Image# 201908229163097706				00/22/2019 13.15
FEC FORM 1	STATEMEI ORGANIZ			PAGE 1 / 12 🗕
			Offic	e Use Only
1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example:If typing, type over the lines.	12FE4M5	
Ryan for Congre	ess, Inc.			
	DO Day 1400			
ADDRESS (number and street)	PO Box 1488			
(Check if address is changed)				
	Janesville		WI 53547	7-1488
	CITY A		STATE A	ZIP CODE
COMMITTEE'S E-MAIL ADDR	ESS			
(Check if address is changed)	susan@ryanforcongre			
<i>J</i> ,	Optional Second E-Mail Ad	dress		
<ul> <li>(Check if address is changed)</li> </ul>	www.ryanforcongress.com			
	22 / Y Y Y Y 2019			
3. FEC IDENTIFICATION N		00330894		
4. IS THIS STATEMENT	NEW (N) OR	× AMENDED (A)		
certify that I have examined	this Statement and to the best	of my knowledge and belief i	t is true, correct and c	complete.
Type or Print Name of Treasur	rer Mair, Paul, , , 			
Signature of Treasurer Mai	ir, Paul, , ,	[Electronically Filed]	Date /	
NOTE: Submission of false, erro	neous, or incomplete information ANY CHANGE IN INFORMATI	may subject the person signing ON SHOULD BE REPORTED V		enalties of 2 U.S.C. §437g
Office Use Only		For further information of Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100	ion <b>F</b>	EC FORM 1 (Revised 06/2012)

08/22/2019 13 : 15

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	FI	EC For	m 1 (Revised 02/2009) Page 2
<b>5</b> .	TYPE	OF C	DMMITTEE
	Cand	lidate	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. (Complete the candidate information below.)
	Name Candio		Ryan, Paul, D., ,
	Candio		n REP Office State WI Sought: X House Senate President
	Party	Affiliatio	on KEP Sought: K House Senate President District 01
	(C)		This committee supports/opposes only one candidate, and is NOT an authorized committee.
	Name Candio		
	Party	/ Com	mittee:
	(d)		This committee is a(National, State or subordinate) committee of the(Democratic, Republican, etc.) Party.
	Politi	ical A	ction Committee (PAC):
	(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected 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 segregated fund or party committee. (i.e., nonconnected committee)
			In addition, this committee is a Lobbyist/Registrant PAC.
			In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)
	Joint	Fund	raising Representative:
	(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political 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 two or more political committees/organizations, none of which is an authorized committee of a federal candidate.
		Com	nittees Participating in Joint Fundraiser
		1.	FEC ID number
		2.	FEC ID number
		3.	FEC ID number
		4.	FEC ID number

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FEC Form 1 (Revised 02/2009)

Page 3

Write or Type Committee Name

-

## Ryan for Congress, Inc.

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

Prosperity Action Inc		
Mailing Address	101 S Main Street	
	Suite 300	
	Janesville     WI     53545	
	CITY STATE ZIP CODE	
Relationship: Connec	d Organization 🗴 Affiliated Committee 🚺 Joint Fundraising Representative 🚺 Leadership PAC Spor	nsor
<ol> <li>Custodian of Records: lo books and records.</li> </ol>	tify by name, address (phone number optional) and position of the person in possession of commi	ttee

Jacobson,	Susan, , ,
Full Name	
Mailing Address	PO Box 1488
	Janesville         WI         53547-1488
Title or Position	CITY STATE ZIP CODE
Custodian of Records	Telephone number       608       754       8099

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer	Mair, Paul, , ,
Mailing Address	PO Box 1488
	Janesville         WI         53547-1488         –
	CITY STATE ZIP CODE
Title or Position Treasurer	Telephone number608 754 8099

FEC Form 1 (Revised 02/2009)

Full Name of Designated Agent																										
Mailing Address																										
																			L							
						СП	ΓY									STA	ΛΤΕ				ZII	PC	OD	ιE		
Title or Position																										
											Tele	eph	ione	e ni	umt	ber										

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

Assoc	ated Bank		<u> </u>
Mailing Address	2720 N Lexington Drive		
	Janesville	WI	53545
	CITY	STATE	ZIP CODE
Name of Bank, Depository,	etc.		
Blackh			

	PO Box 5366		
Mailing Address			
	2704 E Milwaukee Street		
	Janesville	WI	53547
	CITY	STATE	ZIP CODE

