

# 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  
TIM RYAN FOR CONGRESS

ADDRESS (number and street) 80 F Street, Suite 804  
 Check if different than previously reported. (ACC)  
Washington DC 20001

2. **FEC IDENTIFICATION NUMBER** C00373464  
**CITY** **STATE** **ZIP CODE** **STATE** **DISTRICT**  
3. IS THIS REPORT  NEW (N) OR  AMENDED (A)  
OH 17

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 01 01 2007 through 03 31 2007

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 Michael Fraioli

Signature of Treasurer Electronically Filed by Michael Fraioli Date 04 13 2007

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

**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name

TIM RYAN FOR CONGRESS

Report Covering the Period:

From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	7

To: 

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	7

	<b>COLUMN A</b> This Period	<b>COLUMN B</b> Election Cycle-to-Date
<b>6. Net Contributions (other than loans)</b>		
(a) Total Contributions (other than loans) (from Line 11(e)).....	136555.00	137755.00
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	136555.00	137755.00
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17).....	44115.94	61937.61
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	44115.94	61937.61
<b>8. Cash on Hand at Close of Reporting Period (from Line 27).....</b>	127904.92	
<b>9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	0.00	
<b>10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	539.19	

**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

Write or Type Committee Name  
TIM RYAN FOR CONGRESS

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	7

**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).....

63950.00

63950.00

(ii) Unitemized.....

1855.00

2055.00

(iii) TOTAL of contributions

65805.00

66005.00

from individuals..... ▶

0.00

0.00

(b) Political Party Committees.....

70750.00

71750.00

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

0.00

0.00

(d) The Candidate.....

(e) TOTAL CONTRIBUTIONS

(other than loans)

136555.00

137755.00

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

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.).....

0.00

0.00

15. OTHER RECEIPTS (Dividends, Interest, etc.).....

0.00

0.00

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

136555.00

137755.00

**DETAILED SUMMARY PAGE**  
of Disbursements

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
17. OPERATING EXPENDITURES.....	44115.94	61937.61
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	0.00
(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	0.00
21. OTHER DISBURSEMENTS.....	27207.50	59244.64
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ▶	71323.44	121182.25

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	62673.36
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	136555.00
25. SUBTOTAL (add Line 23 and Line 24).....	199228.36
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	71323.44
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	127904.92

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 / 75
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
TIM RYAN FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
Steve Allen

Mailing Address 4040 Baughman Grant

City State Zip Code  
New Albany OH 43054

FEC ID number of contributing federal political committee. **C**

Name of Employer  
Columbus Children's Hospital

Occupation  
CEO

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 03 / 2007

**Transaction ID: C6818**

Amount of Each Receipt this Period  
1000.00

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

**B.** Full Name (Last, First, Middle Initial)  
Philip Ardire

Mailing Address 2390 Brigadoon Court

City State Zip Code  
Westlake OH 44145

FEC ID number of contributing federal political committee. **C**

Name of Employer  
Western DataCom

Occupation  
President

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
02 / 28 / 2007

**Transaction ID: C6799**

Amount of Each Receipt this Period  
250.00

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

**C.** Full Name (Last, First, Middle Initial)  
John Barnard, MD

Mailing Address 5145 Claridge Drive

City State Zip Code  
New Albany OH 43054

FEC ID number of contributing federal political committee. **C**

Name of Employer  
Columbus Children's Hospital

Occupation  
Dir. Center for Cell and Vascular Biol

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 03 / 2007

**Transaction ID: C6821**

Amount of Each Receipt this Period  
1000.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>2250.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 75
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
TIM RYAN FOR CONGRESS

Full Name (Last, First, Middle Initial) <b>A. Charles Blum</b>		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 3 / 2 0 0 7	
Mailing Address 3613 Underwood Street		<b>Transaction ID: C6757</b>	
City State Zip Code Chevy Chase MD 20815		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer International Advisory Services Gr	Occupation President		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>B. L.M. Brown, Jr.</b>		Date of Receipt M M / D D / Y Y Y Y 0 3 / 2 9 / 2 0 0 7	
Mailing Address 4801 Maury Lane		<b>Transaction ID: C6891</b>	
City State Zip Code Alexandria VA 22304		Amount of Each Receipt this Period 2000.00	
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Prologic	Occupation Executive		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00		

Full Name (Last, First, Middle Initial) <b>C. Edwin Bush</b>		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 3 / 2 0 0 7	
Mailing Address 4001 9th Street North #907		<b>Transaction ID: C6758</b>	
City State Zip Code Arlington VA 22203		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer A	Occupation A		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	3000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 75
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
TIM RYAN FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
Carol A. Caruso

Mailing Address 37192 O'Neill Drive

City Solon State OH Zip Code 44139

FEC ID number of contributing federal political committee. **C**

Name of Employer Greater Cleveland Partnership Occupation Senior Vice President, Advocacy

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
02 / 28 / 2007

**Transaction ID: C6810**

Amount of Each Receipt this Period  
500.00

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

**B.** Full Name (Last, First, Middle Initial)  
Ann Marie Clark

Mailing Address 9273 Lerwick Dr.

City Dublin State OH Zip Code 43017

FEC ID number of contributing federal political committee. **C**

Name of Employer retired Occupation retired

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
03 / 27 / 2007

**Transaction ID: C6901**

Amount of Each Receipt this Period  
500.00

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

**C.** Full Name (Last, First, Middle Initial)  
A. Doyle Cloud, Jr.

Mailing Address 61 S.E. Haror Point Drive

City Stuart State FL Zip Code 34996-1347

FEC ID number of contributing federal political committee. **C**

Name of Employer SUNDQUIST ANTHONY Occupation Partner

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
03 / 03 / 2007

**Transaction ID: C6820**

Amount of Each Receipt this Period  
1000.00

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) ..... ►

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 75
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
TIM RYAN FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
Owen Colligan

Mailing Address 38330 Hunting Hill Farm Road

City State Zip Code  
Chagrin Falls OH 44022-6688

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Business Owner

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 20 / 2007

Transaction ID: C6838

Amount of Each Receipt this Period  
500.00

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

**B.** Full Name (Last, First, Middle Initial)  
Evan Corns

Mailing Address 1431 Duncan Street

City State Zip Code  
Key West FL 33040-3472

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 20 / 2007

Transaction ID: C6843

Amount of Each Receipt this Period  
1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
Daniel Cunningham

Mailing Address 7808 Creekside View Lane

City State Zip Code  
Springfield VA 22153

FEC ID number of contributing federal political committee. **C**

Name of Employer PMA Group Occupation Government Affairs Consultant

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 29 / 2007

Transaction ID: C6876

Amount of Each Receipt this Period  
1000.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2500.00**

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



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 75
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
TIM RYAN FOR CONGRESS

Full Name (Last, First, Middle Initial) <b>A. Patricia Daley</b>		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 7	
Mailing Address 9571 Lagersfield Cir.		Transaction ID: C6770	
City Vienna	State VA	Amount of Each Receipt this Period 500.00	
Zip Code 22181-6182		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Daley Policy Group	Occupation President		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>B. Thomas A. Danjczek</b>		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 3 / 2 0 0 7	
Mailing Address 6660 Avignon Blvd.		Transaction ID: C6760	
City Falls Church	State VA	Amount of Each Receipt this Period 500.00	
Zip Code 22043		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Steel Manufacturers Association	Occupation President		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>C. Sean D'Arcy, Esq.</b>		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 3 / 2 0 0 7	
Mailing Address 5700 Roosevelt St.		Transaction ID: C6754	
City Bethesda	State MD	Amount of Each Receipt this Period 250.00	
Zip Code 20817		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Akin Gump Strauss Hauer Feld	Occupation Attorney		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1250.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 75
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
TIM RYAN FOR CONGRESS

Full Name (Last, First, Middle Initial) <b>A. Achilles A. Demetriou, M.D.</b>		Date of Receipt MM / DD / YYYY 02 / 28 / 2007
Mailing Address 1954 Epping Road		<b>Transaction ID: C6784</b>
City State Zip Code Gates Mills OH 44040	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00
Name of Employer University Hospitals	Occupation Exec. Vice President & Chief Operating	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B. Umberto Fedeli</b>		Date of Receipt MM / DD / YYYY 02 / 28 / 2007
Mailing Address Crown Center Building 5005 Rockside Road		<b>Transaction ID: C6775</b>
City State Zip Code Independence OH 44131-8003	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00
Name of Employer The Fedeli Group	Occupation President and Chief Executive Officer	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C. Andrew Fedynsky</b>		Date of Receipt MM / DD / YYYY 02 / 28 / 2007
Mailing Address 364 Elmwood Road		<b>Transaction ID: C6793</b>
City State Zip Code Rocky River OH 44116	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00
Name of Employer North Shore Consultants	Occupation Consultant	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1500.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 75
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
TIM RYAN FOR CONGRESS

Full Name (Last, First, Middle Initial) <b>A. Isaac A. Fordjour</b>		Date of Receipt M M / D D / Y Y Y Y Y 03 / 27 / 2007	
Mailing Address 10921 Rocky Mount Way		<b>Transaction ID: C6844</b>	
City State Zip Code Silver Spring MD 20902		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Information Requested Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Occupation Information Requested Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>B. C. Michael Fulton</b>		Date of Receipt M M / D D / Y Y Y Y Y 02 / 13 / 2007	
Mailing Address 10005 East Bexhill Drive.		<b>Transaction ID: C6743</b>	
City State Zip Code Kensington MD 20895		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Golin / Harris International Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Occupation Consultant Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C. Heidi L. Gartland</b>		Date of Receipt M M / D D / Y Y Y Y Y 02 / 28 / 2007	
Mailing Address 7604 Andover Way		<b>Transaction ID: C6780</b>	
City State Zip Code Hudson OH 44236		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer University Hospitals Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Occupation Vice-President Election Cycle-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1750.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 75
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
TIM RYAN FOR CONGRESS

Full Name (Last, First, Middle Initial) <b>A. Agnes G. Gayhardt</b>		Date of Receipt M M / D D / Y Y Y Y Y 03 / 27 / 2007
Mailing Address 511 Lynmere Road		<b>Transaction ID: C6846</b>
City <b>Bryn Mawr</b>	State <b>PA</b>	Zip Code <b>19010</b>
FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period <b>2300.00</b>	
Name of Employer <b>HOMEMAKER</b>	Occupation <b>HOMEMAKER</b>	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ <b>4600.00</b>	

Full Name (Last, First, Middle Initial) <b>B. Agnes G. Gayhardt</b>		Date of Receipt M M / D D / Y Y Y Y Y 03 / 27 / 2007
Mailing Address 511 Lynmere Road		<b>Transaction ID: C6847</b>
City <b>Bryn Mawr</b>	State <b>PA</b>	Zip Code <b>19010</b>
FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period <b>2300.00</b>	
Name of Employer <b>HOMEMAKER</b>	Occupation <b>HOMEMAKER</b>	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ <b>4600.00</b>	

Full Name (Last, First, Middle Initial) <b>C. Thomas Anthony George</b>		Date of Receipt M M / D D / Y Y Y Y Y 02 / 28 / 2007
Mailing Address 24462 Cornerstone		<b>Transaction ID: C6794</b>
City <b>Westlake</b>	State <b>OH</b>	Zip Code <b>44145</b>
FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period <b>1000.00</b>	
Name of Employer <b>Self Employed</b>	Occupation <b>Resturant Owner</b>	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ <b>1000.00</b>	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>5600.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 75
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
TIM RYAN FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
Stanton L. Gerson, MD

Mailing Address 37995 Fiarмонт Blvd.

