PAGE 1 / 25

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 07 2017 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] 80 2017 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)	x	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 (Revise	ed 02/2009)	Page 3
Write or Type Committee Na	ame	
Ryan for Cong	gress, Inc.	
	d Organization, Affiliated Committee, Joint Fundraising Representative, o	or Leadership PAC Sponsor
Ryan-McCarthy Vict	ory	
Mailing Address	824 S Milledge Ave	
Mailing Address	Ste 101	
	Athens	30605
	CITY STATE	ZIP CODE
Custodian of Records:	dentify by name, address (phone number optional) and position of the pe	
books and records.		
Jacobs Full Name	on, Susan, , ,	
Mailing Address	PO Box 1488	
	Janesville WI	53547-1488
Title or Position	CITY STATE	ZIP CODE
Custodian of Records	Telephone number	08 754 - 8099
Treasurer: List the name any designated agent (e.g.	and address (phone number optional) of the treasurer of the committee; and assistant treasurer).	and the name and address of
Full Name Mair, Pa	aul, , ,	
Mailing Address	PO Box 1488	
-		
	Janesville WI	53547-1488 _
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number	08 754 8099

	m 1 (Revised 02/2009)	Page 4
Full Name of Designated		
Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		
	Telephone number	
-	poxes or maintains funds. Depository, etc.	
Name of Bank,	Depository, etc. Advia Credit Union (Mid-America) 12317 Milton Avenue	
-	Depository, etc. Advia Credit Union (Mid-America) 12317 Milton Avenue	
Name of Bank,	Depository, etc. Advia Credit Union (Mid-America) 12317 Milton Avenue	
Name of Bank,	Depository, etc. Advia Credit Union (Mid-America) 2317 Milton Avenue	ZIP CODE
Name of Bank, Mailing Address	Depository, etc. Advia Credit Union (Mid-America) 2317 Milton Avenue Janesville WI 53545	ZIP CODE
Name of Bank, Mailing Address	Depository, etc. Advia Credit Union (Mid-America) 2317 Milton Avenue Janesville CITY STATE Depository, etc.	ZIP CODE
Name of Bank, Mailing Address Name of Bank,	Depository, etc. Advia Credit Union (Mid-America) 2317 Milton Avenue Janesville CITY STATE Depository, etc. Associated Bank 2720 N Lexington Drive	ZIP CODE
Name of Bank, Mailing Address	Depository, etc. Advia Credit Union (Mid-America) 2317 Milton Avenue Janesville CITY STATE Depository, etc. Associated Bank 2720 N Lexington Drive	ZIP CODE
Name of Bank, Mailing Address Name of Bank,	Depository, etc. Advia Credit Union (Mid-America) 2317 Milton Avenue Janesville CITY STATE Depository, etc. Associated Bank 2720 N Lexington Drive	ZIP CODE

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

Mailing Address	Milton			ı WI ı	153563
Mailing Address					
	323 Parkview Driv	ve _			
ame of Bank, epository, etc.	f Milton				
anks or Other Depositor afety deposit boxes or ma		or other depositories in w	nich the commit	tee deposit	s funds, holds accounts, rents
	· 		Telephone N	ımber	
TITLE OR POSITION		CITY A		STATE A	ZIP CODE ▲
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Connected	Organization	Affiliated Committee	Joint Fundraising	Representa	tive Leadership PAC Sp
Relationship:	_	CITY ▲		STATE ▲	ZIP CODE ▲
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Mailing Address	320 First St, SE				
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FEC Form 1S (Revised 02/2017)

h). Joint Fundraisin	g Participant:		
1.		FEC ID number	C
2.		FEC ID number	C
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4		FEC ID number	C
	Organization, Affiliated Committee, Joint Fund	draising Representative	e, or Leadership PAC Spon
Team Ryan			
Mailing Address	2470 Daniels Bridge Road		
	Athens	GA L	30606-6187
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
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	by name, address (phone number – optional)	int Fundraising Representa	Leadership PAC S
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FEC Form 1S (Revised 02/2017)

