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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Ryan for Congress, Inc. PO Box 1488 ADDRESS (number and street) (Check if address is changed) Janesville 53547-1488 WI CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS susan@ryanforcongress.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) www.ryanforcongress.com (Check if address is changed) DATE 2018 C00330894 FEC IDENTIFICATION NUMBER > 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Mair, Paul, , , Type or Print Name of Treasurer Mair, Paul,,, [Electronically Filed] 05 2018 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530 Only

Local 202-694-1100

			- 0
		rm 1 (Revised 02/2009)	Page 2
		OMMITTEE • Committee:	
(a)	×	This committee is a principal campaign committee. (Complete the candidate information below	.)
(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Cor information below.)	nplete the candidate
Name Cand	e of lidate	Ryan, Paul, D., ,	
	lidate ⁄ Affiliati	on REP Office Sought: X House Senate President	State WI District 01
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name Cand			
Parl	ty Con	nmittee:	
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Poli	tical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	nnected organization is a
		Corporation Corporation w/o Capital Stock	Labor Organization
		Membership Organization Trade Association	Cooperative
		In addition, this committee is a Lobbyist/Registrant PAC.	
(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate s committee. (i.e., nonconnected committee)	egregated fund or party
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Join	t Fund	raising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for t committees/organizations, at least one of which is an authorized committee of a federal candidate	
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for t committees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

FEC Form 1 (Revised 02/2009) Write or Type Committee Name	Page 3
Ryan for Congress, Inc.	
6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadersh	ip PAC Sponsor
Team Ryan	
2470 Daniels Bridge Road Mailing Address	
Athens GA 30606-618	37
CITY STATE Z	ZIP CODE
Relationship: Connected Organization Affiliated Committee X Joint Fundraising Representative Lead	dership PAC Sponso
Custodian of Records: Identify by name, address (phone number optional) and position of the person in poss books and records.	ession of committee
Jacobson, Susan, , ,	
Full Name PO Box 1488	
Mailing Address	
Janesville , WI , 53547-148	38
Janesvine VVI JOS47-144	
Title or Position CITY STATE Z	IP CODE
Custodian of Records Telephone number 608 7	8099
. Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and the name any designated agent (e.g., assistant treasurer).	ne and address of
Full Name Mair, Paul, , ,	
of Treasurer	
Mailing Address	
Janesville	
CITY STATE Z Title or Position	IP CODE
-	54 - 8099

	1 (Revised 02/2009)	Page 4
Full Name of		
Designated Agent		
Mailing Address		
		I-I
	CITY STATE	ZIP CODE
Title or Position		
	Telephone number	
safety deposit box Name of Bank, Do	Depositories: List all banks or other depositories in which the committee deposits funds, hold are or maintains funds. Depository, etc. Associated Bank	
safety deposit box Name of Bank, Do	xes or maintains funds. Depository, etc.	
safety deposit box Name of Bank, De	epository, etc. Associated Bank	
safety deposit box Name of Bank, De	epository, etc. Associated Bank	
safety deposit box Name of Bank, De	Associated Bank 2720 N Lexington Drive	ZIP CODE
safety deposit box Name of Bank, De	Associated Bank 2720 N Lexington Drive Janesville CITY STATE	ZIP CODE
safety deposit box Name of Bank, Do Mailing Address Name of Bank, Do	Associated Bank 2720 N Lexington Drive Janesville CITY STATE	ZIP CODE
safety deposit box Name of Bank, Do Mailing Address Name of Bank, Do	Associated Bank 2720 N Lexington Drive Janesville CITY STATE	ZIP CODE
safety deposit box Name of Bank, Do Mailing Address Name of Bank, Do	Associated Bank 2720 N Lexington Drive Janesville CITY STATE Pepository, etc. Blackhawk Credit Union PO Box 5366	ZIP CODE
safety deposit box Name of Bank, Do Mailing Address Name of Bank, Do	Associated Bank 2720 N Lexington Drive Janesville CITY STATE Pepository, etc. Blackhawk Credit Union PO Box 5366 2704 E Milwaukee Street	ZIP CODE
safety deposit box Name of Bank, Do Mailing Address Name of Bank, Do	Associated Bank 2720 N Lexington Drive Janesville CITY STATE Pepository, etc. Blackhawk Credit Union PO Box 5366	ZIP CODE