City State Zip Code  
Hunting Valley OH 44022

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
University Hospitals Dir, Ireland Cancer Center

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

250.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 2 / 2 8 / 2 0 0 7

**Transaction ID: C6783**

Amount of Each Receipt this Period  
250.00

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

**B.** Full Name (Last, First, Middle Initial)  
Asim A. R. Ghafoor

Mailing Address 20847 Driftwood Terrace

City State Zip Code  
Sterling VA 20165

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Gill & Gallinger Partner

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

2000.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 3 / 2 7 / 2 0 0 7

**Transaction ID: C6848**

Amount of Each Receipt this Period  
2000.00

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

**C.** Full Name (Last, First, Middle Initial)  
Julie Giardina

Mailing Address 1162 N. Randolph Street

City State Zip Code  
Arlington VA 22201

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
The PMA Group Gov. Relations & Legislative Counsel

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 3 / 2 9 / 2 0 0 7

**Transaction ID: C6878**

Amount of Each Receipt this Period  
1000.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>3250.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 75
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
TIM RYAN FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
David Halstead

Mailing Address 15970 South Park Blvd.

City State Zip Code  
Shaker Heights OH 44120

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Kirtland Capital Partners Managing Partner

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 2 / 2 8 / 2 0 0 7

Transaction ID: C6774

Amount of Each Receipt this Period  
500.00

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

**B.** Full Name (Last, First, Middle Initial)  
Oliver C. Henkel, Jr.

Mailing Address 3900 Key center  
127 Public Square

City State Zip Code  
Cleveland OH 44144

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Cleveland Clinic Exec. Dir of Government and Community

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 2 / 2 8 / 2 0 0 7

Transaction ID: C6786

Amount of Each Receipt this Period  
500.00

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

**C.** Full Name (Last, First, Middle Initial)  
Thomas E. Hoaglin

Mailing Address 43 Preston Road

City State Zip Code  
Columbus OH 43209

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Huntington Bancshares Incorporated Chairman and Chief Executive Officer

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 3 / 0 3 / 2 0 0 7

Transaction ID: C6825

Amount of Each Receipt this Period  
1000.00

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) ..... ►

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 75
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
TIM RYAN FOR CONGRESS

Full Name (Last, First, Middle Initial) <b>A.</b> W. Andrew Hoffman, III		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 2 8 / 2 0 0 7
Mailing Address 17 Hunting Hollow Drive		Transaction ID: C6798
City State Zip Code Pepper Pike OH 44124	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00
Name of Employer The Hoffman Legal Group, LLC	Occupation President	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Richard C. Hyde		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 2 0 / 2 0 0 7
Mailing Address 11480 Pekin Road		Transaction ID: C6841
City State Zip Code Newbury OH 44065	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00
Name of Employer Moreland Capital / Vestor Partners	Occupation CEO and President / Managing Member	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Trevor O. Jones		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 2 8 / 2 0 0 7
Mailing Address Two Bratenahl Place		Transaction ID: C6788
City State Zip Code Bratenahl OH 44108	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00
Name of Employer BIOMECH Inc.	Occupation Chairman, Founder, and CEO	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 75
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
TIM RYAN FOR CONGRESS

Full Name (Last, First, Middle Initial) <b>A. Richard Kaelin</b>		Date of Receipt M M / D D / Y Y Y Y Y 03 / 29 / 2007	
Mailing Address 13211 Dodie Drive		<b>Transaction ID: C6879</b>	
City State Zip Code Darnestown MD 20878	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer The PMA Group Inc	Occupation Government Relations Consultant		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) <b>B. Lara Kalafatis</b>		Date of Receipt M M / D D / Y Y Y Y Y 02 / 28 / 2007	
Mailing Address 304 Groveland Club Drive		<b>Transaction ID: C6797</b>	
City State Zip Code Cleveland OH 44110	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Case Western Reserve Univ-ersity	Occupation Vice President of University Relations		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>C. Matt Kallner</b>		Date of Receipt M M / D D / Y Y Y Y Y 03 / 03 / 2007	
Mailing Address 65 East Gay Street Suite 210		<b>Transaction ID: C6829</b>	
City State Zip Code Columbus OH 43215	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Self Employed	Occupation Attorney		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	2500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 75
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
TIM RYAN FOR CONGRESS

Full Name (Last, First, Middle Initial) <b>A.</b> Thomas Katzenmeyer		Date of Receipt M M / D D / Y Y Y Y Y 03 / 03 / 2007
Mailing Address 4143 Stargrass Court		Transaction ID: C6819
City Hilliard	State OH	Zip Code 43026
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer Limited Brands	Occupation SVP Investor, Media & Community Relations	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Ebthehaj J. Khan		Date of Receipt M M / D D / Y Y Y Y Y 03 / 27 / 2007
Mailing Address 20647 Driftwood Terrace		Transaction ID: C6870
City Sterling	State VA	Zip Code 20165
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 2000.00
Name of Employer Homemaker	Occupation Homemaker	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Rebecca Kingery Derosa		Date of Receipt M M / D D / Y Y Y Y Y 03 / 29 / 2007
Mailing Address 22014 Roxlair Road		Transaction ID: C6877
City Gaithersburg	State MD	Zip Code 20882
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer The PMA Group	Occupation Government Relations Consultant	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	4000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 75
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
TIM RYAN FOR CONGRESS

Full Name (Last, First, Middle Initial) <b>A.</b> Melissa Koloszar		Date of Receipt M M / D D / Y Y Y Y Y 03 / 29 / 2007	
Mailing Address 106 S. Wise Street		Transaction ID: C6880	
City Arlington	State VA	Amount of Each Receipt this Period 1000.00	
Zip Code 22204		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
FEC ID number of contributing federal political committee. C			
Name of Employer The PMA Group	Occupation Gov. Relations and Legislative Counsel		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Raymond T. Leach		Date of Receipt M M / D D / Y Y Y Y Y 02 / 28 / 2007	
Mailing Address 3086 Markle Drive		Transaction ID: C6776	
City Silver Lake	State OH	Amount of Each Receipt this Period 500.00	
Zip Code 44224		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
FEC ID number of contributing federal political committee. C			
Name of Employer JumpStart	Occupation CEO		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>C.</b> John Lynch		Date of Receipt M M / D D / Y Y Y Y Y 03 / 29 / 2007	
Mailing Address 12769 Quarterhorse Lane		Transaction ID: C6881	
City Woodbridge	State VA	Amount of Each Receipt this Period 1000.00	
Zip Code 22192		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
FEC ID number of contributing federal political committee. C			
Name of Employer The PMCA Group	Occupation Gov. Relations Consultant		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	2500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 75
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
**TIM RYAN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Linda Lynch</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 29 / 2007	
Mailing Address 12796 Quarterhorse Lane		<b>Transaction ID: C6882</b>	
City State Zip Code Woodbridge VA 22192		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Linton Hall School Teacher			
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>B. Jennifer Magliocchetti</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 29 / 2007	
Mailing Address 10203 Woodvale Pond Drive		<b>Transaction ID: C6883</b>	
City State Zip Code Fairfax Station VA 22039		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation The PMA Group Gov. Relations Consultant			
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>C. Leslie A. Magliocchetti</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 29 / 2007	
Mailing Address 10203 Woodvale Pond Drive		<b>Transaction ID: C6887</b>	
City State Zip Code Fairfax Station VA 22039		Amount of Each Receipt this Period 2000.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Women's Business Enterprise Director of Field Operations			
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 2000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	4000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 75
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
TIM RYAN FOR CONGRESS

Full Name (Last, First, Middle Initial) <b>A.</b> Mark J. Magliochetti		Date of Receipt M M / D D / Y Y Y Y 03 / 29 / 2007
Mailing Address 10203 Woodvale Pond Drive		Transaction ID: C6884
City State Zip Code Fairfax Station VA 22039	Amount of Each Receipt this Period 2000.00	
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer PMA Group	Occupation Government Relations	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Paul J. Magliochetti		Date of Receipt M M / D D / Y Y Y Y 03 / 29 / 2007
Mailing Address 1101 S. Arlington Ridge Road Apt. 616		Transaction ID: C6886
City State Zip Code Arlington VA 22202	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer The PMA Group	Occupation President	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Franklin R. Manios		Date of Receipt M M / D D / Y Y Y Y 03 / 29 / 2007
Mailing Address 132 Youngstown Road SE		Transaction ID: C6892
City State Zip Code Warren OH 44482	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Franklin Pharmacy	Occupation Owner	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	3500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 75
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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)  
TIM RYAN FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
Delbert Marous, Jr.

Mailing Address 1702 Joseph lloyd Pkwy.

