Initial)

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

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 09 / 12 / 2017

FEC Identification Number: C

Transaction ID : SB21B.I1984!

Amount of Each Disbursement this Period: 101.92

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 361.57

**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  
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.I1993**  
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  
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.I20014**  
Amount of Each Disbursement this Period

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

/  /

FEC Identification Number

**Transaction ID : SB21B.I1929**  
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. 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:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			1	4			2	0	1	7		

FEC Identification Number

C [REDACTED]

**Transaction ID : SB21B.I1934I**

Amount of Each Disbursement this Period

[REDACTED] 14987.70

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:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			2	1			2	0	1	7		

FEC Identification Number

C [REDACTED]

**Transaction ID : SB21B.I1943I**

Amount of Each Disbursement this Period

[REDACTED] 113.32

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:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			3	1			2	0	1	7		

FEC Identification Number

C [REDACTED]

**Transaction ID : SB21B.I1946I**

Amount of Each Disbursement this Period

[REDACTED] 12973.91

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

[REDACTED] 28074.93

[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 EXPENSE

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	Y	Y
0	8		0	4		2	0	1	7		

FEC Identification Number

C [ ]

**Transaction ID : SB21B.I1954'**

Amount of Each Disbursement this Period

[ ] 99.32

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 TAXES

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	Y	Y
0	8		1	5		2	0	1	7		

FEC Identification Number

C [ ]

**Transaction ID : SB21B.I1963'**

Amount of Each Disbursement this Period

[ ] 3756.57

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	8		2	5		2	0	1	7		

FEC Identification Number

C [ ]

**Transaction ID : SB21B.I1971**

Amount of Each Disbursement this Period

[ ] 108.69

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

[ ] 3964.58

[ ]

**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  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 08 / 31 / 2017

FEC Identification Number: C  
**Transaction ID : SB21B.I1972!**  
Amount of Each Disbursement this Period: 3756.53

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  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 09 / 08 / 2017

FEC Identification Number: C  
**Transaction ID : SB21B.I1983!**  
Amount of Each Disbursement this Period: 94.69

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  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 09 / 15 / 2017

FEC Identification Number: C  
**Transaction ID : SB21B.I1993!**  
Amount of Each Disbursement this Period: 3752.09

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 7603.31

**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:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9				2	2		2	0	1	7		

FEC Identification Number

**C** [ ]  
**Transaction ID : SB21B.I1996:**  
 Amount of Each Disbursement this Period  
 [ ] 94.69

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 TAXES

Candidate Name

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
0	9				2	9		2	0	1	7		

FEC Identification Number

**C** [ ]  
**Transaction ID : SB21B.I20004**  
 Amount of Each Disbursement this Period  
 [ ] 3751.02

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:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9				2	9		2	0	1	7		

FEC Identification Number

**C** [ ]  
**Transaction ID : SB21B.I2001**  
 Amount of Each Disbursement this Period  
 [ ] 14.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

[ ] 3859.71

**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	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			0	2			2	0	1	7		

FEC Identification Number

C [REDACTED]

**Transaction ID : SB21B.I1921!**

Amount of Each Disbursement this Period

[REDACTED] 293.40

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
0	7			0	4			2	0	1	7		

FEC Identification Number

C [REDACTED]

**Transaction ID : SB21B.I1922!**

Amount of Each Disbursement this Period

[REDACTED] 97.80

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
0	7			0	6			2	0	1	7		

FEC Identification Number

C [REDACTED]

**Transaction ID : SB21B.I1930**

Amount of Each Disbursement this Period

[REDACTED] 394.52

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

[REDACTED] 785.72

[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. 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	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7				1	0				2	0	1	7

FEC Identification Number

C [REDACTED]

**Transaction ID : SB21B.I1932!**

Amount of Each Disbursement this Period

[REDACTED] 102.00

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:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7				1	1				2	0	1	7

FEC Identification Number

C [REDACTED]

**Transaction ID : SB21B.I1933!**

Amount of Each Disbursement this Period

[REDACTED] 9520.35

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	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7				1	2				2	0	1	7

FEC Identification Number

C [REDACTED]

**Transaction ID : SB21B.I1933!**

Amount of Each Disbursement this Period

[REDACTED] 97.80

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

[REDACTED] 9720.15

[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. 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
0	7			1	3			2	0	1	7		

FEC Identification Number

C [REDACTED]

**Transaction ID : SB21B.I1935I**

Amount of Each Disbursement this Period

[REDACTED] 496.20

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
0	7			1	4			2	0	1	7		

FEC Identification Number

C [REDACTED]

**Transaction ID : SB21B.I1939I**

Amount of Each Disbursement this Period

[REDACTED] 97.80

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
0	7			1	6			2	0	1	7		

FEC Identification Number

C [REDACTED]

**Transaction ID : SB21B.I1939I**

Amount of Each Disbursement this Period

[REDACTED] 97.80

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

[REDACTED] 691.80

[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. 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
0	7				1	7		2	0	1	7		

FEC Identification Number

**C**

**Transaction ID : SB21B.I1941!**

Amount of Each Disbursement this Period

1	9	6	.	4	9
---	---	---	---	---	---

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
0	7				1	8		2	0	1	7		

FEC Identification Number

**C**

**Transaction ID : SB21B.I1942!**

Amount of Each Disbursement this Period

1	9	5	.	6	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
0	7				2	0		2	0	1	7		

FEC Identification Number

**C**

**Transaction ID : SB21B.I1942!**

Amount of Each Disbursement this Period

8	3	7	.	1	8
---	---	---	---	---	---

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

1	2	2	.	9	2	7
---	---	---	---	---	---	---

1	2	2	.	9	2	7
---	---	---	---	---	---	---

# 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	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7				2	1				2	0	1	7

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I1944:  
Amount of Each Disbursement this Period

[REDACTED]	22.94
------------	-------

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	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7				2	4				2	0	1	7

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I1944:  
Amount of Each Disbursement this Period

[REDACTED]	97.80
------------	-------

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	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7				2	5				2	0	1	7

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I1944:  
Amount of Each Disbursement this Period

[REDACTED]	390.90
------------	--------

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

[REDACTED]	511.64
------------	--------

[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. 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
0	7				2	7			2	0	1	7	

FEC Identification Number

**C**

**Transaction ID : SB21B.I1946i**  
Amount of Each Disbursement this Period

820.50

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
0	7				2	8			2	0	1	7	

FEC Identification Number

**C**

**Transaction ID : SB21B.I1948i**  
Amount of Each Disbursement this Period

219.00

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
0	7				3	1			2	0	1	7	

FEC Identification Number

**C**

**Transaction ID : SB21B.I1952**  
Amount of Each Disbursement this Period

16.40

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

1055.90

**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) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	1		2	0	1	7

FEC Identification Number

C [ ]

**Transaction ID : SB21B.I1952**

Amount of Each Disbursement this Period

[ ] 462.61

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)

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	2		2	0	1	7

FEC Identification Number

C [ ]

**Transaction ID : SB21B.I1952**

Amount of Each Disbursement this Period

[ ] 0.69

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) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	4		2	0	1	7

FEC Identification Number

C [ ]