Full Name		Designated Agent: Identify by name, address (phone number – optional) Full Name Mailing Address
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TITLE OR	STATE ▲ ZIP CODE ▲	
1		TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲
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FEC Form 1S (Revised 02/2017)

(h). Joint Fundraisir	g Participant:		
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Mailing Address			
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	Affiliated Committee / by name, address (phone number – optional	-	tative Leadership PAC Sp
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esignated Agent: Identify Full Name Mailing Address	by name, address (phone number – optional	al)	
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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

h). Joint Fundraisin	3 · · · · · · · · · · · · · · · · · · ·				
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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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FEC Form 1S (Revised 02/2017)

h). Joint Fundraisin	g Participant:				
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FEC Form 1S (Revised 02/2017)

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

	g Participant:			
1.		FEC ID	number C	
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Name of Any Connected	Organization, Affiliated Committee, J	oint Fundraising Repr	esentative, or	Leadership PAC Sponsor
Mailing Address				
Relationship:	CITY ▲		STATE A	ZIP CODE ▲
Connected	Organization Affiliated Committee	Joint Fundraising	Representative	Leadership PAC Spon
	by name, address (phone number - c	phional)		
Full Name				
Mailing Address				
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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

h). Joint Fundraisir	g i artioipanti				
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FEC Form 1S (Revised 02/2017)

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

(h). Joint Fundraisi	ng Participant:		
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FEC Form 1S (Revised 02/2017)

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

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

1	g Participant:	FEC ID number	C
1.			
2.		FEC ID number	C
3.		FEC ID number	C
4		FEC ID number	C
ame of Any Connected	Organization, Affiliated Committee, Joint Fundr	raising Representative	e, or Leadership PAC Spon
Mailing Address			
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
esignated Agent: Identify	by name, address (phone number - optional)		Leadership PAC S
esignated Agent: Identify	by name, address (phone number – optional)		
	by name, address (phone number – optional)		
Full Name	by name, address (phone number – optional)		
Full Name	by name, address (phone number – optional)		
Full Name	CITY A	STATE A	ZIP CODE A
Full Name	CITY A	STATE A	
Full Name Mailing Address TITLE OR POSITION	CITY CITY Tes: List all banks or other depositories in which	elephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Depositor afety deposit boxes or ma	CITY CITY Tes: List all banks or other depositories in which intains funds.	elephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Depositor afety deposit boxes or material deposition and the position and the pos	CITY CITY Tes: List all banks or other depositories in which	elephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Depositor afety deposit boxes or material deposition and the position and the pos	CITY CITY Tes: List all banks or other depositories in which intains funds.	elephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Depositor afety deposit boxes or ma ame of Bank, epository, etc.	CITY CITY Tes: List all banks or other depositories in which intains funds. Community Credit Union	elephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Depositor afety deposit boxes or main ame of Bank, epository, etc.	CITY CITY Tes: List all banks or other depositories in which intains funds. Community Credit Union	elephone Number	ZIP CODE A