City State Zip Code  
Willoughby OH 44094

FEC ID number of contributing federal political committee. **C**

Name of Employer Marous Brothers Construct-  
ion Occupation Owner

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 2 / 2 8 / 2 0 0 7

Transaction ID: C6767

Amount of Each Receipt this Period  
500.00

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

**B.** Full Name (Last, First, Middle Initial)  
Sandra Pickut McMannis

Mailing Address 6223 Simon Lane

City State Zip Code  
Hudson OH 44236

FEC ID number of contributing federal political committee. **C**

Name of Employer Western Reserve Land Cons-  
ervancy Occupation Vice Chair

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 3 / 2 0 / 2 0 0 7

Transaction ID: C6840

Amount of Each Receipt this Period  
1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
Marie McNamara

Mailing Address 811 Milesstone Drive

City State Zip Code  
Silver Spring MD 20904-2710

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Occupation Therapist

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 2 / 1 3 / 2 0 0 7

Transaction ID: C6756

Amount of Each Receipt this Period  
500.00

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) ..... ►

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 75
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
TIM RYAN FOR CONGRESS

Full Name (Last, First, Middle Initial) <b>A.</b> Robert Milbourne		Date of Receipt M M / D D / Y Y Y Y Y 03 / 03 / 2007	
Mailing Address 7304 Landon Lane		Transaction ID: C6822	
City State Zip Code New Albany OH 43054-8903	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Columbus Partnership	Occupation President		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Richard Miller		Date of Receipt M M / D D / Y Y Y Y Y 03 / 03 / 2007	
Mailing Address 2682 Kent Road		Transaction ID: C6817	
City State Zip Code Columbus OH 43221	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Columbus Children's Hospital	Occupation President and Chief Executive Officer		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Randall S. Myeroff		Date of Receipt M M / D D / Y Y Y Y Y 02 / 28 / 2007	
Mailing Address 2210 Raintree Road		Transaction ID: C6800	
City State Zip Code Bath OH 44333	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Cohen & Company	Occupation Managing Partner		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 75
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
TIM RYAN FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
William J. Napier

Mailing Address 2105 Fairfax Road

City Columbus State OH Zip Code 43221

FEC ID number of contributing federal political committee. **C**

Name of Employer Cleveland State University Occupation Senior Advisor to the President

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 2 / 2 8 / 2 0 0 7

Transaction ID: C6796

Amount of Each Receipt this Period  
300.00

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

**B.** Full Name (Last, First, Middle Initial)  
Elizabeth Powell

Mailing Address 11900 Edwater Drive Apt. 302

City Lakewood State OH Zip Code 44107

FEC ID number of contributing federal political committee. **C**

Name of Employer GSP Consulting Occupation Northeast Ohio Director

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 2 / 2 8 / 2 0 0 7

Transaction ID: C6777

Amount of Each Receipt this Period  
250.00

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

**C.** Full Name (Last, First, Middle Initial)  
Todd Ray

Mailing Address 13396 Bass Lake Road

City Chardon State OH Zip Code 44024

FEC ID number of contributing federal political committee. **C**

Name of Employer Positive Education Program Occupation Program Coordinator

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 3 / 2 0 / 2 0 0 7

Transaction ID: C6842

Amount of Each Receipt this Period  
250.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **800.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 75
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
TIM RYAN FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
Daniel Rice

Mailing Address 1622 Grant Ave.

City Cuyahoga Falls State OH Zip Code 44223

FEC ID number of contributing federal political committee. **C**

Name of Employer Ohio Erie Canal Coalition Occupation CEO

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
02 / 28 / 2007

**Transaction ID: C6801**

Amount of Each Receipt this Period  
250.00

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

**B.** Full Name (Last, First, Middle Initial)  
Elizabeth Roberts

Mailing Address 211 11th Street, SE

City Washington State DC Zip Code 20003

FEC ID number of contributing federal political committee. **C**

Name of Employer The PMA Group Occupation Gov. Relations Consultant

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
03 / 29 / 2007

**Transaction ID: C6888**

Amount of Each Receipt this Period  
1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
Kevin V. Roberts

Mailing Address 5593 High Point Drive

City Solon State OH Zip Code 44139

FEC ID number of contributing federal political committee. **C**

Name of Employer University Hospitals Occupation Senior Vice President and Chief Financial Officer

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
02 / 28 / 2007

**Transaction ID: C6781**

Amount of Each Receipt this Period  
500.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1750.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	



# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 75
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
TIM RYAN FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
Timothy Robinson

Mailing Address 6339 Autumn Crest Court

City State Zip Code  
Westerville OH 43082

FEC ID number of contributing federal political committee. **C**

Name of Employer Schottenstein Zox & Dunn Occupation Partner

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 03 / 2007

Transaction ID: C6823

Amount of Each Receipt this Period  
500.00

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

**B.** Full Name (Last, First, Middle Initial)  
Joseph Roman

Mailing Address 18800 Rivercliff Drive

City State Zip Code  
Fairview Park OH 44126-7146

FEC ID number of contributing federal political committee. **C**

Name of Employer Greater Cleveland Partnership Occupation President and Chief Executive Officer

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y  
02 / 28 / 2007

Transaction ID: C6778

Amount of Each Receipt this Period  
500.00

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

**C.** Full Name (Last, First, Middle Initial)  
Jackie Rothstein

Mailing Address 1080 W. Hill Road

City State Zip Code  
Gates Mills OH 44040

FEC ID number of contributing federal political committee. **C**

Name of Employer Homemaker Occupation Homemaker

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y  
02 / 28 / 2007

Transaction ID: C6782

Amount of Each Receipt this Period  
500.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1500.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 / 75
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
TIM RYAN FOR CONGRESS

Full Name (Last, First, Middle Initial) <b>A.</b> Josh Rubin		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 2 8 / 2 0 0 7
Mailing Address 6109 Independence Drive		Transaction ID: C6791
City State Zip Code Hudson OH 44236	Amount of Each Receipt this Period 2300.00	
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer The CJR Group, Inc	Occupation Partner	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2300.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Natalie Rubin		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 2 8 / 2 0 0 7
Mailing Address 6109 Independence Drive		Transaction ID: C6792
City State Zip Code Hudson OH 44236	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer The CJR Group	Occupation Administator	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Linda Rupli		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 2 1 / 2 0 0 7
Mailing Address 446 New Jersey Avenue, SE		Transaction ID: C6906
City State Zip Code Washington DC 20003	Amount of Each Receipt this Period 750.00	
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) * In-Kind: Food & Beverage for Fundraiser
Name of Employer Self Employed	Occupation CPA	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 750.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	4050.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 / 75
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
TIM RYAN FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
Michael Schwartz

Mailing Address 21425 Shelburne Road

City State Zip Code  
Shaker Heights OH 44122

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Cleveland State University President

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 2 / 2 8 / 2 0 0 7

**Transaction ID:** C6795

Amount of Each Receipt this Period  
250.00

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

**B.** Full Name (Last, First, Middle Initial)  
Morna Smith, PhD

Mailing Address 320 Morgan Lane

City State Zip Code  
Columbus OH 43230

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Columbus Children's Hospital Director, Government Relations

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 3 / 0 3 / 2 0 0 7

**Transaction ID:** C6816

Amount of Each Receipt this Period  
500.00

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

**C.** Full Name (Last, First, Middle Initial)  
Bahman Taheri

Mailing Address 20 Owen Brown Street

City State Zip Code  
Hudson OH 44236

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
AlphaMicron Partner

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

1500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 2 / 1 3 / 2 0 0 7

**Transaction ID:** C6742

Amount of Each Receipt this Period  
500.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1250.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 28 / 75
<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b
<input type="checkbox"/>	12	<input type="checkbox"/>	13a
<input type="checkbox"/>		<input type="checkbox"/>	11c
<input type="checkbox"/>		<input type="checkbox"/>	13b
<input type="checkbox"/>		<input type="checkbox"/>	11d
<input type="checkbox"/>		<input type="checkbox"/>	14
<input type="checkbox"/>		<input type="checkbox"/>	15

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NAME OF COMMITTEE (In Full)  
TIM RYAN FOR CONGRESS

<b>A.</b> Full Name (Last, First, Middle Initial) Bahman Taheri		Date of Receipt M M / D D / Y Y Y Y 03 / 29 / 2007	
Mailing Address 20 Owen Brown Street		<b>Transaction ID:</b> C6889	
City State Zip Code Hudson OH 44236		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation AlphaMicron Partner			
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 1500.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Nelson S. Talbott		Date of Receipt M M / D D / Y Y Y Y 02 / 28 / 2007	
Mailing Address 37070 Shaker Blvd.		<b>Transaction ID:</b> C6785	
City State Zip Code Chagrin Falls OH 44022		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Retired Retired			
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 500.00	

<b>C.</b> Full Name (Last, First, Middle Initial) James G. Watterson		Date of Receipt M M / D D / Y Y Y Y 03 / 20 / 2007	
Mailing Address 544 North Street		<b>Transaction ID:</b> C6839	
City State Zip Code Chagrin Falls OH 44022		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Self Employed Self Employed			
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	2000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 / 75
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
TIM RYAN FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
John D. Wheeler

Mailing Address 36085 Shaker Road

City State Zip Code  
Hunting Valley OH 44022

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Village of Hunting Valley Mayor

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 2 / 2 8 / 2 0 0 7

**Transaction ID:** C6790

Amount of Each Receipt this Period  
1000.00

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

**B.** Full Name (Last, First, Middle Initial)  
Thomas F. Zenty, III

Mailing Address 19924 Chagrin Blvd.