**Transaction ID : SB21B.I1955**

Amount of Each Disbursement this Period

[ ] 1945.90

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

[ ] 2409.20

**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: 08 / 09 / 2017

FEC Identification Number: C

Transaction ID : SB21B.I1956i

Amount of Each Disbursement this Period: 93.59

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: 08 / 11 / 2017

FEC Identification Number: C

Transaction ID : SB21B.I1960C

Amount of Each Disbursement this Period: 8.40

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: 08 / 14 / 2017

FEC Identification Number: C

Transaction ID : SB21B.I1963

Amount of Each Disbursement this Period: 3.64

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 105.63

**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
0	8		1	5		2	0	1	7

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I1965  
Amount of Each Disbursement this Period

[REDACTED] 2.25

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
0	8		1	6		2	0	1	7

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I1966  
Amount of Each Disbursement this Period

[REDACTED] 1203.00

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
0	8		1	7		2	0	1	7

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I1966  
Amount of Each Disbursement this Period

[REDACTED] 3300.30

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

[REDACTED] 4505.55

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. 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
0	8		1	8		2	0	1	7

FEC Identification Number

**C** [ ]  
**Transaction ID : SB21B.I1967f**  
 Amount of Each Disbursement this Period  
 [ ] 274.61

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
0	8		2	2		2	0	1	7

FEC Identification Number

**C** [ ]  
**Transaction ID : SB21B.I1967f**  
 Amount of Each Disbursement this Period  
 [ ] 1.47

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
0	8		2	4		2	0	1	7

FEC Identification Number

**C** [ ]  
**Transaction ID : SB21B.I1971**  
 Amount of Each Disbursement this Period  
 [ ] 210.90

Memo Item

**SUBTOTAL** of Disbursements This Page (optional).....▶

[ ] 486.98

**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: 08 / 28 / 2017

FEC Identification Number: C

Transaction ID : SB21B.I1971i

Amount of Each Disbursement this Period: 3390.70

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: 08 / 29 / 2017

FEC Identification Number: C

Transaction ID : SB21B.I1972i

Amount of Each Disbursement this Period: 97.80

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: 08 / 30 / 2017

FEC Identification Number: C

Transaction ID : SB21B.I1972i

Amount of Each Disbursement this Period: 1.08

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 3489.58

**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
0	8		3	1		2	0	1	7

FEC Identification Number

C [REDACTED]

**Transaction ID : SB21B.I1976**

Amount of Each Disbursement this Period

[REDACTED] 2674.50

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
0	9		0	2		2	0	1	7

FEC Identification Number

C [REDACTED]

**Transaction ID : SB21B.I1977**

Amount of Each Disbursement this Period

[REDACTED] 97.80

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
0	9		0	7		2	0	1	7

FEC Identification Number

C [REDACTED]

**Transaction ID : SB21B.I1983**

Amount of Each Disbursement this Period

[REDACTED] 1176.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

[REDACTED] 3948.30

[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. 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: 09 / 08 / 2017

FEC Identification Number: C

Transaction ID : SB21B.I1985'

Amount of Each Disbursement this Period: 2.25

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: 09 / 13 / 2017

FEC Identification Number: C

Transaction ID : SB21B.I19943

Amount of Each Disbursement this Period: 496.20

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: 09 / 14 / 2017

FEC Identification Number: C

Transaction ID : SB21B.I1994

Amount of Each Disbursement this Period: 97.80

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 596.25

**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: 09 / 15 / 2017

FEC Identification Number: C

Transaction ID : SB21B.I1994!

Amount of Each Disbursement this Period: 425.05

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: 09 / 18 / 2017

FEC Identification Number: C

Transaction ID : SB21B.I1994!

Amount of Each Disbursement this Period: 293.10

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: 09 / 19 / 2017

FEC Identification Number: C

Transaction ID : SB21B.I1994!

Amount of Each Disbursement this Period: 135.94

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 854.09

**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
0	9		2	0		2	0	1	7

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I1995  
Amount of Each Disbursement this Period

[REDACTED] 320.00

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	1		2	0	1	7

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I1996  
Amount of Each Disbursement this Period

[REDACTED] 469.50

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	2		2	0	1	7

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I1996  
Amount of Each Disbursement this Period

[REDACTED] 97.80

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

[REDACTED] 887.30

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. 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) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	5		2	0	1	7

FEC Identification Number

C [REDACTED]

**Transaction ID : SB21B.I1996!**

Amount of Each Disbursement this Period

[REDACTED] 134.56

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) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	6		2	0	1	7

FEC Identification Number

C [REDACTED]

**Transaction ID : SB21B.I1997!**

Amount of Each Disbursement this Period

[REDACTED] 38.71

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) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	7		2	0	1	7

FEC Identification Number

C [REDACTED]

**Transaction ID : SB21B.I1997!**

Amount of Each Disbursement this Period

[REDACTED] 392.55

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

[REDACTED] 565.82

[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. 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: 09 / 28 / 2017

FEC Identification Number: C

Transaction ID : SB21B.I2001f

Amount of Each Disbursement this Period: 315.17

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: 09 / 30 / 2017

FEC Identification Number: C

Transaction ID : SB21B.I2006f

Amount of Each Disbursement this Period: 97.80

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: 09 / 30 / 2017

FEC Identification Number: C

Transaction ID : SB21B.I2008

Amount of Each Disbursement this Period: 3551.10

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 3964.07

**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. 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

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
07 / 05 / 2017

FEC Identification Number

C  
**Transaction ID : SB21B.I1922**  
Amount of Each Disbursement this Period  
1260.90

Memo Item

Full Name (Last, First, Middle Initial)

**B. 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

Disbursement For:  Primary  General  
 Other (specify)

State: District:

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
08 / 03 / 2017

FEC Identification Number

C  
**Transaction ID : SB21B.I19531**  
Amount of Each Disbursement this Period  
577.60

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

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
07 / 31 / 2017

FEC Identification Number

C  
**Transaction ID : SB21B.I1948**  
Amount of Each Disbursement this Period  
130000.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

131838.50

**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
0	8		1	4		2	0	1	7

FEC Identification Number

C [REDACTED]

**Transaction ID : SB21B.I1962!**

Amount of Each Disbursement this Period

[REDACTED] 187420.43

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
0	8		3	1		2	0	1	7

FEC Identification Number

C [REDACTED]

**Transaction ID : SB21B.I1973!**

Amount of Each Disbursement this Period

[REDACTED] 305000.00

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 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
0	7		2	0		2	0	1	7

FEC Identification Number

C [REDACTED]

**Transaction ID : SB21B.I1942**

Amount of Each Disbursement this Period

[REDACTED] 390.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

[REDACTED] 492810.43

[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**

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

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
0	7			0	7			2	0	1	7		

FEC Identification Number

C

**Transaction ID : SB21B.I1929f**

Amount of Each Disbursement this Period

1962.15

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

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
0	8			0	3			2	0	1	7		

FEC Identification Number

C

**Transaction ID : SB21B.I1952f**

Amount of Each Disbursement this Period

1968.05

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

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
0	9			0	7			2	0	1	7		

FEC Identification Number

C

**Transaction ID : SB21B.I1983**

Amount of Each Disbursement this Period

1972.92

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

5903.12

**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. COYLE CONSULTING SERVICES, LLC**

Mailing Address 3494 SABAKA TRAIL

City  
VERONA

State  
WI

Zip Code  
53593

Purpose of Disbursement  
JFC MAILING LIST ACQUISITION

Candidate Name

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
0	9			2	8			2	0	1	7		

FEC Identification Number

C [REDACTED]

