

**FEC
FORM 3****REPORT OF RECEIPTS
AND DISBURSEMENTS**

For An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)USE FEC MAILING LABEL
OR TYPE OR PRINT ▼Example: If typing, type
over the lines

Ryan for Congress

ADDRESS (number and street)
▼

P, O, Box 1919

☐Check if different
than previously
reported. (ACC)

Janesville

WI

53547

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

C00330894

3. IS THIS
REPORT☒NEW
(N)

OR

☐ AMENDED
(A)

WI

1

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

☐

April 15 Quarterly Report (Q1)

☐

July 15 Quarterly Report (Q2)

☐

October 15 Quarterly Report (Q3)

☒

January 31 Year-End Report (YE)

☐

Termination Report (TER)

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

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12S)

Election on

in the
State of(c) 30-Day **POST**-Election Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

1 1

2 8

2 0 0 6

through

1 2

3 1

2 0 0 6

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

Larry E. Everhart

Signature of Treasurer

Electronically Filed by Larry E. Everhart

Date

0 1

0 4

2 0 0 7

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

Office
Use
Only**FEC FORM 3**
(Revised 02/2003)

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Page 2

Write or Type Committee Name

Ryan for Congress

Report Covering the Period:

From:

M M
1 1D D
2 8Y Y Y Y
2 0 0 6

To:

M M
1 2D D
3 1Y Y Y Y
2 0 0 6

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e)).....	2195.00	1391510.46
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	550.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	2195.00	1390960.46
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	16787.81	897191.05
(b) Total Offsets to Operating Expenditures (from Line 14).....	54.06	2339.75
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	16733.75	894851.30
8. Cash on Hand at Close of Reporting Period (from Line 27).....	1258377.27	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	13783.88	

For further information contact:

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

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

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3 (Revised 02/2003)

Page 3

Write or Type Committee Name

Ryan for Congress

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
1	1	2	8	2	0	0	6

To:

M	M	D	D	Y	Y	Y	Y
1	2	3	1	2	0	0	6

I. RECEIPTS**COLUMN A**
Total This Period**COLUMN B**
Election Cycle-to-Date**11. CONTRIBUTIONS (other than loans) FROM:**(a) Individuals/Persons Other Than
Political Committees

(i) Itemized (use Schedule A).....

70.00

507523.30

(ii) Unitemized.....

125.00

183508.87

(iii) TOTAL of contributions

from individuals..... ▶

195.00

691032.17

(b) Political Party Committees.....

0.00

203.15

(c) Other Political Committees
(such as PACS).....

2000.00

700275.14

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS

(other than loans)

(add Lines 11(a)(iii), (b), (c), and (d))

2195.00

1391510.46

**12. TRANSFERS FROM OTHER
AUTHORIZED COMMITTEES.....**

0.00

0.00

13. LOANS(a) Made or Guaranteed by the
Candidate.....

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS
(add Lines 13(a) and (b)).....

0.00

0.00

**14. OFFSETS TO OPERATING
EXPENDITURES
(Refunds, Rebates, etc.).....**

54.06

2339.75

15. OTHER RECEIPTS

(Dividends, Interest, etc.).....

8730.79

86428.33

**16. TOTAL RECEIPTS (add Lines
11(e), 12, 13(c), 14, and 15)
(Carry Total to Line 24, page 4)..... ▶**

10979.85

1480278.54

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	16787.81	897191.05
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of all Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	550.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	550.00
21. OTHER DISBURSEMENTS.....	5000.00	479650.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	21787.81	1377391.05

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	1269185.23
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	10979.85
25. SUBTOTAL (add Line 23 and Line 24).....	1280165.08
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	21787.81
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	1258377.27

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

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

FOR LINE NUMBER: PAGE 5 / 19

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Ryan for Congress

Full Name (Last, First, Middle Initial)

A. American Consulting Engineers Council Pa

Mailing Address 1015 15th St. Nw
Suite 802

City State Zip Code
Washington DC 20005

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2006

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 0 / 2 0 0 6

Transaction ID: 70104.C40556

Amount of Each Receipt this Period

2000.00

Receipt

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

2000.00

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

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

FOR LINE NUMBER: PAGE 6 / 19

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Ryan for Congress

A. Full Name (Last, First, Middle Initial)

Mark J. Manty

Mailing Address 321 Mertens Ave.