City State Zip Code  
Shaker Heights OH 44122

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
University Hospitals President & CEO

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 2 / 2 8 / 2 0 0 7

**Transaction ID:** C6779

Amount of Each Receipt this Period  
500.00

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

**C.** Full Name (Last, First, Middle Initial)  
Judith Lynne Zink

Mailing Address 12505 Lolly Post Lane

City State Zip Code  
Woodbridge VA 22192

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
The PMA Group Inc. Associate

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 3 / 2 9 / 2 0 0 7

**Transaction ID:** C6890

Amount of Each Receipt this Period  
1000.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2500.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 / 75
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
TIM RYAN FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
RMS Management

Mailing Address 50 Public Square  
Suite 1600

City Cleveland State OH Zip Code 44113-2295

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 2 / 2 8 / 2 0 0 7

Transaction ID: C6802

Amount of Each Receipt this Period  
500.00

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

PARTNERSHIP--partners below if itemized

**B.** Full Name (Last, First, Middle Initial)  
Brian Ratner

Mailing Address 50 Public Square  
Suite 1600

City Cleveland State OH Zip Code 44113-2295

FEC ID number of contributing federal political committee. **C**

Name of Employer RMS Management Occupation Partner

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 2 / 2 8 / 2 0 0 7

Transaction ID: C6809

Amount of Each Receipt this Period  
500.00

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

[MEMO ITEM]

**C.** Full Name (Last, First, Middle Initial)  
RMS Management

Mailing Address 50 Public Square  
Suite 1600

City Cleveland State OH Zip Code 44113-2295

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 2 / 2 8 / 2 0 0 7

Transaction ID: C6803

Amount of Each Receipt this Period  
500.00

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

PARTNERSHIP--partners below if itemized

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 / 75
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
TIM RYAN FOR CONGRESS

Full Name (Last, First, Middle Initial) <b>A. James Ratner</b>		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 7	
Mailing Address 50 Public Square Suite 1600		<b>Transaction ID: C6808</b>	
City Cleveland State OH Zip Code 44113-2295		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer RMS Management Occupation Partner		<b>[MEMO ITEM]</b>	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B. RMS Management</b>		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 7	
Mailing Address 50 Public Square Suite 1600		<b>Transaction ID: C6804</b>	
City Cleveland State OH Zip Code 44113-2295		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation		PARTNERSHIP--partners below if itemized	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) <b>C. Ronald Ratner</b>		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 7	
Mailing Address 50 Public Square Suite 1600		<b>Transaction ID: C6807</b>	
City Cleveland State OH Zip Code 44113-2295		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer RMS Management Occupation Partner		<b>[MEMO ITEM]</b>	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 / 75
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
TIM RYAN FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
RMS Management

Mailing Address 50 Public Square  
Suite 1600

City Cleveland State OH Zip Code 44113-2295

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 2 / 2 8 / 2 0 0 7

Transaction ID: C6805

Amount of Each Receipt this Period  
500.00

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

PARTNERSHIP--partners below if itemized

**B.** Full Name (Last, First, Middle Initial)  
Charles Ratner

Mailing Address 50 Public Square  
Suite 1600

City Cleveland State OH Zip Code 44113-2295

FEC ID number of contributing federal political committee. **C**

Name of Employer RMS Management Occupation Partner

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 2 / 2 8 / 2 0 0 7

Transaction ID: C6806

Amount of Each Receipt this Period  
500.00

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

**[MEMO ITEM]**

**C.** Full Name (Last, First, Middle Initial)  
Sheffield Brothers

Mailing Address 550 Peabody Street, NW

City Washington State DC Zip Code 20011

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 3 / 2 7 / 2 0 0 7

Transaction ID: C6862

Amount of Each Receipt this Period  
1000.00

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

PARTNERSHIP--partners below if itemized

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1500.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 33 / 75	
	(check only one)			
<input checked="" 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 type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
TIM RYAN FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
Joi Sheffield

Mailing Address 550 Peabody Street, NW

City	State	Zip Code
Washington	DC	20011

FEC ID number of contributing federal political committee. **C**

Name of Employer Sheffield Brothers	Occupation Partner
--	-----------------------

Receipt For: 2008  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	2	7	/	2	0	0	7

Transaction ID: C6863

Amount of Each Receipt this Period  
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)  
**[MEMO ITEM]**

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	63950.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 34 / 75
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
TIM RYAN FOR CONGRESS

Full Name (Last, First, Middle Initial) <b>A. AIR LINE PILOTS ASSOCIATION PAC</b>		Date of Receipt M M / D D / Y Y Y Y Y 03 / 20 / 2007
Mailing Address 1625 Massachusetts Ave. NW 8th Floor		<b>Transaction ID: C6836</b>
City Washington State DC Zip Code 20036	FEC ID number of contributing federal political committee. <b>C</b> C00035451	Amount of Each Receipt this Period 2500.00
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2500.00	

Full Name (Last, First, Middle Initial) <b>B. AKIN, GUMP, STRAUSS, HAUER &amp; FELD LLP CIVIC ACTION COMMITTEE</b>		Date of Receipt M M / D D / Y Y Y Y Y 02 / 13 / 2007
Mailing Address 1333 NEW HAMPSHIRE AVE/NW STE 400		<b>Transaction ID: C6755</b>
City WASHINGTON State DC Zip Code 20036	FEC ID number of contributing federal political committee. <b>C</b> C00104901	Amount of Each Receipt this Period 750.00
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 750.00	

Full Name (Last, First, Middle Initial) <b>C. American Crystal Sugar Company PAC</b>		Date of Receipt M M / D D / Y Y Y Y Y 02 / 28 / 2007
Mailing Address 101 North Third Street		<b>Transaction ID: C6769</b>
City Moorhead State MN Zip Code 56560	FEC ID number of contributing federal political committee. <b>C</b> C00110338	Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>4250.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 / 75
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
TIM RYAN FOR CONGRESS

Full Name (Last, First, Middle Initial) <b>A. AMERICAN ELECTRIC POWER COMMITTEE FOR RESPONSIBLE GOVERNMENT</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 1 3 / 2 0 0 7
Mailing Address 155 W. Nationwide Blvd. PO Box 16036		Transaction ID: C6750
City Columbus State OH Zip Code 43216	FEC ID number of contributing federal political committee. <b>C</b> C00096842	Amount of Each Receipt this Period 1000.00
Name of Employer Occupation	Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Election Cycle-to-Date ▼	1000.00	

Full Name (Last, First, Middle Initial) <b>B. AMERICAN FEDERATION OF GOVT. EMPL. POLITICAL ACTION COMMITTEE</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 0 3 / 2 0 0 7
Mailing Address 80 F. Street NW		Transaction ID: C6814
City Washington State DC Zip Code 20001	FEC ID number of contributing federal political committee. <b>C</b> C00009936	Amount of Each Receipt this Period 500.00
Name of Employer Occupation	Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Election Cycle-to-Date ▼	500.00	

Full Name (Last, First, Middle Initial) <b>C. AMERICAN FEDERATION OF STATE COUNTY &amp; MUNICIPAL EMPLOYEES - P E O P L E</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 3 0 / 2 0 0 7
Mailing Address 1625 L Street, NW		Transaction ID: C6896
City Washington State DC Zip Code 20036	FEC ID number of contributing federal political committee. <b>C</b> C00011114	Amount of Each Receipt this Period 1000.00
Name of Employer Occupation	Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Election Cycle-to-Date ▼	1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2500.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 36 / 75
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
**TIM RYAN FOR CONGRESS**

Full Name (Last, First, Middle Initial)  
**A. AMERICAN MARITIME OFFICERS VOLUNTARY POLITICAL ACTION FUND**

Mailing Address **2 West Dixie Highway**

City **Dania Beach** State **FL** Zip Code **33004**

FEC ID number of contributing federal political committee. **C C00027532**

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ **1000.00**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	2		1	3		2	0	0	7

**Transaction ID: C6751**

Amount of Each Receipt this Period  

1000.00
---------

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

Full Name (Last, First, Middle Initial)  
**B. AMERICAN OPTOMETRIC ASSOCIATION POLITICAL ACTION COMMITTEE**

Mailing Address **1505 Prince Street Suite 300**

City **Alexandria** State **VA** Zip Code **22314**

FEC ID number of contributing federal political committee. **C C00024968**

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ **1000.00**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	2		1	3		2	0	0	7

**Transaction ID: C6744**

Amount of Each Receipt this Period  

1000.00
---------

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

Full Name (Last, First, Middle Initial)  
**C. AMERICAN POSTAL WORKERS UNION COMMITTEE ON POLITICAL ACTION**

Mailing Address **1300 L Street, NW Suite 608**

City **Washington** State **DC** Zip Code **20005**

FEC ID number of contributing federal political committee. **C C00010322**

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ **1000.00**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	2		1	3		2	0	0	7

**Transaction ID: C6745**

Amount of Each Receipt this Period  

1000.00
---------

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>3000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 / 75
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
TIM RYAN FOR CONGRESS

Full Name (Last, First, Middle Initial) <b>A. Assn of Trial Lawyers of America PAC</b>		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 3 / 2 0 0 7	
Mailing Address 1050 31st St. NW		<b>Transaction ID: C6753</b>	
City State Zip Code Washington DC 20007	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C C00024521</b>	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer Occupation	Receipt For: 2008 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 1000.00		

Full Name (Last, First, Middle Initial) <b>B. BROWN AND COMPANY INC PAC</b>		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 3 / 2 0 0 7	
Mailing Address 600 Pennsylvania Avenue, SE Suite 304		<b>Transaction ID: C6748</b>	
City State Zip Code Washington DC 20003	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C C00326405</b>	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer Occupation	Receipt For: 2008 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>C. CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC</b>		Date of Receipt M M / D D / Y Y Y Y 0 3 / 0 3 / 2 0 0 7	
Mailing Address 7000 CARDINAL PLAGE		<b>Transaction ID: C6828</b>	
City State Zip Code DUBLIN OH 43017	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C C00332833</b>	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer Occupation	Receipt For: 2008 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 1000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	2500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 / 75
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
TIM RYAN FOR CONGRESS

Full Name (Last, First, Middle Initial) <b>A. COALPAC A POLITICAL ACTION COMMITTEE OF THE NATIONAL MINING ASSOCIATION</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 2 8 / 2 0 0 7
Mailing Address 101 Constitution Avenue NW Suite 500 East		<b>Transaction ID: C6773</b>
City Washington State DC Zip Code 20001	FEC ID number of contributing federal political committee. <b>C</b> C00109819	Amount of Each Receipt this Period 1000.00
Name of Employer Occupation	Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Election Cycle-to-Date ▼	1000.00	

Full Name (Last, First, Middle Initial) <b>B. Collier Shannon Scott PLLC</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 0 3 / 2 0 0 7
Mailing Address 3050 K Street, NW Suite 400		<b>Transaction ID: C6813</b>
City Washington State DC Zip Code 20007	FEC ID number of contributing federal political committee. <b>C</b> C00301929	Amount of Each Receipt this Period 1000.00
Name of Employer Occupation	Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Election Cycle-to-Date ▼	1000.00	

Full Name (Last, First, Middle Initial) <b>C. DEALERS ELECTION ACTION COMMITTEE OF THE NATIONAL AUTOMOBILE DEALERS ASSOCIATION</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 2 8 / 2 0 0 7
Mailing Address 8400 Westpark Dr.		<b>Transaction ID: C6771</b>
City McLean State VA Zip Code 22102	FEC ID number of contributing federal political committee. <b>C</b> C00040998	Amount of Each Receipt this Period 3500.00
Name of Employer Occupation	Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Election Cycle-to-Date ▼	3500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	5500.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 39 / 75
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
TIM RYAN FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
Eaton Corporation Public Policy Association