**Transaction ID : SB21B.I1997!**

Amount of Each Disbursement this Period

[REDACTED] 2000.00

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	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			2	5			2	0	1	7		

FEC Identification Number

C [REDACTED]

**Transaction ID : SB21B.I1943f**

Amount of Each Disbursement this Period

[REDACTED] 6950.00

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	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	1			2	0	1	7		

FEC Identification Number

C [REDACTED]

**Transaction ID : SB21B.I1995**

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] 13950.00

[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. HOLTZMAN VOGEL JOSEFIK PLLC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		27		2017

Mailing Address 45 NORTH HILL DRIVE  
STE. 100

City  
WARRENTON

State  
VA

Zip Code  
20186

Purpose of Disbursement  
JFC LEGAL SERVICES

C
---

FEC Identification Number

C
---

**Transaction ID : SB21B.I1997!**  
Amount of Each Disbursement this Period

5000.00
---------

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Memo Item

State: District:

Full Name (Last, First, Middle Initial)

**B. INTUIT**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		06		2017

Mailing Address 2632 MARINE WAY

City  
MOUNTAIN VIEW

State  
CA

Zip Code  
94043

Purpose of Disbursement  
JFC SOFTWARE

C
---

FEC Identification Number

C
---

**Transaction ID : SB21B.I1929C**  
Amount of Each Disbursement this Period

36.00
-------

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Memo Item

State: District:

Full Name (Last, First, Middle Initial)

**C. INTUIT**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		07		2017

Mailing Address 2632 MARINE WAY

City  
MOUNTAIN VIEW

State  
CA

Zip Code  
94043

Purpose of Disbursement  
JFC SOFTWARE

C
---

FEC Identification Number

C
---

**Transaction ID : SB21B.I1963**  
Amount of Each Disbursement this Period

36.00
-------

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Memo Item

State: District:

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

5072.00
---------

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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. INTUIT**

Mailing Address 2632 MARINE WAY

City  
MOUNTAIN VIEW

State  
CA

Zip Code  
94043

Purpose of Disbursement  
JFC SOFTWARE

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 07 / 2017

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I1983

Amount of Each Disbursement this Period

[REDACTED] 36.00

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

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
07 / 07 / 2017

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I1929

Amount of Each Disbursement this Period

[REDACTED] 157.63

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

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
08 / 04 / 2017

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I1954

Amount of Each Disbursement this Period

[REDACTED] 80.50

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

[REDACTED] 274.13

[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. 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

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	6		2	0	1	7

FEC Identification Number

C [REDACTED]

**Transaction ID : SB21B.I1983I**

Amount of Each Disbursement this Period

[REDACTED] 67.89

Memo Item

Full Name (Last, First, Middle Initial)

**B. 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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	8		2	0	1	7

FEC Identification Number

C [REDACTED]

**Transaction ID : SB21B.I1941I**

Amount of Each Disbursement this Period

[REDACTED] 4000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. 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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	3		2	0	1	7

FEC Identification Number

C [REDACTED]

**Transaction ID : SB21B.I1984I**

Amount of Each Disbursement this Period

[REDACTED] 8000.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

[REDACTED] 12067.89

[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. 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:

Date of Disbursement

MM / DD / YYYY  
07 / 20 / 2017

FEC Identification Number

C  
**Transaction ID : SB21B.I1942**  
 Amount of Each Disbursement this Period  
 6070.69

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:

Date of Disbursement

MM / DD / YYYY  
08 / 28 / 2017

FEC Identification Number

C  
**Transaction ID : SB21B.I1971**  
 Amount of Each Disbursement this Period  
 6042.32

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:

Date of Disbursement

MM / DD / YYYY  
09 / 25 / 2017

FEC Identification Number

C  
**Transaction ID : SB21B.I1997**  
 Amount of Each Disbursement this Period  
 6049.51

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

18162.52



**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:

Category/  
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			0	5			2	0	1	7		

FEC Identification Number

**C** [ ]  
**Transaction ID : SB21B.I1922**  
 Amount of Each Disbursement this Period  
 [ ] 13166.00

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:

Category/  
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			0	3			2	0	1	7		

FEC Identification Number

**C** [ ]  
**Transaction ID : SB21B.I1953C**  
 Amount of Each Disbursement this Period  
 [ ] 18166.00

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:

Category/  
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			3	1			2	0	1	7		

FEC Identification Number

**C** [ ]  
**Transaction ID : SB21B.I1972**  
 Amount of Each Disbursement this Period  
 [ ] 13166.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

4	4	4	9	8	0	0
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**TOTAL** This Period (last page this line number only)..... ▶

4	4	4	9	8	0	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**

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

MM / DD / YYYY  
09 / 21 / 2017

FEC Identification Number

C [ ]

**Transaction ID : SB21B.I1995!**

Amount of Each Disbursement this Period

[ ] 591.51

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:

Date of Disbursement

MM / DD / YYYY  
07 / 12 / 2017

FEC Identification Number

C [ ]

**Transaction ID : SB21B.I19331**

Amount of Each Disbursement this Period

[ ] 13641.30

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:

Date of Disbursement

MM / DD / YYYY  
08 / 10 / 2017

FEC Identification Number

C [ ]

**Transaction ID : SB21B.I1956**

Amount of Each Disbursement this Period

[ ] 2780.36

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

[ ] 17013.17

[ ]

**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 08 / 25 / 2017
Mailing Address 1283 MAIN ST		FEC Identification Number C <b>Transaction ID : SB21B.I19714</b> Amount of Each Disbursement this Period 13812.00
City DUBLIN	State NH	
Zip Code 34448-0254	Purpose of Disbursement JFC DIRECT MARKETING	Memo Item <input type="checkbox"/>
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>B. SCM ASSOCIATES</b>		Date of Disbursement MM / DD / YYYY 09 / 21 / 2017
Mailing Address 1283 MAIN ST		FEC Identification Number C <b>Transaction ID : SB21B.I19956</b> Amount of Each Disbursement this Period 1534.95
City DUBLIN	State NH	
Zip Code 34448-0254	Purpose of Disbursement JFC DIRECT MARKETING	Memo Item <input type="checkbox"/>
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. STRATEGIC ADVANCE SERVICES</b>		Date of Disbursement MM / DD / YYYY 07 / 06 / 2017
Mailing Address 611 PENNSYLVANIA AVE SE #267		FEC Identification Number C <b>Transaction ID : SB21B.I1929</b> Amount of Each Disbursement this Period 18561.26
City WASHINGTON	State DC	
Zip Code 20003	Purpose of Disbursement JFC ADVANCE, EVENT & TRAVEL SERVICES	Memo Item <input type="checkbox"/>
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:		