FFC	Form	<b>1S</b>	(Revised	02/2017)
			(11001000	02/2011/

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

5(g) or (h).	Joint	Fundraising	Participant:
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1	FEC ID number	С
2.	FEC ID number	C
3	FEC ID number	С
4.	FEC ID number	C

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor Team Ryan

Mailing Address	2470 Daniels Bridge Roa	ad 			]					
	Athens			GA 306	806-6187					
Relationship:				STATE 🔺	ZIP CODE					
Connected Organization										

8. Designated Agent: Identify by name, address (phone number - optional)

Full Name				
Mailing Address				
TITLE OR POSITION	•	CITY A	STATE 🔺	ZIP CODE
	<u>         </u>		Telephone Number	

Name of Bank, Blackha	awk Wealth Management Services		1
Depository, etc.			
Mailing Address	2704 E Milwaukee Street		
	Janesville		53546
	CITY A	STATE A	ZIP CODE 🔺

Ima	age# 201908229163097711			
	FEC Form 1S (Revised 02/20	17) Optional Supplemental for Lines 5(g) or (h), 6,		Page <b>of</b>
5(g	) or (h). Joint Fundraising	Participant:		
	1.		FEC ID number	C
	2.		FEC ID number	С
	3.		FEC ID number	C
	4.		FEC ID number	C
6.	Name of Any Connected O	rganization, Affiliated Committee, Joint Fu	ndraising Representativ	e, or Leadership PAC Sponsor
	Mailing Address			
	Relationship:	CITY A	STATE A	ZIP CODE
	Connected	Organization Affiliated Committee Jo	pint Fundraising Represent	ative Leadership PAC Sponsor
8.	Designated Agent: Identify t	by name, address (phone number – optional)		
	Full Name			
	Mailing Address			
	TITLE OR POSITION	CITY A	STATE 🔺	ZIP CODE
			Telephone Number	

Name of Bank, BMO C Depository, etc.	necking Account
Mailing Address	100 N Main Street
	Janesville         WI         53545
	CITY ▲ STATE ▲ ZIP CODE ▲

Im	age# 201908229163097712		
	FEC Form 1S (Revised 02/20	17) Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/	
5(g	g) or (h). Joint Fundraising	Participant:	
	1	FI	EC ID number
	2.	FI	EC ID number
	3.	FI	EC ID number
	4.	FI	EC ID number
6.	Name of Any Connected O	organization, Affiliated Committee, Joint Fundraising	g Representative, or Leadership PAC Sponsor
	Mailing Address		
		1	
	Relationship:		STATE ▲ ZIP CODE ▲
	Connected	Organization Affiliated Committee Joint Fund	Iraising Representative Leadership PAC Sponsor
8.	Designated Agent: Identify I	by name, address (phone number - optional)	
	Full Name		
	Mailing Address		
	TITLE OR POSITION	CITY A	STATE ▲ ZIP CODE ▲
		L                   Telepho	one Number

Name of Bank, BMO H Depository, etc.	Harris (M&I Bank)
Mailing Address	100 N Main Street
	Janesville
	CITY ▲ STATE ▲ ZIP CODE ▲

Im	age# 201908229163097713			
	FEC Form 1S (Revised 02/20	17) Optional Supplemental Info for Lines 5(g) or (h), 6, 8 a		Page of
5(g	g) or (h). Joint Fundraising	Participant:		
	1		FEC ID number	C
	2.		FEC ID number	C
	3.		FEC ID number	С
	4.		FEC ID number	С
6.	Name of Any Connected O	Organization, Affiliated Committee, Joint Fundra	aising Representative	e, or Leadership PAC Sponsor
	Mailing Address			
	Relationship:	CITY A	STATE 🔺	ZIP CODE
	Connected	Organization Affiliated Committee Joint	Fundraising Representa	tive Leadership PAC Sponsor
8.	Designated Agent: Identify I	by name, address (phone number – optional)		
	Full Name			
	Mailing Address			
	TITLE OR POSITION	CITY A	STATE 🔺	ZIP CODE
		Tel	lephone Number	

Name of Bank, First Co Depository, etc.	ommunity Bank		
Mailing Address	202 Merchant Row		
		 WI	53563
	CITY 🔺	STATE A	ZIP CODE