City State Zip Code
 Racine WI 53405

FEC ID number of contributing
federal political committee.

C

Name of Employer
S.C. Johnson

Occupation
Expeditor

Receipt For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 2 7 / 2 0 0 6

Transaction ID: 70104.C40559

Amount of Each Receipt this Period

70.00

Receipt

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)

70.00

TOTAL This Period (last page this line number only)

70.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 19

(check only one)

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

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NAME OF COMMITTEE (In Full)

Ryan for Congress

A. Full Name (Last, First, Middle Initial) M&I Marshall & Ilsley Bank Mailing Address PO Box 2045 City Milwaukee State WI Zip Code 53201-2045 FEC ID number of contributing federal political committee. C Name of Employer Occupation Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 28440.08		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: 70104.C40560 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">3303.64</td> </tr> </table> Other Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	M	M	/	D	D	/	Y	Y	Y	Y	1	1		3	0		2	0	0	6	3303.64									
M	M	/	D	D	/	Y	Y	Y	Y																							
1	1		3	0		2	0	0	6																							
3303.64																																
B. Full Name (Last, First, Middle Initial) M&I Marshall & Ilsley Bank Mailing Address PO Box 2045 City Milwaukee State WI Zip Code 53201-2045 FEC ID number of contributing federal political committee. C Name of Employer Occupation Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 28867.23		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: 70104.C40561 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">427.15</td> </tr> </table> Other Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	M	M	/	D	D	/	Y	Y	Y	Y	1	2		3	1		2	0	0	6	427.15									
M	M	/	D	D	/	Y	Y	Y	Y																							
1	2		3	1		2	0	0	6																							
427.15																																
C. Full Name (Last, First, Middle Initial) Republican Assembly Campaign Committee Mailing Address PO Box 31 City Madison State WI Zip Code 53701-0031 FEC ID number of contributing federal political committee. C Name of Employer Occupation Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 5000.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: 70104.C40557 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">5000.00</td> </tr> </table> Other Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	M	M	/	D	D	/	Y	Y	Y	Y	1	2		2	2		2	0	0	6	5000.00									
M	M	/	D	D	/	Y	Y	Y	Y																							
1	2		2	2		2	0	0	6																							
5000.00																																

SUBTOTAL of Receipts This Page (optional)**8730.79****TOTAL** This Period (last page this line number only)**8730.79**

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

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

FOR LINE NUMBER:
(check only one)

PAGE 8 / 19

☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
 Ryan for Congress

Full Name (Last, First, Middle Initial)

A. Office Max

Mailing Address P.O. Box 9020
 HSBC Business Solutions

City Des Moines State IA Zip Code 50368-

Purpose of Disbursement
 Office supplies

Candidate Name

001
 Category/
 Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 70104.E3470

Date of Disbursement

12 / 07 / 2006

Amount of Each Disbursement this Period

73.37

☐ Refund or Disposal of Excess
 Contributions Required Under
 11 C.F.R. 400.53

OFFICE SUPPLIES

Full Name (Last, First, Middle Initial)

B. Paul Ryan

Mailing Address P.O. Box 2194

City Janesville State WI Zip Code 53547-

Purpose of Disbursement
 7 Flags

Candidate Name

001
 Category/
 Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 70104.E3454

Date of Disbursement

12 / 01 / 2006

Amount of Each Disbursement this Period

107.42

☐ Refund or Disposal of Excess
 Contributions Required Under
 11 C.F.R. 400.53

7 FLAGS

Full Name (Last, First, Middle Initial)