Mailing Address 1111 SUPERIOR AVENUE

City State Zip Code  
CLEVELAND OH 44114

FEC ID number of contributing federal political committee. **C** C00034827

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
02 / 13 / 2007

Transaction ID: C6764

Amount of Each Receipt this Period  
1000.00

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

**B.** Full Name (Last, First, Middle Initial)  
ENGINEERS POLITICAL EDUCATION COMMITTEE (EPEC)/INTERNATIONAL UNION OF OPERATING ENGINEERS

Mailing Address 1125 17TH ST. NW

City State Zip Code  
WASHINGTON DC 20036

FEC ID number of contributing federal political committee. **C** C00029504

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 30 / 2007

Transaction ID: C6899

Amount of Each Receipt this Period  
2500.00

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

**C.** Full Name (Last, First, Middle Initial)  
FEDERAL EXPRESS POLITICAL ACTION COMMITTEE

Mailing Address 942 South Shady Grove Road

City State Zip Code  
Memphis TN 38120

FEC ID number of contributing federal political committee. **C** C00068692

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 20 / 2007

Transaction ID: C6837

Amount of Each Receipt this Period  
1000.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **4500.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 40 / 75
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
TIM RYAN FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
Fifth Third Bancorp PAC

Mailing Address 38 Fountain Square Plaza

City State Zip Code  
Cincinnati OH 45202

FEC ID number of contributing federal political committee. **C** C00290502

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 20 / 2007

**Transaction ID: C6834**

Amount of Each Receipt this Period  
500.00

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

**B.** Full Name (Last, First, Middle Initial)  
GENERAL DYNAMICS VOLUNTARY POLITICAL CONTRIBUTION PLAN (GDVPCP)

Mailing Address 3190 Fairview Park Drive

City State Zip Code  
Fall Church VA 22042

FEC ID number of contributing federal political committee. **C** C00078451

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
01 / 30 / 2007

**Transaction ID: C6741**

Amount of Each Receipt this Period  
1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
Great Lakes Sugar Beet Growers

Mailing Address 4800 Fashion Square Boulevard  
Suite 300

City State Zip Code  
Saginaw MI 48604-2604

FEC ID number of contributing federal political committee. **C** C00168542

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
01 / 30 / 2007

**Transaction ID: C6739**

Amount of Each Receipt this Period  
500.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>2000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 / 75
	<input type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
TIM RYAN FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
HARRAH'S ENTERTAINMENT INC. IMPACTS PUBLIC POLICY

Mailing Address One Harrah's Ct.

City State Zip Code  
Las Vegas NV 89119

FEC ID number of contributing federal political committee. **C** C00239947

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 14 / 2007

**Transaction ID: C6831**

Amount of Each Receipt this Period  
1000.00

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

**B.** Full Name (Last, First, Middle Initial)  
HUNTINGTON BANCSHARES INCORPORATED POLITICAL ACTION COMMITTEE(HBI-PAC)

Mailing Address 41 SOUTH HIGH STREET

City State Zip Code  
COLUMBUS OH 43215

FEC ID number of contributing federal political committee. **C** C00165589

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 03 / 2007

**Transaction ID: C6826**

Amount of Each Receipt this Period  
2500.00

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

**C.** Full Name (Last, First, Middle Initial)  
Independent Community Bankers of America PAC

Mailing Address 1615 L Street NW Suite 900

City State Zip Code  
Washington DC 20036

FEC ID number of contributing federal political committee. **C** C00032698

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
10000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
02 / 13 / 2007

**Transaction ID: C6761**

Amount of Each Receipt this Period  
5000.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>8500.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 42 / 75
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
TIM RYAN FOR CONGRESS

Full Name (Last, First, Middle Initial) <b>A. Independent Community Bankers of America PAC</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 2 8 / 2 0 0 7
Mailing Address 1615 L Street NW Suite 900		<b>Transaction ID: C6765</b>
City Washington State DC Zip Code 20036	FEC ID number of contributing federal political committee. <b>C</b> C00032698	Amount of Each Receipt this Period 5000.00
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 10000.00	

Full Name (Last, First, Middle Initial) <b>B. INTERNATIONAL ASSOCIATION OF FIREFIGHTERS INTERESTED IN REGISTRATION AND EDUCATION</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 2 8 / 2 0 0 7
Mailing Address 1750 New York Avenue, NW		<b>Transaction ID: C6772</b>
City Washington State DC Zip Code 20006	FEC ID number of contributing federal political committee. <b>C</b> C00029447	Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>C. INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS COMMITTEE ON POLITICAL EDUCATION</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 3 0 / 2 0 0 7
Mailing Address 1125 15th Street, NW 12th Floor		<b>Transaction ID: C6872</b>
City Washington State DC Zip Code 20005	FEC ID number of contributing federal political committee. <b>C</b> C00027342	Amount of Each Receipt this Period 5000.00
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 5000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	11000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 43 / 75
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
TIM RYAN FOR CONGRESS

Full Name (Last, First, Middle Initial) <b>A. INT'L. ASSOCIATION OF BRIDGE STRUCTURAL ORNAMENTAL &amp; REINFORCING IRON WORKERS</b>		Date of Receipt																				
Mailing Address 1750 New York Avenue, NW Suite 400		<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>0</td><td>2</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		2	8		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y													
0	2		2	8		2	0	0	7													
City State Zip Code Washington DC 20006		<b>Transaction ID: C6766</b>																				
FEC ID number of contributing federal political committee. <b>C</b> C00027359		Amount of Each Receipt this Period 1000.00																				
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)																				
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00																					

Full Name (Last, First, Middle Initial) <b>B. KEYCORP ADVOCATES FUND</b>		Date of Receipt																				
Mailing Address 127 Public Square		<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>0</td><td>2</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		2	8		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y													
0	2		2	8		2	0	0	7													
City State Zip Code Cleveland OH 44114		<b>Transaction ID: C6789</b>																				
FEC ID number of contributing federal political committee. <b>C</b> C00073155		Amount of Each Receipt this Period 1000.00																				
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)																				
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00																					

Full Name (Last, First, Middle Initial) <b>C. LIMITED BRANDS INC. PAC</b>		Date of Receipt																				
Mailing Address THREE LIMITED PARKWAY		<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>0</td><td>3</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	3		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y													
0	3		0	3		2	0	0	7													
City State Zip Code COLUMBUS OH 43230		<b>Transaction ID: C6830</b>																				
FEC ID number of contributing federal political committee. <b>C</b> C00214338		Amount of Each Receipt this Period 2500.00																				
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)																				
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2500.00																					

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>4500.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 44 / 75
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
TIM RYAN FOR CONGRESS

Full Name (Last, First, Middle Initial) <b>A. LOCKHEED MARTIN EMPLOYEES' POLITICAL ACTION COMMITTEE</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 27 / 2007
Mailing Address 1550 Crystal Drive Suite 300		<b>Transaction ID: C6897</b>
City Arlington State VA Zip Code 22202	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b> C00303024		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>B. Minn-Dak Farmers Cooperative PAC (MDFCPAC)</b>		Date of Receipt M M / D D / Y Y Y Y 02 / 13 / 2007
Mailing Address 7525 Red River Rd		<b>Transaction ID: C6749</b>
City Wahpeton State ND Zip Code 58075	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b> C00164939		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>C. Mr. R.D. Folsom</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 03 / 2007
Mailing Address Wexler & Walker 1317 F St., NW		<b>Transaction ID: C6815</b>
City Washington State DC Zip Code 20004	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b> C00248195		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	2500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

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

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

FOR LINE NUMBER: PAGE 45 / 75  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
TIM RYAN FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
National Air Traffic Controllers Assn PAC

Mailing Address 1325 Massachusetts Avenue, NW

City State Zip Code  
Washington DC 20005

FEC ID number of contributing federal political committee. **C** C00238725

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 2 / 1 3 / 2 0 0 7

Transaction ID: C6747

Amount of Each Receipt this Period  
1000.00

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

**B.** Full Name (Last, First, Middle Initial)  
NATIONAL CITY CORPORATION PAC (AKA NATIONAL CITY PAC OR NC PAC)

Mailing Address 1900 EAST 9TH STREET LOC# 01-2250  
NATIONAL CITY CENTER

City State Zip Code  
CLEVELAND OH 44114

FEC ID number of contributing federal political committee. **C** C00141036

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 2 / 1 3 / 2 0 0 7

Transaction ID: C6763

Amount of Each Receipt this Period  
1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
NATIONAL CITY CORPORATION PAC (AKA NATIONAL CITY PAC OR NC PAC)

Mailing Address 1900 EAST 9TH STREET LOC# 01-2250  
NATIONAL CITY CENTER

City State Zip Code  
CLEVELAND OH 44114

FEC ID number of contributing federal political committee. **C** C00141036

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 2 / 2 8 / 2 0 0 7

Transaction ID: C6787

Amount of Each Receipt this Period  
1000.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **3000.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 / 75
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**TIM RYAN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. NRA - Political Victory Fund</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 14 / 2007
Mailing Address 11250 Waples Mill Rd.		<b>Transaction ID: C6832</b>
City State Zip Code Fairfax VA 22030	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C C00053553</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>B. PMA GROUP POLITICAL ACTION COMMITTEE</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 29 / 2007
Mailing Address 2345 CRYSTAL DRIVE SUITE 300 Suite 1107		<b>Transaction ID: C6885</b>
City State Zip Code ARLINGTON VA 22202	Amount of Each Receipt this Period 2000.00	
FEC ID number of contributing federal political committee. <b>C C00280321</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Election Cycle-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) <b>C. POLITICAL EDUCATIONAL FUND OF THE BUILDING AND CONSTRUCTION TRADES DEPARTMENT</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 03 / 2007
Mailing Address 815 16th St. NW Suite 600		<b>Transaction ID: C6811</b>
City State Zip Code Washington DC 20006	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C C00003160</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Election Cycle-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	4000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 / 75
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
TIM RYAN FOR CONGRESS