FEC Form 1S (Revised 02/2017)

h). Joint Fundraisin	Participant:				
1.			FEC	ID number	C
2.			FEC	ID number	C
3.			FEC	ID number	С
4.			FEC	ID number	С
ame of Any Connected	Organization, Affilia	ted Committee, Joint	Fundraising R	depresentative	e, or Leadership PAC Spor
Mailing Address					
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Relationship:		CITY A		STATE ▲	ZIP CODE ▲
		ffiliated Committee		ing Representa	ative Leadership PAC S
				ing Representa	ative Leadership PAC S
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esignated Agent: Identify Full Name				ing Representa	ative Leadership PAC S
esignated Agent: Identify Full Name	by name, address (nal)	ing Representa	ative Leadership PAC S
esignated Agent: Identify Full Name Mailing Address	by name, address (phone number – optio	nal)	STATE	
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FEC Form 1S (Revised 02/2017)

5(g) o	or(h). Joint Fundraisi r	ng Participant:			
	1		FEC I	D number	C
	2.		FEC I	D number	C
	3.		FEC I	D number	C
			FEC I	D number	C
6.	Name of Any Connected	Organization, Affiliated Committee, Joint	Fundraising Re	presentative	e, or Leadership PAC Sponsor
	Mailing Address		1 1 1 1		
	Relationship:	CITY A		STATE ▲	ZIP CODE ▲
	Connecte	d Organization Affiliated Committee	Joint Fundraisin	g Representa	tive Leadership PAC Sponsor
8.	Designated Agent: Identify	y by name, address (phone number – option	al)		
8.	Designated Agent: Identify Full Name	y by name, address (phone number – option	al)	1 1 1 1	
8.		y by name, address (phone number – option	al)		
8.	Full Name	y by name, address (phone number – option	al)		
8.	Full Name	y by name, address (phone number – option	al)		
8.	Full Name	CITY A	al)	STATE A	ZIP CODE A
8.	Full Name	CITY A	al) Telephone N		
9.	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositors afety deposit boxes or maintain to the position of th	CITY ▲ cries: List all banks or other depositories in valuations funds. Checking Account	Telephone N	lumber	ZIP CODE A
9.	Full Name Mailing Address TITLE OR POSITION Banks or Other Deposito safety deposit boxes or mail name of Bank, BMO (CITY A cries: List all banks or other depositories in valuations funds.	Telephone N	lumber	ZIP CODE A
9.	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor Safety deposit boxes or main safety deposit boxes or main safety depository, etc.	CITY A cries: List all banks or other depositories in valintains funds. Checking Account 100 N Main Street	Telephone N	ittee deposits	ZIP CODE ZIP CODE s funds, holds accounts, rents
9.	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor Safety deposit boxes or main safety deposit boxes or main safety depository, etc.	CITY ▲ cries: List all banks or other depositories in valuations funds. Checking Account	Telephone N	lumber	ZIP CODE A

FEC Form 1S (Revised 02/2017)

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

h). Joint Fundraisin	3				
1			FEC ID	number	C
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3.			FEC ID	number	С
4.			FEC ID	number	С
ame of Any Connected	Organization, Affilia	ted Committee, Joint F	undraising Repr	esentative	e, or Leadership PAC Spo
Mailing Address					
			1 1 1	1 . 1	1
Relationship:		CITY A		STATE A	ZIP CODE ▲
Connected	d Organization	Affiliated Committee	Joint Fundraising	Representa	ative Leadership PAC S
				Representa	ative Leadership PAC S
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esignated Agent: Identify				Representa	Leadership PAC S
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Full Name	ries: List all banks of aintains funds. Harris (M&I Ban	phone number – optional	ST Telephone Nur	TATE A	ZIP CODE A

FEC Form 1S (Revised 02/2017) for Lines 5(g)

elationship: CITY A STATE A ZIP CODE A Affiliated Committee Joint Fundraising Representative Leadership PAC Sp ated Agent: Identify by name, address (phone number – optional) Name Ling Address ZIP CODE A STATE A ZIP CODE A	(h). Joint Fundraisin	g Participant:				
FEC ID number C FEC ID number FEC	1.				FEC ID number	С
FEC ID number C of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Spondaling Address elationship: CITY ▲ STATE ▲ ZIP CODE ▲ Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Spondated Agent: Identify by name, address (phone number – optional) Name Iling Address CITY ▲ STATE ▲ ZIP CODE ▲	2.				FEC ID number	С
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Connected Organization	Mailing Address					
Connected Organization						
Connected Organization						
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FEC Form 1S (Revised 02/2017)