Image# 201908229163097714			
FEC Form 1S (Revised 02/2017)	Optional Supplemental Info for Lines 5(g) or (h), 6, 8 a		Page <b>of</b>
5(g) or (h). Joint Fundraising Participan	ıt:	_	
1.		FEC ID number	
2.		FEC ID number C	
3.		FEC ID number C	
4.		FEC ID number	
6. Name of Any Connected Organization	n, Affiliated Committee, Joint Fundra	iising Representative, or	Leadership PAC Sponsor
Mailing Address			
Relationship:	CITY 🔺	STATE A	ZIP CODE
Connected Organization	Affiliated Committee Joint	Fundraising Representative	Leadership PAC Sponsor
8. Designated Agent: Identify by name, a	ddress (phone number – optional)		
Full Name			
Mailing Address			
TITLE OR POSITION ▼	CITY A	STATE A	ZIP CODE
	Tel	ephone Number	

Name of Bank, First Co Depository, etc.	ommunity Credit Union		
Mailing Address	2701 N Pontiac Dr		
	Janesville	WI	53545
	CITY 🔺	STATE A	ZIP CODE

Image# 201908229163097715			
FEC Form 1S (Revised 02/2	2017) Optional Supplemental for Lines 5(g) or (h), 6,		Page <u>10</u> of <u>12</u>
5(g) or (h). Joint Fundraisin	g Participant:		
1. 🛛 📋 👘 👘		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	C
6. Name of Any Connected	Organization, Affiliated Committee, Joint Fu	ndraising Representative	, or Leadership PAC Sponsor
Mailing Address			
Relationship:	CITY 🔺	STATE 🔺	ZIP CODE
Connected	d Organization	pint Fundraising Representa	tive Leadership PAC Sponsor
8. Designated Agent: Identify	v by name, address (phone number - optional)		
Full Name			
Mailing Address			
TITLE OR POSITION	▼ CITY ▲	STATE 🔺	ZIP CODE
		Telephone Number	

Name of Bank, First Int Depository, etc.	ernet Bank																						
Mailing Address	PO Box 6080					<u> </u>																	
	Fishers												N		4	603 	8						
			CITY	( 🔺							ST	AT	E				2	ZIP	СС	DE	<u>=</u>		I

Image# 201908229163097716				
FEC Form 1S (Revised 02/2017		Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9		
5(g) or (h). Joint Fundraising P	Participant:			
1.		FEC ID number	C	
2.		FEC ID number	C	
3.		FEC ID number	С	
4.		FEC ID number	С	
6. Name of Any Connected Org	ganization, Affiliated Committee, Joint Fund	raising Representative	e, or Leadership PAC Sponsor	
Mailing Address				
L				
Relationship:	CITY 🔺	STATE A	ZIP CODE	
Connected Or	rganization Affiliated Committee Join	t Fundraising Representa	tive Leadership PAC Sponsor	
8. Designated Agent: Identify by	v name, address (phone number - optional)			
Full Name				
Mailing Address				
L				
L				
TITLE OR POSITION ▼	CITY A	STATE A	ZIP CODE	
		elephone Number		

Name of Bank, Johnso Depository, etc.	n Bank				
Mailing Address	1 S Main Street				
	Janesville			WI	53545
	(	CITY 🔺		STATE A	ZIP CODE

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FEC Form 1S (Revised 02/201	7) Optional Supplemental I for Lines 5(g) or (h), 6, 8		Page <u>12</u> of <u>12</u>
5(g)or(h). Joint Fundraising	Participant:	_	
1		FEC ID number	
2.		FEC ID number	
3.		FEC ID number	
4.		FEC ID number	
6. Name of Any Connected Or	rganization, Affiliated Committee, Joint Fun	draising Representative, o	r Leadership PAC Sponsor
Mailing Address			
Relationship:		STATE A	ZIP CODE
Connected C	Organization Affiliated Committee Jo	int Fundraising Representative	Leadership PAC Sponsor
8. Designated Agent: Identify b	y name, address (phone number – optional)		
Full Name			
Mailing Address			
TITLE OR POSITION V	CITY A	STATE A	ZIP CODE
		Telephone Number	

Name of Bank, SunTru Depository, etc.	ist Bank		
Mailing Address	PO Box 4418		
	Atlanta	GA 30302	
	CITY A	STATE A	ZIP CODE ▲