C. Sarah Ulrich

Mailing Address 2933 Fish Hatchery Rd Apt 206

City Fitchburg State WI Zip Code 53713-3141

Purpose of Disbursement
 Travel

Candidate Name

002
 Category/
 Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 70104.E3451

Date of Disbursement

12 / 01 / 2006

Amount of Each Disbursement this Period

435.00

☐ Refund or Disposal of Excess
 Contributions Required Under
 11 C.F.R. 400.53

TRAVEL

SUBTOTAL of Disbursements This Page (optional)

615.79

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
Ryan for Congress

Full Name (Last, First, Middle Initial)

A. Payroll Data Services, LLC

Mailing Address 2418 Cross Roads Dr.

City Madison State WI Zip Code 53704-

Purpose of Disbursement

Payroll processing fee

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 70104.E3450

Date of Disbursement

12 / 01 / 2006

Amount of Each Disbursement this Period

48.30

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

PAYROLL PROCESSING FEE

Full Name (Last, First, Middle Initial)

B. Payroll Data Services, LLC

Mailing Address 2418 Cross Roads Dr.

City Madison State WI Zip Code 53704-

Purpose of Disbursement

Payroll Taxes

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 70104.E3485

Date of Disbursement

12 / 29 / 2006

Amount of Each Disbursement this Period

1271.25

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

PAYROLL TAXES

Full Name (Last, First, Middle Initial)

C. Janesville Florist

Mailing Address 1021 Mineral Point Rd.

City Janesville State WI Zip Code 53545-

Purpose of Disbursement

Flowers for Funeral

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 70104.E3476

Date of Disbursement

12 / 18 / 2006

Amount of Each Disbursement this Period

54.60

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

FLOWERS FOR FUNERAL

SUBTOTAL of Disbursements This Page (optional)

1374.15

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 10 / 19

☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
Ryan for Congress

Full Name (Last, First, Middle Initial)

A. M&I Marshall & Ilsley Bank

Mailing Address PO Box 2045

City Milwaukee State WI Zip Code 53201-2045

Purpose of Disbursement

Merch Services fee

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 70104.E3482

Date of Disbursement

12 / 11 / 2006

Amount of Each Disbursement this Period

20.40

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

MERCH SERVICES FEE

Full Name (Last, First, Middle Initial)

B. M&I Marshall & Ilsley Bank

Mailing Address PO Box 2045

City Milwaukee State WI Zip Code 53201-2045

Purpose of Disbursement

Bank Fee for 2 Wire Transfers

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 70104.E3486

Date of Disbursement

12 / 31 / 2006

Amount of Each Disbursement this Period

40.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

BANK FEE FOR 2 WIRE TRANS-
FERS

Full Name (Last, First, Middle Initial)

C. Postmaster JANESVILLE, WI 53545

Mailing Address 1818 Milton Ave

City Janesville State WI Zip Code 53545-

Purpose of Disbursement

Stamps for Christmas Cards

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 70104.E3453

Date of Disbursement

12 / 01 / 2006

Amount of Each Disbursement this Period

1170.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

STAMPS FOR CHRISTMAS CARDS

SUBTOTAL of Disbursements This Page (optional)

1230.40

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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FOR LINE NUMBER:
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PAGE 11 / 19

☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
Ryan for Congress

Full Name (Last, First, Middle Initial)

A. The Congressional Club

Mailing Address 2001 New Hampshire Ave NW

City Washington State DC Zip Code 20009-

Purpose of Disbursement
Membership - Janna

Candidate Name

007
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 70104.E3474

Date of Disbursement

12 / 11 / 2006

Amount of Each Disbursement this Period

125.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

MEMBERSHIP - JANNA

Full Name (Last, First, Middle Initial)

B. TDS Metrocom

Mailing Address PO Box 1019

City Monroe State WI Zip Code 53566-

Purpose of Disbursement
Office Phone

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 70104.E3471

Date of Disbursement

12 / 07 / 2006

Amount of Each Disbursement this Period

120.54

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

OFFICE PHONE

Full Name (Last, First, Middle Initial)