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

33908.21

**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. 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

MM / DD / YYYY  
07 / 17 / 2017

FEC Identification Number

C  
**Transaction ID : SB21B.I1941!**  
Amount of Each Disbursement this Period  
152681.68

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, EVENT & TRAVEL SERVICES

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 03 / 2017

FEC Identification Number

C  
**Transaction ID : SB21B.I1953z**  
Amount of Each Disbursement this Period  
156490.92

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

MM / DD / YYYY  
08 / 22 / 2017

FEC Identification Number

C  
**Transaction ID : SB21B.I1967**  
Amount of Each Disbursement this Period  
73036.51

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

382209.11

**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	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			0	1			2	0	1	7		

FEC Identification Number

**C**

**Transaction ID : SB21B.I1977I**

Amount of Each Disbursement this Period

163510.83

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	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	1			2	0	1	7		

FEC Identification Number

**C**

**Transaction ID : SB21B.I1996I**

Amount of Each Disbursement this Period

97496.30

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

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
0	7			1	4			2	0	1	7		

FEC Identification Number

**C**

**Transaction ID : SB21B.I1935I**

Amount of Each Disbursement this Period

7284.27

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

268291.40

**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. ACCURATE WORD LLC**

Mailing Address 4481 WHITE PLAINS LN

City  
WHITE PLAINS

State  
MD

Zip Code  
20695

Purpose of Disbursement  
JFC PRINTING

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
0	7			1	4			2	0	1	7		

FEC Identification Number

C

Transaction ID : SB21B.I1937

Amount of Each Disbursement this Period

774.60

Memo Item

Full Name (Last, First, Middle Initial)

**B. AMAZON.COM**

Mailing Address 410 TERRY AVE. N

City  
SEATTLE

State  
WA

Zip Code  
98109

Purpose of Disbursement  
JFC OFFICE SUPPLIES

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
0	7			1	4			2	0	1	7		

FEC Identification Number

C

Transaction ID : SB21B.I1936

Amount of Each Disbursement this Period

316.43

Memo Item

Full Name (Last, First, Middle Initial)

**C. AVIS RENT A CAR**

Mailing Address 6 SYLVAN WAY

City  
PARSIPPANY

State  
NJ

Zip Code  
07054

Purpose of Disbursement  
JFC CAR RENTAL

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
0	7			1	4			2	0	1	7		

FEC Identification Number

C

Transaction ID : SB21B.I1936

Amount of Each Disbursement this Period

420.12

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. 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

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	4		2	0	1	7

FEC Identification Number

C [REDACTED]

**Transaction ID : SB21B.I1936**  
Amount of Each Disbursement this Period

[REDACTED] 1708.20

Memo Item

Full Name (Last, First, Middle Initial)

**B. CRANE & CO.**

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

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	4		2	0	1	7

FEC Identification Number

C [REDACTED]

**Transaction ID : SB21B.I1936**  
Amount of Each Disbursement this Period

[REDACTED] 307.95

Memo Item

Full Name (Last, First, Middle Initial)

**C. 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

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	4		2	0	1	7

FEC Identification Number

C [REDACTED]

**Transaction ID : SB21B.I1936**  
Amount of Each Disbursement this Period

[REDACTED] 875.61

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. HILTON O'HARE**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		14		2017

Mailing Address O'HARE INTERNATIONAL AIRPORT

FEC Identification Number

**C**

**Transaction ID : SB21B.I1936!**

Amount of Each Disbursement this Period

833.03

City CHICAGO State IL Zip Code 60666

Purpose of Disbursement  
JFC LODGING

Category/Type

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

Memo Item

State: District:

Full Name (Last, First, Middle Initial)

**B. MAILCHIMP**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		14		2017

Mailing Address 675 PONCE DE LEON AVE NE STE 5000

FEC Identification Number

**C**

**Transaction ID : SB21B.I1936!**

Amount of Each Disbursement this Period

75.00

City ATLANTA State GA Zip Code 30308

Purpose of Disbursement  
JFC EMAIL BLAST

Category/Type

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

Memo Item

State: District:

Full Name (Last, First, Middle Initial)

**C. NEW CONGRESSIONAL LIQUOR AND DELI**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		14		2017

Mailing Address 404 1ST ST SE

FEC Identification Number

**C**

**Transaction ID : SB21B.I1936!**

Amount of Each Disbursement this Period

179.58

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
JFC EVENT SUPPLIES

Category/Type

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

Memo Item

State: District:

**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. 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	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			1	4			2	0	1	7		

FEC Identification Number

**C**

**Transaction ID : SB21B.I1936I**

Amount of Each Disbursement this Period

1238.60

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	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			1	4			2	0	1	7		

FEC Identification Number

**C**

**Transaction ID : SB21B.I1937I**

Amount of Each Disbursement this Period

245.00

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	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			2	1			2	0	1	7		

FEC Identification Number

**C**

**Transaction ID : SB21B.I1944I**

Amount of Each Disbursement this Period

187.55

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

187.55

**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. 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	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7				3	1		2	0	1	7		

FEC Identification Number

**C** [REDACTED]

**Transaction ID : SB21B.I1951!**

Amount of Each Disbursement this Period

[REDACTED] 81.50

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	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8				1	1		2	0	1	7		

FEC Identification Number

**C** [REDACTED]

**Transaction ID : SB21B.I1957!**

Amount of Each Disbursement this Period

[REDACTED] 7473.23

Memo Item

Full Name (Last, First, Middle Initial)

**C. 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:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8				1	1		2	0	1	7		

FEC Identification Number

**C** [REDACTED]

**Transaction ID : SB21B.I1957!**

Amount of Each Disbursement this Period

[REDACTED] 3011.61

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

[REDACTED] 7554.73

[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. 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: **08 / 11 / 2017**

FEC Identification Number: **C**

Transaction ID : **SB21B.I19574**

Amount of Each Disbursement this Period: **604.49**

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

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: **08 / 11 / 2017**

FEC Identification Number: **C**

Transaction ID : **SB21B.I19575**

Amount of Each Disbursement this Period: **94.61**

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) ▼

Date of Disbursement: **08 / 11 / 2017**

FEC Identification Number: **C**

Transaction ID : **SB21B.I1957**

Amount of Each Disbursement this Period: **1525.17**

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. 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

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 08 / 11 / 2017

FEC Identification Number: C

Transaction ID : SB21B.I1957i

Amount of Each Disbursement this Period: 719.53

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

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 08 / 11 / 2017

FEC Identification Number: C

Transaction ID : SB21B.I1958c

Amount of Each Disbursement this Period: 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:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 08 / 11 / 2017

FEC Identification Number: C

Transaction ID : SB21B.I1958

Amount of Each Disbursement this Period: 125.00

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. POTBELLY**

Mailing Address 111 N CANAL STE 850

City  
CHICAGO

State  
IL

Zip Code  
60606

Purpose of Disbursement  
JFC MEETING EXPENSE

Candidate Name

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
0	8			1	1			2	0	1	7		

FEC Identification Number

C [REDACTED]

**Transaction ID : SB21B.I1957!**

Amount of Each Disbursement this Period

[REDACTED] 136.94

Memo Item

Full Name (Last, First, Middle Initial)