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

h). Joint Fundraisin	,				
1.			FEC ID num	ber C	
2.			FEC ID num	ber C	
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ame of Any Connected	Organization, Affiliated Co	ommittee, Joint Fund	draising Represer	ntative, or	Leadership PAC Spon
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Mailing Address					
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Relationship:		CITY A	STA ⁻	∟ ΓE ▲	ZIP CODE ▲
		I Committee Joi	nt Fundraising Repr	esentative	Leadership PAC S
Connected			nt Fundraising Repr	esentative	Leadership PAC S
Connected	Organization Affiliated		nt Fundraising Repr	esentative	Leadership PAC S
Connected esignated Agent: Identify	Organization Affiliated		nt Fundraising Repr	esentative	Leadership PAC S
Connected esignated Agent: Identify Full Name	Organization Affiliated		nt Fundraising Repr	esentative	Leadership PAC S
Connected esignated Agent: Identify Full Name	Organization Affiliated		nt Fundraising Repr	esentative	
esignated Agent: Identify Full Name Mailing Address	Organization Affiliated by name, address (phone	number – optional)			
esignated Agent: Identify Full Name	Organization Affiliated by name, address (phone	number – optional)	STATE		
esignated Agent: Identify Full Name	by name, address	(phone	(phone number – optional)	(phone number – optional)	(phone number – optional)
Agent: Identify neAddress OR POSITION	Organization Affiliated by name, address (phone CIT	number – op	ptional)	ptional) STATE Telephone Number	
Connected ated Agent: Identify Name Iling Address FLE OR POSITION or Other Depositor	Organization Affiliated by name, address (phone CITY)	number – optional)	STATE		ZIP CODE
Full Name Mailing Address TITLE OR POSITION Inks or Other Depositor ety deposit boxes or ma me of Bank, PCNI	Organization Affiliated by name, address (phone CITY)	number – optional)	STATE		ZIP CODE A
Connected designated Agent: Identify Full Name Mailing Address TITLE OR POSITION Agency of the Depositor of Bank, PCNI depository, etc.	Organization Affiliated by name, address (phone CITY)	number – optional)	STATE		ZIP CODE A
esignated Agent: Identify Full Name Mailing Address TITLE OR POSITION anks or Other Depositor dety deposit boxes or mailing address or mailing ame of Bank, PCNI	Organization Affiliated by name, address (phone CITY) CITY Cies: List all banks or other intains funds.	number – optional)	STATE		ZIP CODE A
esignated Agent: Identify Full Name Mailing Address TITLE OR POSITION anks or Other Depositor afety deposit boxes or mail ame of Bank, PCNI epository, etc.	Organization Affiliated by name, address (phone CITY) CITY Cies: List all banks or other intains funds.	number – optional)	STATE	eposits fun	ZIP CODE A

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

1. 2. 3. 4. 4. Mailing Address Relationship:	panization, Affiliated		FEC ID	number number number number	C C C , or Leadership PAC Spon
3. 4. 4. Land I ame of Any Connected Org			FEC ID	number	C
4.			FEC ID	number	С
lame of Any Connected Org					
Mailing Address	ganization, Affiliated	Committee, Joint Fo	ındraising Rep	resentative	, or Leadership PAC Spon
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L Relationship:					
Relationship:					
Relationship:					
· ·		CITY A		STATE ▲	ZIP CODE ▲
esignated Agent: Identify by Full Name	name, address (phor	ne number – optiona)		
Mailing Address					
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TITLE OR POSITION ▼	C	CITY A	S	STATE A	ZIP CODE ▲
			Telephone Nu	ımber 🛄	
anks or Other Depositories afety deposit boxes or mainta ame of Bank, epository, etc.	ins funds.	er depositories in wh	nich the commit	ee deposits	funds, holds accounts, ren
	37 N Wisconsin Street				
Mailing Address					
Mailing Address [8.					

FEC Form 1S (Revised 02/2017)

h). Joint Fundraisin	g Participant:								
1.					FEC ID	number	С		
2.					FEC ID	number	С		
3.					FEC ID	number	С		
4					FEC ID	number	С		
ame of Any Connected	Organization, A	ffiliated Con	nmittee, Joi	nt Fundrai	sing Repr	esentativ	e, or Le	eadership PA	AC Spon
Mailing Address									
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Relationship:		CIT	Y 🛦			STATE A		ZIP CC	DDE 🛦
	l Organization	Affiliated C			undraising	Representa	ative	Leadershi	p PAC S _I
					undraising	Representa	ative	Leadershi	p PAC Sp
esignated Agent: Identify					undraising	Representa	ative	Leadershi	p PAC S _I
esignated Agent: Identify Full Name					undraising	Representa	ative	Leadershi	p PAC S _I
esignated Agent: Identify Full Name _ _ _	by name, addre		umber – opt	tional)		Representa		Leadershi	
esignated Agent: Identify Full Name	by name, addre	ess (phone n	umber – opt	tional)		Representa			
esignated Agent: Identify Full Name	by name, addre	ess (phone n	umber – opt	tional)		TATE A			
Full Name Mailing Address TITLE OR POSITION anks or Other Depositor afety deposit boxes or ma	by name, addre	ess (phone n	umber – opt	tional)	S phone Nu	TATE A		ZIP COD	- L
Full Name Mailing Address TITLE OR POSITION anks or Other Depositor afety deposit boxes or ma	by name, addre	ess (phone n	umber – opt	tional)	S phone Nu	TATE A		ZIP COD	- L
Full Name	v by name, addre	ess (phone n	umber – opt	tional)	S phone Nu	TATE A		ZIP COD	- L