C. Bob Kimball Properties

Mailing Address 917 Todd Dr.
(Butler Terrace)

City Janesville State WI Zip Code 53546-

Purpose of Disbursement
Office Rent

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 70104.E3455

Date of Disbursement

12 / 01 / 2006

Amount of Each Disbursement this Period

437.75

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

OFFICE RENT

SUBTOTAL of Disbursements This Page (optional)

683.29

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 12 / 19

☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
Ryan for Congress

Full Name (Last, First, Middle Initial)

A. Woodmans-Janesville

Mailing Address 2919 N. Lexington Dr.

City Janesville State WI Zip Code 53545-

Purpose of Disbursement
Food for volunteers

Candidate Name

002
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 70104.E3483

Date of Disbursement

12 / 18 / 2006

Amount of Each Disbursement this Period

24.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

FOOD FOR VOLUNTEERS

Full Name (Last, First, Middle Initial)

B. Maelstrom Tech Solutions

Mailing Address 250 N Sunny Slope Rd

City Brookfield State WI Zip Code 53005-4809

Purpose of Disbursement
Website Host Fee

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 70104.E3460

Date of Disbursement

12 / 04 / 2006

Amount of Each Disbursement this Period

80.69

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

WEBSITE HOST FEE

Full Name (Last, First, Middle Initial)

C. Midwest Express Airlines

Mailing Address 6744 S. Howell Ave.

City Oak Creek State WI Zip Code 53154-

Purpose of Disbursement
Plane Ticket to DC

Candidate Name

002
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 70104.E3468

Date of Disbursement

12 / 04 / 2006

Amount of Each Disbursement this Period

499.10

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

PLANE TICKET TO DC

SUBTOTAL of Disbursements This Page (optional)

603.79

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
Ryan for Congress

Full Name (Last, First, Middle Initial)

A. AT&T (SBC)

Mailing Address Bill Payment Center

City State Zip Code
Saginaw MI 48663-

Purpose of Disbursement
Phone

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 70104.E3479

Date of Disbursement

12 / 18 / 2006

Amount of Each Disbursement this Period

63.27

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

PHONE

Full Name (Last, First, Middle Initial)

B. Postmaster JANESVILLE, WI 53545

Mailing Address 1818 Milton Ave

City State Zip Code
Janesville WI 53545-

Purpose of Disbursement
Stamps

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 70104.E3456

Date of Disbursement

12 / 01 / 2006

Amount of Each Disbursement this Period

39.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

STAMPS

Full Name (Last, First, Middle Initial)

C. Susan Jacobson

Mailing Address 3544 N. Cedar Ridge Court

City State Zip Code
Janesville WI 53545-

Purpose of Disbursement
Travel

Candidate Name

002
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 70104.E3448

Date of Disbursement

12 / 01 / 2006

Amount of Each Disbursement this Period

331.98

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

TRAVEL

SUBTOTAL of Disbursements This Page (optional)

434.25

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
Ryan for Congress

A. Full Name (Last, First, Middle Initial) Sarah Ulrich		Transaction ID: 70104.E3481 Date of Disbursement <div> <div>12</div> <div>07</div> <div>2006</div> </div>	
Mailing Address 2933 Fish Hatchery Rd Apt 206		Amount of Each Disbursement this Period <div>1481.59</div>	
City Fitchburg State WI Zip Code 53713-3141	Purpose of Disbursement Salary Candidate Name	001 Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	SALARY	

B. Full Name (Last, First, Middle Initial) Paul Ryan		Transaction ID: 70104.E3464 Date of Disbursement <div> <div>12</div> <div>08</div> <div>2006</div> </div>	
Mailing Address P.O. Box 2194		Amount of Each Disbursement this Period <div>264.99</div>	
City Janesville State WI Zip Code 53547-	Purpose of Disbursement Travel - November Candidate Name	002 Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	TRAVEL - NOVEMBER	