**B. STAPLES**

Mailing Address 500 STAPLES DR

City  
FRAMINGHAM

State  
MA

Zip Code  
17024

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	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			1	1			2	0	1	7		

FEC Identification Number

C [REDACTED]

**Transaction ID : SB21B.I1958!**

Amount of Each Disbursement this Period

[REDACTED] 978.25

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	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			1	4			2	0	1	7		

FEC Identification Number

C [REDACTED]

**Transaction ID : SB21B.I1963**

Amount of Each Disbursement this Period

[REDACTED] 45.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

[REDACTED] 45.00

[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) <b>A. SUNTRUST BANK</b>		Date of Disbursement MM / DD / YYYY 08 / 18 / 2017	
Mailing Address P.O. BOX 4418		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.I1966!</b> Amount of Each Disbursement this Period [REDACTED] 144.05	
City ATLANTA	State GA	Zip Code 30302	Category/ Type [REDACTED]
Purpose of Disbursement JFC BANK FEE		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Candidate Name			Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

Full Name (Last, First, Middle Initial) <b>B. SUNTRUST BANK</b>		Date of Disbursement MM / DD / YYYY 08 / 31 / 2017	
Mailing Address P.O. BOX 4418		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.I1976!</b> Amount of Each Disbursement this Period [REDACTED] 8.50	
City ATLANTA	State GA	Zip Code 30302	Category/ Type [REDACTED]
Purpose of Disbursement JFC BANK FEE		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Candidate Name			Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

Full Name (Last, First, Middle Initial) <b>C. SUNTRUST BANK CREDIT CARD</b>		Date of Disbursement MM / DD / YYYY 09 / 12 / 2017	
Mailing Address PO BOX 4928		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.I1984</b> Amount of Each Disbursement this Period [REDACTED] 10203.36	
City ORLANDO	State FL	Zip Code 32802-4928	Category/ Type [REDACTED]
Purpose of Disbursement SEE MEMO ENTRIES BELOW		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Candidate Name			Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

[REDACTED] 10355.91
[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 410 TERRY AVE. N

City  
SEATTLE

State  
WA

Zip Code  
98109

Purpose of Disbursement  
JFC OFFICE 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
0	9		1	2		2	0	1	7

FEC Identification Number

C [ ]  
**Transaction ID : SB21B.I1985**  
Amount of Each Disbursement this Period  
[ ] 567.81

Memo Item

Full Name (Last, First, Middle Initial)

**B. AMERICAN AIRLINES**

Mailing Address 4333 AMON CARTER BLVD

City  
FORT WORTH

State  
TX

Zip Code  
76155

Purpose of Disbursement  
JFC TRAVEL EXPENSE

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
0	9		1	2		2	0	1	7

FEC Identification Number

C [ ]  
**Transaction ID : SB21B.I1985**  
Amount of Each Disbursement this Period  
[ ] 100.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. ASPEN BRANCH**

Mailing Address 309A ASPEN AIRPORT BUSINESS CENTER

City  
ASPEN

State  
CO

Zip Code  
81611

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
0	9		1	2		2	0	1	7

FEC Identification Number

C [ ]  
**Transaction ID : SB21B.I1985**  
Amount of Each Disbursement this Period  
[ ] 317.26

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. 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

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	2		2	0	1	7

FEC Identification Number

C [REDACTED]

**Transaction ID : SB21B.I1985!**

Amount of Each Disbursement this Period

[REDACTED] 274.95

Memo Item

Full Name (Last, First, Middle Initial)

**B. 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

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	2		2	0	1	7

FEC Identification Number

C [REDACTED]

**Transaction ID : SB21B.I1985!**

Amount of Each Disbursement this Period

[REDACTED] 2891.07

Memo Item

Full Name (Last, First, Middle Initial)

**C. FLIPPIN COW**

Mailing Address 51330 STATE RTE 19

City  
ELKHART

State  
IN

Zip Code  
46514

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
0	9		1	2		2	0	1	7

FEC Identification Number

C [REDACTED]

**Transaction ID : SB21B.I1985!**

Amount of Each Disbursement this Period

[REDACTED] 239.53

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. LILY & CO**

Mailing Address 95 W DELONEY AVE

City State WY Zip Code 83001

Purpose of Disbursement  
JFC EVENT SUPPLIES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 12 / 2017

FEC Identification Number

C  
Transaction ID : SB21B.I1986  
Amount of Each Disbursement this Period  
2055.90

Memo Item

Full Name (Last, First, Middle Initial)

**B. MAILCHIMP**

Mailing Address 675 PONCE DE LEON AVE NE STE 5000

City State GA Zip Code 30308

Purpose of Disbursement  
JFC EMAIL BLAST

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 12 / 2017

FEC Identification Number

C  
Transaction ID : SB21B.I19871  
Amount of Each Disbursement this Period  
75.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. NEW CONGRESSIONAL LIQUOR AND DELI**

Mailing Address 404 1ST ST SE

City State DC Zip Code 20003

Purpose of Disbursement  
JFC EVENT SUPPLIES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 12 / 2017

FEC Identification Number

C  
Transaction ID : SB21B.I1986  
Amount of Each Disbursement this Period  
50.00

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. PERSEPHONE BAKERY**

Mailing Address 145 E BROADWAY

City JACKSON

State WY

Zip Code 83001

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

MM / DD / YYYY  
09 / 12 / 2017

FEC Identification Number

C  
Transaction ID : SB21B.I1986  
Amount of Each Disbursement this Period  
946.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. STAPLES**

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) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
09 / 12 / 2017

FEC Identification Number

C  
Transaction ID : SB21B.I1986  
Amount of Each Disbursement this Period  
924.26

Memo Item

Full Name (Last, First, Middle Initial)

**C. TICKETPRINTING.COM**

Mailing Address P.O. BOX 6934

City HARLOWTON

State MT

Zip Code 59036

Purpose of Disbursement JFC PRINTING

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
09 / 12 / 2017

FEC Identification Number

C  
Transaction ID : SB21B.I1986  
Amount of Each Disbursement this Period  
215.42

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. ZOLA.COM**

Mailing Address 150 BROADWAY 19TH FL

City  
NEW YORK

State  
NY

Zip Code  
10038

Purpose of Disbursement  
JFC EVENT SUPPLIES

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		
0	9				1	2						2	0	1	7

FEC Identification Number

C [REDACTED]

**Transaction ID : SB21B.I1986!**  
Amount of Each Disbursement this Period

[REDACTED] 205.00

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

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		
0	9				2	1						2	0	1	7

FEC Identification Number

C [REDACTED]

**Transaction ID : SB21B.I19964**  
Amount of Each Disbursement this Period

[REDACTED] 172.20

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	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y		
0	9				2	9						2	0	1	7

FEC Identification Number

C [REDACTED]

**Transaction ID : SB21B.I2006**  
Amount of Each Disbursement this Period

[REDACTED] 97.50

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

[REDACTED] 269.70

[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	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			0	3			2	0	1	7		

FEC Identification Number

**C**

**Transaction ID : SB21B.I1921i**

Amount of Each Disbursement this Period

252.40

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	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			0	5			2	0	1	7		

FEC Identification Number

**C**

**Transaction ID : SB21B.I1922i**

Amount of Each Disbursement this Period

506.28

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	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			0	6			2	0	1	7		