Full Name (Last, First, Middle Initial) <b>A. PRECISION METALFORMING ASSOCIATION VOICE OF THE INDUSTRY COMMITTEE (PMAVIC)</b>		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 3 / 2 0 0 7
Mailing Address 6363 OAK TREE BLVD		<b>Transaction ID: C6752</b>
City State Zip Code INDEPENDENCE OH 44131	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b> C00082271	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation	Receipt For: 2008 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>B. Roetzel &amp; Andress LPA FSL PAC</b>		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 3 / 2 0 0 7
Mailing Address 75 E. Market ST.		<b>Transaction ID: C6759</b>
City State Zip Code Akron OH 44308	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b> C00228379	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation	Receipt For: 2008 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>C. RPM INTERNAITONAL INC MANUFACTURING IN AMERICA PAC, DBA RPM MANUFACTURING IN AMERICA PAC</b>		Date of Receipt M M / D D / Y Y Y Y 0 3 / 2 0 / 2 0 0 7
Mailing Address 2628 PEARL ROAD		<b>Transaction ID: C6835</b>
City State Zip Code MEDINA OH 44256	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b> C00402081	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation	Receipt For: 2008 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	3000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 / 75
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
TIM RYAN FOR CONGRESS

Full Name (Last, First, Middle Initial) <b>A. RTI Metals Inc. PAC</b>		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 3 / 2 0 0 7	
Mailing Address 1000 Warren Ave.		<b>Transaction ID: C6762</b>	
City State Zip Code Niles OH 44446	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C C00350280</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Election Cycle-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) <b>B. SCHOTTENSTEIN ZOX &amp; DUNN CO LPA FEDERAL PAC</b>		Date of Receipt M M / D D / Y Y Y Y 0 3 / 0 3 / 2 0 0 7	
Mailing Address 250 WEST STREET		<b>Transaction ID: C6827</b>	
City State Zip Code COLUMBUS OH 43215	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C C00429506</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Election Cycle-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) <b>C. SONNENSCHN NATH &amp; ROSENTHAL LLP POLITICAL ACTION COMMITTEE (SONNENSCHN PAC)</b>		Date of Receipt M M / D D / Y Y Y Y 0 3 / 0 3 / 2 0 0 7	
Mailing Address 1301 K STREET NW SUITE 600 EAST TOWER		<b>Transaction ID: C6812</b>	
City State Zip Code WASHINGTON DC 20005	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C C00216127</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Election Cycle-to-Date ▼ 1000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	3000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 / 75
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
TIM RYAN FOR CONGRESS

Full Name (Last, First, Middle Initial) <b>A. TRANSPORT WORKERS UNION</b>		Date of Receipt M M / D D / Y Y Y Y Y 03 / 30 / 2007
Mailing Address POLITICAL CONTRIBUTIONS COMMITTEE 1700 BROADWAY, 2ND FLOOR		Transaction ID: C6871
City New York	State NY	Zip Code 10019-5905
FEC ID number of contributing federal political committee. <b>C</b> C00008268		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>B. TRUCKING POLITICAL ACTION COMMITTEE OF THE AMERICAN TRUCKING ASSOCIATIONS INC.</b>		Date of Receipt M M / D D / Y Y Y Y Y 03 / 14 / 2007
Mailing Address 430 First St. SE		Transaction ID: C6833
City Washington	State DC	Zip Code 20003
FEC ID number of contributing federal political committee. <b>C</b> C00002881		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>C. US-CUBA DEMOCRACY POLITICAL ACTION COMMITTEE</b>		Date of Receipt M M / D D / Y Y Y Y Y 03 / 30 / 2007
Mailing Address 1200 West 49th Street		Transaction ID: C6895
City Hialeah	State FL	Zip Code 33012
FEC ID number of contributing federal political committee. <b>C</b> C00387720		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	3000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	PAGE 50 / 75
	(check only one)	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
TIM RYAN FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
VSS&P FEDPAC

Mailing Address 52 E GAY ST  
PO BOX 1008

City COLUMBUS State OH Zip Code 43216

FEC ID number of contributing federal political committee. **C** C00220764

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 2 / 1 3 / 2 0 0 7

Transaction ID: C6746

Amount of Each Receipt this Period  
1000.00

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

**B.** Full Name (Last, First, Middle Initial)  
WCI Steel, Inc. - PAC Federal

Mailing Address 1040 Pine Ave. SE

City Warren State OH Zip Code 44483

FEC ID number of contributing federal political committee. **C** C00236570

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 1 / 3 0 / 2 0 0 7

Transaction ID: C6740

Amount of Each Receipt this Period  
1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
WINE AND SPIRITS WHOLESALERS OF AMERICA INC. POLITICAL ACTION COMMITTEE

Mailing Address 805 FIFTEENTH ST NW SUITE 430

City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00147173

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 3 / 3 0 / 2 0 0 7

Transaction ID: C6873

Amount of Each Receipt this Period  
1000.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	3000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 51 / 75	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d	
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
TIM RYAN FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
Worthington Industries PAC

Mailing Address 200 OLD WILSON BRIDGE

City State Zip Code  
COLUMBUS OH 43085

FEC ID number of contributing federal political committee. **C** C00397554

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	2	8	/	2	0	0	7

Transaction ID: C6768

Amount of Each Receipt this Period  
1000.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	70750.00

**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)

<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)  
TIM RYAN FOR CONGRESS

Full Name (Last, First, Middle Initial) <b>A. Accent Media LLC</b>		<b>Transaction ID: D3966</b> Date of Disbursement 03 / 01 / 2007
Mailing Address 8917 East Market Street		Amount of Each Disbursement this Period 525.00
City Warren	State OH Zip Code 44484	
Purpose of Disbursement Videography - Akron Press Club		<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	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. AT&amp;T</b>		<b>Transaction ID: D3893</b> Date of Disbursement 01 / 20 / 2007
Mailing Address Bill Payment Center		Amount of Each Disbursement this Period 149.65
City Saginaw	State MI Zip Code 48663-0003	
Purpose of Disbursement Telephone Service		<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	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. AT&amp;T</b>		<b>Transaction ID: D3925</b> Date of Disbursement 02 / 27 / 2007
Mailing Address Bill Payment Center		Amount of Each Disbursement this Period 149.65
City Saginaw	State MI Zip Code 48663-0003	
Purpose of Disbursement Telephone Service		<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	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>824.30</b>
<b>TOTAL</b> 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)

<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)  
TIM RYAN FOR CONGRESS

<b>A. AT&amp;T</b> Full Name (Last, First, Middle Initial) Mailing Address Bill Payment Center City Saginaw State MI Zip Code 48663-0003 Purpose of Disbursement Telephone Service Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: D3943</b> Date of Disbursement 03 / 31 / 2007 Amount of Each Disbursement this Period 149.69 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>B. Cantrell Cutter Printing</b> Full Name (Last, First, Middle Initial) Mailing Address 1789 Olive Street City Capitol Heights State MD Zip Code 20743 Purpose of Disbursement Printing - Invitation Package Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: D3936</b> Date of Disbursement 02 / 13 / 2007 Amount of Each Disbursement this Period 796.30 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>C. Petty Cash</b> Full Name (Last, First, Middle Initial) Mailing Address 1600 Roosevelt Avenue City Niles State OH Zip Code 44446 Purpose of Disbursement Petty Cash Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: D3948</b> Date of Disbursement 03 / 15 / 2007 Amount of Each Disbursement this Period 300.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1245.99
<b>TOTAL</b> 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)

<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)  
TIM RYAN FOR CONGRESS

Full Name (Last, First, Middle Initial) <b>A. Cellular One</b>		<b>Transaction ID: D3880</b> Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 9 / 2 0 0 7
Mailing Address 2205 Elm Rd. NE		Amount of Each Disbursement this Period 230.82 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Warren State OH Zip Code 44483		
Purpose of Disbursement Phone Bill Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Cellular One</b>		<b>Transaction ID: D3964</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 1 / 2 0 0 7
Mailing Address 2205 Elm Rd. NE		Amount of Each Disbursement this Period 227.17 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Warren State OH Zip Code 44483		
Purpose of Disbursement Phone Bill Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Crowne Plaza Hotel</b>		<b>Transaction ID: D3938</b> Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 7 / 2 0 0 7
Mailing Address 33 E Nationwide Blvd.		Amount of Each Disbursement this Period 316.84 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Columbus State OH Zip Code 43215		
Purpose of Disbursement Lodging & Accommodations Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	774.83
<b>TOTAL</b> 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)

<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)  
TIM RYAN FOR CONGRESS

Full Name (Last, First, Middle Initial) <b>A. DemsLink, LLC</b>		<b>Transaction ID: D3881</b> Date of Disbursement 01 / 29 / 2007
Mailing Address 237 Lookout Place Suite 100		Amount of Each Disbursement this Period 250.00
City Maitland State FL Zip Code 32751	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Website Fee Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. DemsLink, LLC</b>		<b>Transaction ID: D3940</b> Date of Disbursement 02 / 01 / 2007
Mailing Address 237 Lookout Place Suite 100		Amount of Each Disbursement this Period 250.00
City Maitland State FL Zip Code 32751	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Website Fee Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Diversified Communications, Inc.</b>		<b>Transaction ID: D3905</b> Date of Disbursement 01 / 16 / 2007
Mailing Address PO Box 33088		Amount of Each Disbursement this Period 1125.00
City Washington State DC Zip Code 20033	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Teleport Service Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1625.00
<b>TOTAL</b> 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)

<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)  
TIM RYAN FOR CONGRESS

Full Name (Last, First, Middle Initial) <b>A. Diversified Communications, Inc.</b>		<b>Transaction ID:</b> D3929 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 1 / 2 0 0 7
Mailing Address PO Box 33088		Amount of Each Disbursement this Period 1035.00
City Washington State DC Zip Code 20033	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Teleport Services	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Fraioli &amp; Associates</b>		<b>Transaction ID:</b> D3917 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 2 / 2 0 0 7
Mailing Address 80 F Street NW Suite 804		Amount of Each Disbursement this Period 500.00
City Washington State DC Zip Code 20001	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Fundraising Expenses	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Fraioli &amp; Associates</b>		<b>Transaction ID:</b> D3901 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 9 / 2 0 0 7
Mailing Address 80 F Street NW Suite 804		Amount of Each Disbursement this Period 3934.70
City Washington State DC Zip Code 20001	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Fundraising Consulting & Expenses	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	5469.70
<b>TOTAL</b> 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)