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Mailing Address			
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
riolationomp.			
Connected	Organization Affiliated Committee Joint Fundrai	sing Represent	ative Leadership PAC Spons
Designated Agent: Identify Full Name		sing Represent	ative Leadership PAC Spons
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Designated Agent: Identify Full Name Mailing Address	by name, address (phone number – optional)	sing Represent	Leadership PAC Spons
Designated Agent: Identify Full Name	by name, address (phone number – optional)	STATE A	
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Designated Agent: Identify Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or mail Name of Bank, Depository, etc.	by name, address (phone number – optional) CITY Telephone ies: List all banks or other depositories in which the conntains funds. Dimmunity Credit Union	STATE A	ZIP CODE A

FEC Form 1S (Revised 02/2017)

g)or(h). Joint Fundraisi n	ng Participant:		
1.	. .	FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	C
		FEC ID number	С
Name of Any Connected	Organization, Affiliated Committee, Joint	t Fundraising Representati	ve, or Leadership PAC Sponsor
	1		
Mailing Address			
Relationship:	OLTY A		7/0 0005 1
	CITY ▲	STATE A	
Connected	d Organization Affiliated Committee	Joint Fundraising Represer	tative Leadership PAC Sponsor
Full Name			
Mailing Address			
TITLE OR POSITION	CITY ▲	STATE ▲	ZIP CODE ▲
		Telephone Number	
Banks or Other Deposito safety deposit boxes or ma	ories: List all banks or other depositories in aintains funds.	which the committee depos	its funds, holds accounts, rents
	nternet Bank		
Depository, etc.	ILEMEL DAMK		
Mailing Address	PO Box 6080		
	Fishers	, , , , IN	46038

FEC Form 1S (Revised 02/2017)

h). Joint Fundraising	Participant:			
1.			FEC ID number	C
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ame of Any Connected (Organization, Affiliated Co	ommittee, Joint Fundr	aising Representative	e, or Leadership PAC Spon
Mailing Address				
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Relationship:	C	ITY 🛦	STATE ▲	ZIP CODE ▲
			Fundraising Representa	Leadership PAC S
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esignated Agent: Identify			Fundraising Representa	Leadership PAC S
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FEC Form 1S (Revised 02/2017)

(g) or (h). Joint Fundraisin	g Participant:					
1.		FEC ID	number	C		
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Name of Any Connected	Organization, Affiliated Committee, Joint Fo	ındraising Repr	esentative	, or Leade	rship PAC Sp	onsor
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Mailing Address						
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safety deposit boxes or ma	ries: List all banks or other depositories in what aintains funds. On Bank 1 S Main Street Janesville	nich the committe	ee deposits	5 funds, hol	ds accounts, r	ents
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FEC Form 1S (Revised 02/2017)

g) or (h). Joint Fundraisi i	ng Participant:		
1.		FEC ID number	C
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Name of Any Connected	Organization, Affiliated Committee, Joint F	undraising Representativ	e, or Leadership PAC Sponsor
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Mailing Address			
Relationship:	CITY A	STATE A	ZIP CODE ▲
	ed Organization Affiliated Committee	Joint Fundraising Represent	
Full Name			
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Banks or Other Deposito	ories: List all banks or other depositories in w	hich the committee deposi	ts funds, holds accounts, rents
safety deposit boxes or m	aintains funds.		
Name of Bank, Mizuh Depository, etc.	o Bank USA		
Mailing Address	1251 Avenue of the America		
aig / idaloss			
	New York	I NY I	10020

FEC Form 1S (Revised 02/2017)

h). Joint Fundraisin				
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Mailing Address				
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FEC Form 1S (Revised 02/2017)

5(g) o	or(h). Joint Fundraisi n	g Participant:				
	1.		FEC	ID number	C	
	2.		FEC	ID number	C	
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6.	Name of Any Connected	Organization, Affiliated Committee, Jo	int Fundraising Re	epresentative	e, or Leadership I	PAC Sponsor
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	Relationship:	CITY ▲		STATE A	7IP (ODE A
		d Organization	Joint Fundraisi			hip PAC Sponsor
	Connected	Alillated Collinates	Joint Fundraisi	ig nepresenta	Leaders	TIIP FAC Sporisor
8.	Designated Agent: Identify	y by name, address (phone number – o	otional)			
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	Mailing Address					
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		CITY ▲		STATE ▲	ZIP CO	
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9.	Panka ar Othar Danasita	ries: List all banks or other depositories	in which the comp	sittaa danaait	o fundo holdo aco	ounto ronto
	safety deposit boxes or ma		iii wiiich the comii	ilitee deposit	s iulius, lioius acc	ounts, rents
		ust Bank				1
	Depository, etc.	_I PO Box 4418				
	Mailing Address					
		Atlanta		. 01	20202	
		Atlanta		GA	30302	
I		CITY ▲		STATE ▲	ZIP CC	DDE 🛦