FEC Identification Number

**C**

**Transaction ID : SB21B.I1929**

Amount of Each Disbursement this Period

312.07

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

1070.75

**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	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			0	7			2	0	1	7		

FEC Identification Number

C [REDACTED]

**Transaction ID : SB21B.I1930I**

Amount of Each Disbursement this Period

[REDACTED] 149.06

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:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			1	0			2	0	1	7		

FEC Identification Number

C [REDACTED]

**Transaction ID : SB21B.I1930I**

Amount of Each Disbursement this Period

[REDACTED] 27.66

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	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			1	1			2	0	1	7		

FEC Identification Number

C [REDACTED]

**Transaction ID : SB21B.I1932I**

Amount of Each Disbursement this Period

[REDACTED] 48.98

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

[REDACTED] 225.70

[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	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			1	2			2	0	1	7		

FEC Identification Number

**C**

**Transaction ID : SB21B.I1932!**

Amount of Each Disbursement this Period

157.26

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	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			1	3			2	0	1	7		

FEC Identification Number

**C**

**Transaction ID : SB21B.I1933!**

Amount of Each Disbursement this Period

27.41

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	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			1	4			2	0	1	7		

FEC Identification Number

**C**

**Transaction ID : SB21B.I1935**

Amount of Each Disbursement this Period

31.51

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

216.18

**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: 07 / 17 / 2017

FEC Identification Number: C  
Transaction ID : SB21B.I1940I  
Amount of Each Disbursement this Period: 63.18

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 DIGITAL CONSULTING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 07 / 17 / 2017

FEC Identification Number: C  
Transaction ID : SB21B.I1940I  
Amount of Each Disbursement this Period: 29182.49

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: 07 / 18 / 2017

FEC Identification Number: C  
Transaction ID : SB21B.I1941I  
Amount of Each Disbursement this Period: 65.42

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 29311.09

**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	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			1	9			2	0	1	7		

FEC Identification Number

**C**

**Transaction ID : SB21B.I1942'**

Amount of Each Disbursement this Period

203.73

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	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			2	0			2	0	1	7		

FEC Identification Number

**C**

**Transaction ID : SB21B.I19422**

Amount of Each Disbursement this Period

82.61

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

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			2	0			2	0	1	7		

FEC Identification Number

**C**

**Transaction ID : SB21B.I1942**

Amount of Each Disbursement this Period

47950.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

48236.34



**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	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			2	1			2	0	1	7		

FEC Identification Number

**C**

**Transaction ID : SB21B.I1943'**

Amount of Each Disbursement this Period

7	4	7	7
---	---	---	---

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	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			2	4			2	0	1	7		

FEC Identification Number

**C**

**Transaction ID : SB21B.I1944f**

Amount of Each Disbursement this Period

2	1	7	0	8
---	---	---	---	---

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	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			2	5			2	0	1	7		

FEC Identification Number

**C**

**Transaction ID : SB21B.I1944**

Amount of Each Disbursement this Period

5	1	8	4	4
---	---	---	---	---

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

8	1	0	2	9
---	---	---	---	---

8	1	0	2	9
---	---	---	---	---

**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: 07 / 26 / 2017

FEC Identification Number: C  
Transaction ID : SB21B.I1944!  
Amount of Each Disbursement this Period: 948.78

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: 07 / 27 / 2017

FEC Identification Number: C  
Transaction ID : SB21B.I1945C  
Amount of Each Disbursement this Period: 880.34

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: 07 / 28 / 2017

FEC Identification Number: C  
Transaction ID : SB21B.I1947  
Amount of Each Disbursement this Period: 94.19

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 1923.31

**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	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			3	1			2	0	1	7		

FEC Identification Number

**C** [ ]  
**Transaction ID : SB21B.I1948**  
 Amount of Each Disbursement this Period  
 [ ] 349.50

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	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			0	1			2	0	1	7		

FEC Identification Number

**C** [ ]  
**Transaction ID : SB21B.I19521**  
 Amount of Each Disbursement this Period  
 [ ] 161.90

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

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
0	8			0	2			2	0	1	7		

FEC Identification Number

**C** [ ]  
**Transaction ID : SB21B.I1952**  
 Amount of Each Disbursement this Period  
 [ ] 435.63

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

[ ] 947.03

[ ]

**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: MM / DD / YYYY  
08 / 03 / 2017

FEC Identification Number: C  
Transaction ID : SB21B.I1954  
Amount of Each Disbursement this Period: 126.26

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: MM / DD / YYYY  
08 / 04 / 2017

FEC Identification Number: C  
Transaction ID : SB21B.I1954  
Amount of Each Disbursement this Period: 10.75

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: MM / DD / YYYY  
08 / 07 / 2017

FEC Identification Number: C  
Transaction ID : SB21B.I1955  
Amount of Each Disbursement this Period: 70.47

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 207.48

**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
0	8		0	9		2	0	1	7

FEC Identification Number

**C** [ ]  
**Transaction ID : SB21B.I1956'**  
Amount of Each Disbursement this Period  
[ ] 104.20

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
0	8		1	0		2	0	1	7

FEC Identification Number

**C** [ ]  
**Transaction ID : SB21B.I1956'**  
Amount of Each Disbursement this Period  
[ ] 60.98

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
0	8		1	1		2	0	1	7

FEC Identification Number

**C** [ ]  
**Transaction ID : SB21B.I1957**  
Amount of Each Disbursement this Period  
[ ] 44.48

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

2	0	9	.	6	6
---	---	---	---	---	---

2	0	9	.	6	6
---	---	---	---	---	---

**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
0	8		1	4		2	0	1	7

FEC Identification Number

**C**

**Transaction ID : SB21B.I1960'**

Amount of Each Disbursement this Period

55.20

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
0	8		0	8		2	0	1	7

FEC Identification Number

**C**

**Transaction ID : SB21B.I19633**

Amount of Each Disbursement this Period

42.00

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

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	5		2	0	1	7

FEC Identification Number

**C**

**Transaction ID : SB21B.I1965**

Amount of Each Disbursement this Period

25161.26

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

25258.46

**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: 08 / 15 / 2017

FEC Identification Number: C  
Transaction ID : SB21B.I1965f  
Amount of Each Disbursement this Period: 40.78

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: 08 / 16 / 2017

FEC Identification Number: C  
Transaction ID : SB21B.I1965f  
Amount of Each Disbursement this Period: 151.70

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: 08 / 17 / 2017

FEC Identification Number: C  
Transaction ID : SB21B.I1966  
Amount of Each Disbursement this Period: 20.67

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 213.15

**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: MM / DD / YYYY  
08 / 18 / 2017

FEC Identification Number: C  
Transaction ID : SB21B.I1966  
Amount of Each Disbursement this Period: 364.48

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: MM / DD / YYYY  
08 / 21 / 2017

FEC Identification Number: C  
Transaction ID : SB21B.I1967  
Amount of Each Disbursement this Period: 75.63

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: MM / DD / YYYY  
08 / 23 / 2017

FEC Identification Number: C  
Transaction ID : SB21B.I1967  
Amount of Each Disbursement this Period: 656.17