<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)  
TIM RYAN FOR CONGRESS

Full Name (Last, First, Middle Initial) <b>A. Fraioli &amp; Associates</b>		<b>Transaction ID: D3891</b> Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 7
Mailing Address 80 F Street NW Suite 804		Amount of Each Disbursement this Period 972.91
City Washington State DC Zip Code 20001	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Campaign Catering Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Fraioli &amp; Associates</b>		<b>Transaction ID: D3939</b> Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 7 / 2 0 0 7
Mailing Address 80 F Street NW Suite 804		Amount of Each Disbursement this Period 4872.91
City Washington State DC Zip Code 20001	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Fundraising Consulting & Expenses Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Fraioli &amp; Associates</b>		<b>Transaction ID: D3962</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 5 / 2 0 0 7
Mailing Address 80 F Street NW Suite 804		Amount of Each Disbursement this Period 3803.79
City Washington State DC Zip Code 20001	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Fundraising Consulting & Expenses Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>9649.61</b>
<b>TOTAL</b> 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)

<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)  
TIM RYAN FOR CONGRESS

Full Name (Last, First, Middle Initial) <b>A. Philip P. Guerra</b>		Transaction ID: D3912 Date of Disbursement 01 / 15 / 2007	
Mailing Address 1600 Roosevelt Ave.		Amount of Each Disbursement this Period 1200.00	
City Niles State OH Zip Code 44446	Purpose of Disbursement Accounting services Candidate Name	<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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. Philip P. Guerra</b>		Transaction ID: D3921 Date of Disbursement 02 / 27 / 2007	
Mailing Address 1600 Roosevelt Ave.		Amount of Each Disbursement this Period 1200.00	
City Niles State OH Zip Code 44446	Purpose of Disbursement Accounting services Candidate Name	<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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. Philip P. Guerra</b>		Transaction ID: D3952 Date of Disbursement 03 / 13 / 2007	
Mailing Address 1600 Roosevelt Ave.		Amount of Each Disbursement this Period 1200.00	
City Niles State OH Zip Code 44446	Purpose of Disbursement Accounting Services Candidate Name	<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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3600.00
<b>TOTAL</b> 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)

<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)  
TIM RYAN FOR CONGRESS

Full Name (Last, First, Middle Initial) <b>A. InterMedia Solutions</b>		<b>Transaction ID: D3926</b> Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 7 / 2 0 0 7
Mailing Address 473 Corniche Way #205		Amount of Each Disbursement this Period 250.00
City Lake Mary State FL Zip Code 32746	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Monthly Website Fee Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Ryan P. Keating</b>		<b>Transaction ID: D3916</b> Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 1 / 2 0 0 7
Mailing Address 714 A Street, NE Apt. 3		Amount of Each Disbursement this Period 500.00
City Washington State DC Zip Code 20002	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Website Management Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Ryan P. Keating</b>		<b>Transaction ID: D3937</b> Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 8 / 2 0 0 7
Mailing Address 714 A Street, NE Apt. 3		Amount of Each Disbursement this Period 500.00
City Washington State DC Zip Code 20002	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Website Management Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1250.00
<b>TOTAL</b> 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)

<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)  
TIM RYAN FOR CONGRESS

<b>A. Kingsmill Resort</b> Full Name (Last, First, Middle Initial) Kingsmill Resort Mailing Address 1010 Kingsmill Road City Williamsburg State VA Zip Code 23185 Purpose of Disbursement Lodging - Dem. Caucus Retreat Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: D3909</b> Date of Disbursement 01 / 15 / 2007 Amount of Each Disbursement this Period 950.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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<b>B. Mitolo's Flower Shoppe</b> Full Name (Last, First, Middle Initial) Mitolo's Flower Shoppe Mailing Address 800 Warren Ave. City Niles State OH Zip Code 44446 Purpose of Disbursement Constituent Gifts -- Lowry, Helmick Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: D3934</b> Date of Disbursement 02 / 13 / 2007 Amount of Each Disbursement this Period 55.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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<b>C. Mitolo's Flower Shoppe</b> Full Name (Last, First, Middle Initial) Mitolo's Flower Shoppe Mailing Address 800 Warren Ave. City Niles State OH Zip Code 44446 Purpose of Disbursement Sympathy Flowers - Reese, Osika, Crystal Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: D3942</b> Date of Disbursement 03 / 21 / 2007 Amount of Each Disbursement this Period 155.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1160.00
<b>TOTAL</b> 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)

<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)  
TIM RYAN FOR CONGRESS

Full Name (Last, First, Middle Initial) <b>A. National Democratic Club</b>		<b>Transaction ID:</b> D3907 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 1 6 / 2 0 0 7
Mailing Address 30 Ivy Street SE		Amount of Each Disbursement this Period 840.44
City Washington State DC Zip Code 20003-4071	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Membership Dues & Catering	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. National Democratic Club</b>		<b>Transaction ID:</b> D3933 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 1 3 / 2 0 0 7
Mailing Address 30 Ivy Street SE		Amount of Each Disbursement this Period 135.00
City Washington State DC Zip Code 20003-4071	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Membership Dues & Catering	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. National Democratic Club</b>		<b>Transaction ID:</b> D3956 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 3 / 2 0 0 7
Mailing Address 30 Ivy Street SE		Amount of Each Disbursement this Period 141.50
City Washington State DC Zip Code 20003-4071	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Membership Dues & Catering	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1116.94
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

**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)

<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)  
TIM RYAN FOR CONGRESS

Full Name (Last, First, Middle Initial) <b>A. Panera Breakd Co.</b>		<b>Transaction ID: D3918</b> Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 2 / 2 0 0 7
Mailing Address Panera Bread #3369 3461 Elm Road		Amount of Each Disbursement this Period 283.27
City Warren State OH Zip Code 44483	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Catering- Swearing In Bus Trip Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Renee's Flowers</b>		<b>Transaction ID: D3915</b> Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 1 / 2 0 0 7
Mailing Address 519 Robbins Avenue		Amount of Each Disbursement this Period 126.20
City Niles State OH Zip Code 44446	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Sympathy Flowers- Mann & Rossi Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Linda Rupli</b>		<b>Transaction ID: D3979</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 1 / 2 0 0 7
Mailing Address 446 New Jersey Avenue, SE		Amount of Each Disbursement this Period 750.00
City Washington State DC Zip Code 20003	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Food & Beverage for Fundraiser Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

\* in-kind received

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1159.47
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

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

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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<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)  
TIM RYAN FOR CONGRESS

Full Name (Last, First, Middle Initial) <b>A. Allen L. Ryan</b>		<b>Transaction ID: D3911</b> Date of Disbursement 01 / 15 / 2007	
Mailing Address 1665 Roosevelt Avenue		Amount of Each Disbursement this Period 2000.00	
City Niles State OH Zip Code 44446	Purpose of Disbursement January Campaign Management Consulting	<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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. Allen L. Ryan</b>		<b>Transaction ID: D3922</b> Date of Disbursement 02 / 27 / 2007	
Mailing Address 1665 Roosevelt Avenue		Amount of Each Disbursement this Period 2000.00	
City Niles State OH Zip Code 44446	Purpose of Disbursement February Campaign Management Consulting	<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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. Allen L. Ryan</b>		<b>Transaction ID: D3953</b> Date of Disbursement 03 / 13 / 2007	
Mailing Address 1665 Roosevelt Avenue		Amount of Each Disbursement this Period 2000.00	
City Niles State OH Zip Code 44446	Purpose of Disbursement March Campaign Management Consulting	<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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	6000.00
<b>TOTAL</b> 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)

<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)  
TIM RYAN FOR CONGRESS

Full Name (Last, First, Middle Initial) <b>A. The Business Journal</b>		<b>Transaction ID:</b> D3895 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 1 9 / 2 0 0 7
Mailing Address PO Box 714		Amount of Each Disbursement this Period 390.00
City Youngstown State OH Zip Code 44501	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Advertising Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. The Penguin Club</b>		<b>Transaction ID:</b> D3878 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 3 1 / 2 0 0 7
Mailing Address Youngstown State University One University Plaza		Amount of Each Disbursement this Period 250.00
City Youngstown State U State OH Zip Code 44555	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Advertisement Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Washington Court Hotel</b>		<b>Transaction ID:</b> D3935 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 1 3 / 2 0 0 7
Mailing Address 525 New Jersey Ave		Amount of Each Disbursement this Period 3731.86
City Washington State DC Zip Code 20001	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Catering & Event Expenses Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	4371.86
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____



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

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FOR LINE NUMBER:  
(check only one)

<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)  
TIM RYAN FOR CONGRESS

<p><b>A. Tim Ryan</b></p> <p>Full Name (Last, First, Middle Initial) Tim Ryan</p> <p>Mailing Address 1504 Taft Avenue</p> <p>City Niles State OH Zip Code 44446</p> <p>Purpose of Disbursement Reimbursement for Food &amp; Lodging</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p><b>Transaction ID: D3883</b></p> <p>Date of Disbursement 01 / 24 / 2007</p> <p>Amount of Each Disbursement this Period 1299.02</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
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<p><b>B. Bank of America</b></p> <p>Full Name (Last, First, Middle Initial) Bank of America</p> <p>Mailing Address PO Box 37279</p> <p>City Baltimore State MD Zip Code 21297</p> <p>Purpose of Disbursement Catering &amp; Lodging</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p><b>Transaction ID: D3884</b></p> <p>Date of Disbursement 01 / 24 / 2007</p> <p>Amount of Each Disbursement this Period 1299.02</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b></p>
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<p><b>C. Anna Maria's Italian Restaurant</b></p> <p>Full Name (Last, First, Middle Initial) Anna Maria's Italian Restaurant</p> <p>Mailing Address 1737 Connecticut Ave NW</p> <p>City Washington State DC Zip Code 20009</p> <p>Purpose of Disbursement Catering</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p><b>Transaction ID: D3889</b></p> <p>Date of Disbursement 01 / 24 / 2007</p> <p>Amount of Each Disbursement this Period 296.45</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b></p>
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<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p>1299.02</p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	

