

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

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

FOR LINE NUMBER: PAGE 127 OF 881

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Team Ryan

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. CROSS, ROYCE, M., ,

Mailing Address 31 ROCKLAND CT

City
BREWERState
MEZip Code
04412-1253FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
CROSS INSURANCEOccupation (for Individual)
PRESIDENT AND CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 09 / 2017

Transaction ID : SA11A.495082

Amount of Each Receipt this Period

50000.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. CROW, HARLAN, R., MR.,

Mailing Address 3819 MAPLE AVE

City
DALLASState
TXZip Code
75219-3913FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
CROW HOLDINGSOccupation (for Individual)
PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

244200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 18 / 2017

Transaction ID : SA11A.485355

Amount of Each Receipt this Period

244200.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. CROW, TIM, , ,

Mailing Address 3627 PAPER MILL RD SE

City
MARIETTAState
GAZip Code
30067-4938FEC ID number of contributing
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 13 / 2017

Transaction ID : SA11A.485667

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

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

294300.00

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