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 1096.28

**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 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
0	8		2	3		2	0	1	7

FEC Identification Number

C [REDACTED]

**Transaction ID : SB21B.I1967!**

Amount of Each Disbursement this Period

[REDACTED] 47950.00

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:

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	4		2	0	1	7

FEC Identification Number

C [REDACTED]

**Transaction ID : SB21B.I1969C**

Amount of Each Disbursement this Period

[REDACTED] 247.49

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
0	8		2	5		2	0	1	7

FEC Identification Number

C [REDACTED]

**Transaction ID : SB21B.I1971**

Amount of Each Disbursement this Period

[REDACTED] 128.41

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

[REDACTED] 48325.90

[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
0	8		2	8		2	0	1	7

FEC Identification Number

C [REDACTED]

**Transaction ID : SB21B.I1971f**

Amount of Each Disbursement this Period

[REDACTED] 81.18

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
0	8		2	2		2	0	1	7

FEC Identification Number

C [REDACTED]

**Transaction ID : SB21B.I1971f**

Amount of Each Disbursement this Period

[REDACTED] 106.79

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
0	8		2	9		2	0	1	7

FEC Identification Number

C [REDACTED]

**Transaction ID : SB21B.I1972**

Amount of Each Disbursement this Period

[REDACTED] 166.18

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

[REDACTED] 354.15

[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**

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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
0	8		3	0		2	0	1	7

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I1972'

Amount of Each Disbursement this Period

[REDACTED] 691.39

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
0	8		3	1		2	0	1	7

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I1973f

Amount of Each Disbursement this Period

[REDACTED] 85.47

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
0	9		0	1		2	0	1	7

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I1976

Amount of Each Disbursement this Period

[REDACTED] 215.65

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

[REDACTED] 992.51

[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  
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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	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			0	5			2	0	1	7		

FEC Identification Number

**C**

**Transaction ID : SB21B.I1977**

Amount of Each Disbursement this Period

122.34

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	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			0	6			2	0	1	7		

FEC Identification Number

**C**

**Transaction ID : SB21B.I19831**

Amount of Each Disbursement this Period

89.36

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	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			0	7			2	0	1	7		

FEC Identification Number

**C**

**Transaction ID : SB21B.I1983**

Amount of Each Disbursement this Period

158.81

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

370.51

**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.I1983**  
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.I19921**  
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.I1992**  
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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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.I1992**  
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.I1993**  
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.I1994**  
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

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 09 / 18 / 2017

FEC Identification Number: C

Transaction ID : SB21B.I1994

Amount of Each Disbursement this Period: 50.74

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

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 09 / 19 / 2017

FEC Identification Number: C

Transaction ID : SB21B.I1994

Amount of Each Disbursement this Period: 244.90

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

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 09 / 20 / 2017

FEC Identification Number: C

Transaction ID : SB21B.I1994

Amount of Each Disbursement this Period: 296.30

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 591.94

**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)  
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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: MM / DD / YYYY  
09 / 21 / 2017

FEC Identification Number: C  
Transaction ID : SB21B.I1995  
Amount of Each Disbursement this Period: 82.61

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 DIGITAL CONSULTING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
09 / 21 / 2017

FEC Identification Number: C  
Transaction ID : SB21B.I1995  
Amount of Each Disbursement this Period: 23142.74

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: MM / DD / YYYY  
09 / 22 / 2017

FEC Identification Number: C  
Transaction ID : SB21B.I1996  
Amount of Each Disbursement this Period: 486.41

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 23711.76

**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

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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	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9				2	5				2	0	1	7

FEC Identification Number

**C** [ ]  
**Transaction ID : SB21B.I1996**  
 Amount of Each Disbursement this Period  
 [ ] 704.52

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	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9				2	6				2	0	1	7

FEC Identification Number

**C** [ ]  
**Transaction ID : SB21B.I1996**  
 Amount of Each Disbursement this Period  
 [ ] 42.17

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	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9				2	7				2	0	1	7

FEC Identification Number

**C** [ ]  
**Transaction ID : SB21B.I1997**  
 Amount of Each Disbursement this Period  
 [ ] 568.01

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

[ ] 1314.70

[ ]

**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. 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:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	7			2	0	1	7		

FEC Identification Number

C [REDACTED]

**Transaction ID : SB21B.I1997**  
Amount of Each Disbursement this Period

[REDACTED] 47950.00

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	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	8			2	0	1	7		

FEC Identification Number

C [REDACTED]

**Transaction ID : SB21B.I1997**  
Amount of Each Disbursement this Period

[REDACTED] 150.84

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	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	9			2	0	1	7		

FEC Identification Number

C [REDACTED]

**Transaction ID : SB21B.I2001**  
Amount of Each Disbursement this Period

[REDACTED] 332.43

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

[REDACTED] 48433.27

**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. 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:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			0	6			2	0	1	7		

FEC Identification Number

**C** [ ]  
**Transaction ID : SB21B.I1929**  
 Amount of Each Disbursement this Period  
 [ ] 7311.48

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:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			0	3			2	0	1	7		

FEC Identification Number

**C** [ ]  
**Transaction ID : SB21B.I1952**  
 Amount of Each Disbursement this Period  
 [ ] 8106.38

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:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			3	1			2	0	1	7		

FEC Identification Number

**C** [ ]  
**Transaction ID : SB21B.I1973**  
 Amount of Each Disbursement this Period  
 [ ] 11382.80

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

2	6	8	0	0	6	6
---	---	---	---	---	---	---

1	8	9	7	7	4	7	1	3
---	---	---	---	---	---	---	---	---

**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
0	7		2	8		2	0	1	7

FEC Identification Number

**C** C00330894

**Transaction ID : SB22.I19480**

Amount of Each Disbursement this Period

438915.24

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
0	8		3	1		2	0	1	7

FEC Identification Number

**C** C00330894

**Transaction ID : SB22.I19824**

Amount of Each Disbursement this Period

783621.39

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
0	9		3	0		2	0	1	7

FEC Identification Number

**C** C00330894

**Transaction ID : SB22.I20091**

Amount of Each Disbursement this Period

754518.86

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

1977055.49

**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**

**A. NRCC**

Full Name (Last, First, Middle Initial)

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:

Date of Disbursement: 07 / 28 / 2017

FEC Identification Number: C00002931

Transaction ID : SB22.I19482

Amount of Each Disbursement this Period: 197087.80

Memo Item

**B. NRCC**

Full Name (Last, First, Middle Initial)

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:

Date of Disbursement: 07 / 28 / 2017

FEC Identification Number: C00002931

Transaction ID : SB22.I19483

Amount of Each Disbursement this Period: 276679.58

Memo Item

**C. NRCC**

Full Name (Last, First, Middle Initial)

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:

Date of Disbursement: 08 / 31 / 2017

FEC Identification Number: C00002931

Transaction ID : SB22.I19826

Amount of Each Disbursement this Period: 461720.76

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 935488.14

**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. 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
08		31		2017

FEC Identification Number

**C** C00002931

**Transaction ID : SB22.I19827**

Amount of Each Disbursement this Period

478518.95

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 M	/	D D D	/	Y Y Y Y Y
08		31		2017