# 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)

<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)  
TIM RYAN FOR CONGRESS

Full Name (Last, First, Middle Initial) <b>A. Anna Maria's Italian Restaurant</b>		<b>Transaction ID: D3888</b> Date of Disbursement 01 / 24 / 2007
Mailing Address 1737 Connecticut Ave NW		Amount of Each Disbursement this Period 343.05
City Washington State DC Zip Code 20009	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Catering Candidate Name	Category/Type	<b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Washington Court Hotel</b>		<b>Transaction ID: D3887</b> Date of Disbursement 01 / 24 / 2007
Mailing Address 525 New Jersey Ave		Amount of Each Disbursement this Period 219.84
City Washington State DC Zip Code 20001	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Lodging Candidate Name	Category/Type	<b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Washington Court Hotel</b>		<b>Transaction ID: D3885</b> Date of Disbursement 01 / 24 / 2007
Mailing Address 525 New Jersey Ave		Amount of Each Disbursement this Period 219.84
City Washington State DC Zip Code 20001	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Lodging Candidate Name	Category/Type	<b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> 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)

<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)  
TIM RYAN FOR CONGRESS

Full Name (Last, First, Middle Initial) <b>A. Washington Court Hotel</b>		<b>Transaction ID: D3886</b> Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 4 / 2 0 0 7
Mailing Address 525 New Jersey Ave		Amount of Each Disbursement this Period 219.84 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
City Washington State DC Zip Code 20001		
Purpose of Disbursement Lodging	Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Tim Ryan</b>		<b>Transaction ID: D3903</b> Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 6 / 2 0 0 7
Mailing Address 1504 Taft Avenue		Amount of Each Disbursement this Period 399.40 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Niles State OH Zip Code 44446		
Purpose of Disbursement Reimbursement - Travel	Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. US Airways</b>		<b>Transaction ID: D3904</b> Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 2 / 2 0 0 7
Mailing Address 2345 Crystal Drive		Amount of Each Disbursement this Period 399.40 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
City Arlington State VA Zip Code 22227		
Purpose of Disbursement Travel - Airfare	Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	399.40
<b>TOTAL</b> 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)

<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)  
TIM RYAN FOR CONGRESS

Full Name (Last, First, Middle Initial) <b>A. Philip P. Guerra</b>		<b>Transaction ID: D3913</b> Date of Disbursement 01 / 11 / 2007	
Mailing Address 1600 Roosevelt Ave.		Amount of Each Disbursement this Period 302.33	
City Niles State OH Zip Code 44446	Purpose of Disbursement Reimbursement -- Shipping Charges	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Jimmy's Italian Food Specialties</b>		<b>Transaction ID: D3914</b> Date of Disbursement 01 / 11 / 2007	
Mailing Address 3129 Belmont Avenue		Amount of Each Disbursement this Period 302.33	
City Youngstown State OH Zip Code 44505	Purpose of Disbursement Campaign Gifts Shipping Charges	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b>	

Full Name (Last, First, Middle Initial) <b>C. Bank of America</b>		<b>Transaction ID: D3928</b> Date of Disbursement 02 / 26 / 2007	
Mailing Address PO Box 37279		Amount of Each Disbursement this Period 3156.49	
City Baltimore State MD Zip Code 21297	Purpose of Disbursement Credit Card Payment	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3458.82
<b>TOTAL</b> 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)

<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)  
TIM RYAN FOR CONGRESS

Full Name (Last, First, Middle Initial) <b>A. Continental Airlines</b>		Transaction ID: D3973 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 7
Mailing Address 1600 Smith Street		Amount of Each Disbursement this Period 438.90 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
City Houston State TX Zip Code 77002	Purpose of Disbursement Airline Tickets Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) <b>B. Kingsmill Resort</b>		Transaction ID: D3978 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 3 / 2 0 0 7
Mailing Address 1010 Kingsmill Road		Amount of Each Disbursement this Period 476.79 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
City Williamsburg State VA Zip Code 23185	Purpose of Disbursement Food & Beverage for Dem Caucus Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) <b>C. La Lomita Dos</b>		Transaction ID: D3977 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 3 1 / 2 0 0 7
Mailing Address 308 Pennsylvania Ave SE		Amount of Each Disbursement this Period 546.90 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
City Washington State DC Zip Code 20003	Purpose of Disbursement Catering Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	43404.94

# 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)

<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)  
TIM RYAN FOR CONGRESS

Full Name (Last, First, Middle Initial) <b>A. COMMITTEE TO ELECT CHRIS MURPHY</b>		<b>Transaction ID: D3969</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 7 / 2 0 0 7
Mailing Address PO BOX 127		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City CHESHIRE State CT Zip Code 06410		
Purpose of Disbursement Contribution Candidate Name Chris Murphy Category/Type		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CT District: 05		

Full Name (Last, First, Middle Initial) <b>B. DCCC</b>		<b>Transaction ID: D3968</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 7 / 2 0 0 7
Mailing Address 430 South Capitol Street, SE 2nd Floor		Amount of Each Disbursement this Period 20000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington State DC Zip Code 20003		
Purpose of Disbursement Unlimited Transfer to Nat'l Party Comte Candidate Name Category/Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

Full Name (Last, First, Middle Initial) <b>C. Friends of Dean DePiero</b>		<b>Transaction ID: D3879</b> Date of Disbursement M M / D D / Y Y Y Y 0 1 / 3 1 / 2 0 0 7
Mailing Address Attn: Michelle Blair 5580 Ridge Road		Amount of Each Disbursement this Period 250.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Parma State OH Zip Code 44129		
Purpose of Disbursement Non Federal Contribution Candidate Name Category/Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	21250.00
<b>TOTAL</b> 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)

PAGE 71 / 75

<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)  
TIM RYAN FOR CONGRESS

Full Name (Last, First, Middle Initial) <b>A. Mahoning County Democratic Party</b>		<b>Transaction ID: D3927</b> Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 6 / 2 0 0 7
Mailing Address 101 Federal Plaza East		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Youngstown State OH Zip Code 44503	Purpose of Disbursement Non-Federal Contribution Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) <b>B. Mitolo's Flower Shoppe</b>		<b>Transaction ID: D3894</b> Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 0 / 2 0 0 7
Mailing Address 800 Warren Ave.		Amount of Each Disbursement this Period 37.50 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Niles State OH Zip Code 44446	Purpose of Disbursement Constituent Gift Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) <b>C. National Football League</b>		<b>Transaction ID: D3984</b> Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 5 / 2 0 0 7
Mailing Address 280 Park Ave		Amount of Each Disbursement this Period 1215.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
City New York State NY Zip Code 10017-1216	Purpose of Disbursement In-Kind Tickets for MEEK FUNDRAISER Candidate Name KENDRICK MEEK CAMPAIGN FOR CONGRESS	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 17	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1037.50
<b>TOTAL</b> 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)

<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)  
TIM RYAN FOR CONGRESS

Full Name (Last, First, Middle Initial) <b>A. Tony Napolet Tribute Banquet</b>		<b>Transaction ID: D3910</b> Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 5 / 2 0 0 7
Mailing Address 358 N. Cleveland Avenue		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Niles State OH Zip Code 44446		
Purpose of Disbursement Donation Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Tony Napolet Tribute Banquet</b>		<b>Transaction ID: D3941</b> Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 1 / 2 0 0 7
Mailing Address 358 N. Cleveland Avenue		Amount of Each Disbursement this Period 200.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Niles State OH Zip Code 44446		
Purpose of Disbursement Donation/ Event Tickets Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. ZACK SPACE FOR CONGRESS COMMITTEE</b>		<b>Transaction ID: D3967</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 3 / 2 0 0 7
Mailing Address 714 N WOOSTER AVENUE		Amount of Each Disbursement this Period 250.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City DOVER State OH Zip Code 44622		
Purpose of Disbursement Contribution Candidate Name Mr. Zack Space	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 18	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1450.00
<b>TOTAL</b> 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)

<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)  
TIM RYAN FOR CONGRESS

Full Name (Last, First, Middle Initial) <b>A. ZACK SPACE FOR CONGRESS COMMITTEE</b>		<b>Transaction ID: D3970</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 0 / 2 0 0 7
Mailing Address 714 N WOOSTER AVENUE		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City DOVER State OH Zip Code 44622		
Purpose of Disbursement Contribution Candidate Name Mr. Zack Space Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 18	Category/Type	
Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. National Football League</b>		<b>Transaction ID: D3983</b> Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 5 / 2 0 0 7
Mailing Address 280 Park Ave		Amount of Each Disbursement this Period 1215.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
City New York State NY Zip Code 10017-1216		
Purpose of Disbursement In-Kind Tickets for MEEK FUNDRAISER Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/Type	
Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Strickland-Fisher Inaugural Committee, Inc.</b>		<b>Transaction ID: D3972</b> Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 5 / 2 0 0 7
Mailing Address PO Box 15055		Amount of Each Disbursement this Period 75.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
City Columbus State OH Zip Code 43215		
Purpose of Disbursement Donation/Event Tickets Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/Type	
Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1000.00
<b>TOTAL</b> 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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<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

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)  
TIM RYAN FOR CONGRESS

Full Name (Last, First, Middle Initial)  
**A.** Strickland-Fisher Inaugural Committee, Inc.

Mailing Address PO Box 15055

City State Zip Code  
Columbus OH 43215

Purpose of Disbursement  
Donation/Event Tickets

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D3971

Date of Disbursement

<sup>M</sup>	<sup>M</sup>	/	<sup>D</sup>	<sup>D</sup>	/	<sup>Y</sup>	<sup>Y</sup>	<sup>Y</sup>	<sup>Y</sup>
0	1		0	5		2	0	0	7

Amount of Each Disbursement this Period

150.00
--------

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

**[MEMO ITEM]**

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

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

24737.50

**SCHEDULE D (FEC Form 3 )**  
**DEBTS AND OBLIGATIONS**  
**Excluding Loans**

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9  
 10

NAME OF COMMITTEE (In Full)  
 TIM RYAN FOR CONGRESS

<b>A. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> Hon. Tim Ryan		Nature of Debt (Purpose): office supply reimburseme- nt
Mailing Address 1504 Taft Avenue		
City State ZIP Code Niles OH 44446		

Outstanding Balance Beginning This Period 506.45		<b>Transaction ID: D830</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 506.45	

<b>B. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> Hon. Tim Ryan		Nature of Debt (Purpose): Catering reimbursement
Mailing Address 1504 Taft Avenue		
City State ZIP Code Niles OH 44446		

Outstanding Balance Beginning This Period 32.74		<b>Transaction ID: D818</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 32.74	

1) <b>SUBTOTALS</b> This Period This Page (optional).....	539.19
2) <b>TOTALS</b> This Period (last page this line number only).....	539.19
3) <b>TOTALS OUTSTANDING LOANS</b> from Schedule C (last page only).....	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	