C. Full Name (Last, First, Middle Initial) Postmaster JANESVILLE, WI 53545		Transaction ID: 70104.E3473 Date of Disbursement <div> <div>12</div> <div>08</div> <div>2006</div> </div>	
Mailing Address 1818 Milton Ave		Amount of Each Disbursement this Period <div>198.72</div>	
City Janesville State WI Zip Code 53545-	Purpose of Disbursement Postage Candidate Name	001 Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	POSTAGE	

SUBTOTAL of Disbursements This Page (optional)

1945.30

TOTAL This Period (last page this line number only)

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

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

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(check only one)

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NAME OF COMMITTEE (In Full)
Ryan for Congress

Full Name (Last, First, Middle Initial)

A. Charter Communications

Mailing Address 5618 Odana Road

City Madison State WI Zip Code 53719-1231

Purpose of Disbursement
Computer Service

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 70104.E3472

Date of Disbursement

12 / 07 / 2006

Amount of Each Disbursement this Period

52.45

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

COMPUTER SERVICE

Full Name (Last, First, Middle Initial)

B. Juniper Bank

Mailing Address P.O. Box 13337

City Philadelphia State PA Zip Code 19101-3337

Purpose of Disbursement
Travel expense

Candidate Name

002
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 70104.E3480

Date of Disbursement

12 / 18 / 2006

Amount of Each Disbursement this Period

39.99

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

TRAVEL EXPENSE

Full Name (Last, First, Middle Initial)

C. Fed Ex JANESVILLE

Mailing Address 1727 Plainfield Ave.

City Janesville State WI Zip Code 53545-

Purpose of Disbursement
Overnight Fed Ex

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 70104.E3449

Date of Disbursement

12 / 01 / 2006

Amount of Each Disbursement this Period

53.83

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

OVERNIGHT FED EX

SUBTOTAL of Disbursements This Page (optional)

146.27

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
Ryan for Congress

Full Name (Last, First, Middle Initial)

A. Mary Stitt

Mailing Address 1478 Noridge Trail

City Port Washington State WI Zip Code 53074-

Purpose of Disbursement

Fundraiser Fee

Candidate Name

003
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 70104.E3457

Date of Disbursement

12 / 01 / 2006

Amount of Each Disbursement this Period

3105.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

FUNDRAISER FEE

Full Name (Last, First, Middle Initial)

B. Sarah Ulrich

Mailing Address 2933 Fish Hatchery Rd Apt 206

City Fitchburg State WI Zip Code 53713-3141

Purpose of Disbursement

Campaign food & materials

Candidate Name

006
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 70104.E3452

Date of Disbursement

12 / 01 / 2006

Amount of Each Disbursement this Period

100.93

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

CAMPAIGN FOOD & MATERIALS

Full Name (Last, First, Middle Initial)

C. Imagi

Mailing Address 1020 Glen St

City Janesville State WI Zip Code 53545-2542

Purpose of Disbursement

Pictures for lit piece

Candidate Name

004
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 70104.E3461

Date of Disbursement

12 / 04 / 2006

Amount of Each Disbursement this Period

1720.95

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

PICTURES FOR LIT PIECE

SUBTOTAL of Disbursements This Page (optional)