FEC Identification Number

**C** C00002931

**Transaction ID : SB22.I19828**

Amount of Each Disbursement this Period

18722.87

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
09		30		2017

FEC Identification Number

**C** C00002931

**Transaction ID : SB22.I20093**

Amount of Each Disbursement this Period

345775.78

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

843017.60

**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**

**A. NRCC**

Full Name (Last, First, Middle Initial)

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  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
09 / 30 / 2017

FEC Identification Number: C00002931  
Transaction ID : SB22.I20094  
Amount of Each Disbursement this Period: 139206.99

Memo Item

**B. PROSPERITY ACTION, INC.**

Full Name (Last, First, Middle Initial)

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  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
07 / 28 / 2017

FEC Identification Number: C00377689  
Transaction ID : SB22.I19481  
Amount of Each Disbursement this Period: 405702.25

Memo Item

**C. PROSPERITY ACTION, INC.**

Full Name (Last, First, Middle Initial)

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  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
08 / 31 / 2017

FEC Identification Number: C00377689  
Transaction ID : SB22.I19825  
Amount of Each Disbursement this Period: 320329.95

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 865239.19

**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. 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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	9		3	0		2	0	1	7		

FEC Identification Number

**C** C00377689

**Transaction ID : SB22.I20092**

Amount of Each Disbursement this Period

294592.54

Memo Item

**B.**

Full Name (Last, First, Middle Initial)

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	Y	Y

FEC Identification Number

**C**

Amount of Each Disbursement this Period

Memo Item

**C.**

Full Name (Last, First, Middle Initial)

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	Y	Y

FEC Identification Number

**C**

Amount of Each Disbursement this Period

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

294592.54

4915392.96



**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. FISCHMANN, ROBERTO, , ,</b>		Date of Disbursement MM / DD / YYYY 09 / 28 / 2017	
Mailing Address 3003 TURNER ST		FEC Identification Number C [REDACTED] <b>Transaction ID : SB28A.I1999:</b> Amount of Each Disbursement this Period 2500.00	
City ALLENTOWN	State PA	Zip Code 18104	Category/ Type
Purpose of Disbursement REFUND		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. SHELTON, GARLYN, O, ,</b>		Date of Disbursement MM / DD / YYYY 07 / 26 / 2017	
Mailing Address PO BOX 548		FEC Identification Number C [REDACTED] <b>Transaction ID : SB28A.I19451</b> Amount of Each Disbursement this Period 5000.00	
City TEMPLE	State TX	Zip Code 76503	Category/ Type
Purpose of Disbursement REFUND		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. SINQUEFIELD, REX, , ,</b>		Date of Disbursement MM / DD / YYYY 09 / 21 / 2017	
Mailing Address 244 BENT WALNUT LN		FEC Identification Number C [REDACTED] <b>Transaction ID : SB28A.I1996</b> Amount of Each Disbursement this Period 50000.00	
City WESTPHALIA	State MO	Zip Code 65085	Category/ Type
Purpose of Disbursement REFUND		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).....▶	57500.00
<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) <b>A. STEWARD, DAVID, L, ,</b>		Date of Disbursement MM / DD / YYYY 09 / 26 / 2017	
Mailing Address PO BOX 1724		FEC Identification Number C [REDACTED] <b>Transaction ID : SB28A.I1997I</b> Amount of Each Disbursement this Period 100000.00	
City MARYLAND HEIGHTS	State MO	Zip Code 63043	Category/ Type
Purpose of Disbursement REFUND		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. FARRAGUT LAND PARTNERS LLC</b>		Date of Disbursement MM / DD / YYYY 07 / 17 / 2017	
Mailing Address PO BOX 10226		FEC Identification Number C [REDACTED] <b>Transaction ID : SB28A.I1940I</b> Amount of Each Disbursement this Period 2500.00	
City KNOXVILLE	State TN	Zip Code 37939	Category/ Type
Purpose of Disbursement REFUND		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. HIGH GRADE BEVERAGE BEER DISTRIBUTORS</b>		Date of Disbursement MM / DD / YYYY 07 / 17 / 2017	
Mailing Address PO BOX 7092		FEC Identification Number C [REDACTED] <b>Transaction ID : SB28A.I1940I</b> Amount of Each Disbursement this Period 500.00	
City NORTH BRUNSWICK	State NJ	Zip Code 08902	Category/ Type
Purpose of Disbursement REFUND		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:			

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

103000.00

**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 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. STRADLEY RONON STEVENS & YOUNG LLP**

Mailing Address 2005 MARKET ST STE 2600

City  
PHILADELPHIA

State  
PA

Zip Code  
19103

Purpose of Disbursement  
REFUND

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  
09 / 30 / 2017

FEC Identification Number

C  
**Transaction ID : SB28A.I2007'**  
Amount of Each Disbursement this Period  
2500.00

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  
DIGITAL PROGRAM REFUNDS (ITEMIZED WHERE ABOVE THRESHOLD)

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  
07 / 17 / 2017

FEC Identification Number

C  
**Transaction ID : SB28A.I1940**  
Amount of Each Disbursement this Period  
746.00

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 MERCHANT REFUND 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  
07 / 17 / 2017

FEC Identification Number

C  
**Transaction ID : SB28A.I1940**  
Amount of Each Disbursement this Period  
135.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

3246.00

**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 DIGITAL PROGRAM REFUNDS (ITEMIZED WHERE ABOVE THRESHOLD)

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 08 / 14 / 2017

FEC Identification Number: C  
Transaction ID : SB28A.I1964  
Amount of Each Disbursement this Period: 1300.00

Memo Item

**B. ANDERSON, DOUG, , ,**

Full Name (Last, First, Middle Initial)  
Mailing Address 521 KEYSTONE AVE

City RIVERFOREST State IL Zip Code 60305

Purpose of Disbursement REFUND

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 08 / 14 / 2017

FEC Identification Number: C  
Transaction ID : SB28A.I19654  
Amount of Each Disbursement this Period: 250.00

Memo Item

**C. PATRY, CLEMENT, , ,**

Full Name (Last, First, Middle Initial)  
Mailing Address 10 HARBOURSIDE DR

City SUFFIELD State CT Zip Code 06078

Purpose of Disbursement REFUND

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 08 / 14 / 2017

FEC Identification Number: C  
Transaction ID : SB28A.I1965  
Amount of Each Disbursement this Period: 300.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 1300.00

**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)

**A. SEBASTIAN, GAIL, , ,**

Mailing Address 2941 ROCK CREEK RD

City  
NORTH WILKESBORO

State  
NC

Zip Code  
28659

Purpose of Disbursement  
REFUND

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
0	8		1	4		2	0	1	7

FEC Identification Number

C [ ]  
**Transaction ID : SB28A.I1965**  
Amount of Each Disbursement this Period  
[ ] 540.00

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  
DIGITAL PROGRAM REFUNDS (ITEMIZED WHERE ABOVE THRESHOLD)

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
0	9		2	1		2	0	1	7

FEC Identification Number

C [ ]  
**Transaction ID : SB28A.I1995**  
Amount of Each Disbursement this Period  
[ ] 25.00

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:

Category/  
Type

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)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

25.00
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165071.00
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