FEC Form 1S (Revised 02/2017)

5(a)	or(h). Joint Fundraisi n	ng Participant:		
O(9)	1.		FEC ID number	C
	2.		FEC ID number	C
			FEC ID number	C
	3.		FEC ID number	C
	4.		PEC ID Hullibel	O
6.	Name of Any Connected	Organization, Affiliated Committee, Joint Fundr	raising Representative	e, or Leadership PAC Sponsor
	Mailing Address			
	Mailing Address			
	Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	Connected	d Organization Affiliated Committee Joint	Fundraising Representa	Leadership PAC Sponsor
8.	Designated Agent: Identify Full Name	y by name, address (phone number – optional)		
	Mailing Address			
		OITV A		71D 00DE +
	TITLE OR POSITION	▼ CITY ▲	STATE ▲	ZIP CODE ▲
	TITLE OR POSITION	•	STATE ▲	ZIP CODE A
9.	Banks or Other Deposito safety deposit boxes or ma	Te	elephone Number	
9.	Banks or Other Deposito safety deposit boxes or many Name of Bank, Depository, etc.	pries: List all banks or other depositories in which aintains funds.	elephone Number	
9.	Banks or Other Deposito safety deposit boxes or ma	pries: List all banks or other depositories in which aintains funds.	elephone Number	
9.	Banks or Other Deposito safety deposit boxes or many Name of Bank, Depository, etc.	pries: List all banks or other depositories in which aintains funds.	elephone Number	

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

1. <u> </u>			FEC ID number	C
2			FEC ID number	С
			FEC ID number	C
3.			FEC ID number	C
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ame of Any Connected C	rganization, Aff	iliated Committee, Joint Fu	ndraising Representativ	re, or Leadership PAC Spon
Mailing Address				
Relationship:		CITY ▲	STATE A	ZIP CODE ▲
Full Name				
Mailing Address				
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TITLE OR POSITION		CITY A	STATE ▲	ZIP CODE A
		CITY A	STATE ▲ Telephone Number	ZIP CODE A
TITLE OR POSITION			Telephone Number	
TITLE OR POSITION T	es: List all banks		Telephone Number	ZIP CODE A
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TITLE OR POSITION To the control of	es: List all banks	s or other depositories in whi	Telephone Number	
anks or Other Depositorical deposit boxes or main ame of Bank, epository, etc.	es: List all banks ntains funds. argo Bank	s or other depositories in whi	Telephone Number	

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

h). Joint Fundraising	g 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, Affiliated Committee, Joint Fur	ndraising Representative	e, or Leadership PAC Spon
<u> </u>			
Mailing Address			
			1 1 1 1 1 1 1 1 1
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
esignated Agent: Identify Full Name	by name, address (phone number – optional)		
	by name, address (phone number – optional)		
Full Name	by name, address (phone number – optional)		
Full Name	by name, address (phone number – optional)		
Full Name	CITY A	STATE A	ZIP CODE A
Full Name	CITY A		ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Depositor of the deposition boxes or main and and of Bank, Wiscon	CITY CITY ies: List all banks or other depositories in which	STATE Telephone Number	
Full Name Mailing Address TITLE OR POSITION anks or Other Depositor of the deposition boxes or main and and of Bank, Wiscon	CITY ▲ ies: List all banks or other depositories in which intains funds.	STATE Telephone Number	
Full Name Mailing Address TITLE OR POSITION anks or Other Depositor afety deposit boxes or mail ame of Bank, epository, etc.	CITY ▲ ies: List all banks or other depositories in which intains funds. asin River Bank	STATE Telephone Number	
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