4926.88

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Ryan for Congress

A. Full Name (Last, First, Middle Initial) Susan Jacobson		Transaction ID: 70104.E3466 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td>/</td><td>3</td><td>0</td><td>/</td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	3	0	/	2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
1	1	/	3	0	/	2	0	0	6														
Mailing Address 3544 N. Cedar Ridge Court		Amount of Each Disbursement this Period <table border="1"> <tr> <td>2</td><td>7</td><td>9</td><td>8</td><td>.</td><td>7</td><td>2</td> </tr> </table>		2	7	9	8	.	7	2													
2	7	9	8	.	7	2																	
City Janesville State WI Zip Code 53545-	Purpose of Disbursement Salary	Category/Type <input type="checkbox"/> 001	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53																				
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	SALARY																				
B. Full Name (Last, First, Middle Initial) Janesville Police Association		Transaction ID: 70104.E3447 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td>/</td><td>0</td><td>1</td><td>/</td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	2	/	0	1	/	2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
1	2	/	0	1	/	2	0	0	6														
Mailing Address 2004 West Court Street		Amount of Each Disbursement this Period <table border="1"> <tr> <td>1</td><td>5</td><td>0</td><td>.</td><td>0</td><td>0</td> </tr> </table>		1	5	0	.	0	0														
1	5	0	.	0	0																		
City Janesville State WI Zip Code 53545-	Purpose of Disbursement Ad	Category/Type <input type="checkbox"/> 004	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53																				
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	AD																				
C. Full Name (Last, First, Middle Initial) Payroll Data Services, LLC		Transaction ID: 70104.E3467 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td>/</td><td>2</td><td>9</td><td>/</td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	2	9	/	2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
1	1	/	2	9	/	2	0	0	6														
Mailing Address 2418 Cross Roads Dr.		Amount of Each Disbursement this Period <table border="1"> <tr> <td>1</td><td>7</td><td>4</td><td>8</td><td>.</td><td>0</td><td>9</td> </tr> </table>		1	7	4	8	.	0	9													
1	7	4	8	.	0	9																	
City Madison State WI Zip Code 53704-	Purpose of Disbursement Payroll taxes	Category/Type <input type="checkbox"/> 001	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53																				
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	PAYROLL TAXES																				
SUBTOTAL of Disbursements This Page (optional)		<table border="1"> <tr> <td>4</td><td>6</td><td>9</td><td>6</td><td>.</td><td>8</td><td>1</td> </tr> </table>		4	6	9	6	.	8	1													
4	6	9	6	.	8	1																	
TOTAL This Period (last page this line number only)		<table border="1"> <tr> <td>1</td><td>6</td><td>6</td><td>5</td><td>6</td><td>.</td><td>9</td><td>3</td> </tr> </table>		1	6	6	5	6	.	9	3												
1	6	6	5	6	.	9	3																

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

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input checked="" type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Ryan for Congress

Full Name (Last, First, Middle Initial)

A. Republican Party of Wisconsin

Mailing Address P.O. Box 31
148 E Johnson Street

City Madison State WI Zip Code 53701-

Purpose of Disbursement

Victory Fund

Candidate Name

007
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 70104.E3484

Date of Disbursement

MM / DD / YYYY
12 / 22 / 2006

Amount of Each Disbursement this Period

5000.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

5000.00

TOTAL This Period (last page this line number only)

5000.00

SCHEDULE D (FEC Form 3)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 19 / 19

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)
Ryan for Congress

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Mary Stitt

Nature of Debt (Purpose):
003 Fundraisers Fee

Mailing Address 1478 Noridge Trail

City State ZIP Code
Port Washington WI 53074-

Outstanding Balance Beginning This Period

0.00

Transaction ID: LS70104.E3487

Amount Incurred This Period

3105.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

3105.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Jax Graphics, Inc.

Nature of Debt (Purpose):
001 Printing Christmas Cards

Mailing Address 421 W. Mailwaukee St.

City State ZIP Code
Janesville WI 53545-

Outstanding Balance Beginning This Period

0.00

Transaction ID: LS70104.E3488

Amount Incurred This Period

1721.57

Payment This Period

0.00

Outstanding Balance at Close of This Period

1721.57

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Townsend Group

Nature of Debt (Purpose):
003 Fundraiser Fee

Mailing Address 429 N Saint Asaph

City State ZIP Code
Alexandria VA 22314-

Outstanding Balance Beginning This Period

0.00

Transaction ID: LS70104.E3489

Amount Incurred This Period

8957.31

Payment This Period

0.00

Outstanding Balance at Close of This Period

8957.31

1) **SUBTOTALS** This Period This Page (optional).....

13783.88

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

13783.88

3) **TOTALS OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)