

# FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT** Example: If typing, type over the lines. 12FE4M5  
**TIM RYAN FOR CONGRESS**

ADDRESS (number and street) 337 Vienna Avenue  
Suite 1  
 Check if different than previously reported. (ACC) Niles OH 44446

2. **FEC IDENTIFICATION NUMBER** C C00373464 3. IS THIS REPORT  NEW (N) **OR**  AMENDED (A)  
CITY STATE ZIP CODE STATE DISTRICT  
OH 13

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 M M / D D / Y Y Y Y in the State of    
(c) 30-Day **POST**-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on M M / D D / Y Y Y Y in the State of  

5. Covering Period M M / D D / Y Y Y Y 01 / 01 / 2015 through M M / D D / Y Y Y Y 03 / 31 / 2015

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 Allen Ryan  
Signature of Treasurer Allen Ryan *[Electronically Filed]* Date M M / D D / Y Y Y Y 04 / 15 / 2015

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:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	88703.50	108363.50
(b) Total Contribution Refunds (from Line 20(d)) .....	4500.00	4500.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	84203.50	103863.50
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	111542.45	176936.62
(b) Total Offsets to Operating Expenditures (from Line 14).....	101.78	101.78
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	111440.67	176834.84
8. Cash on Hand at Close of Reporting Period (from Line 27).....	358385.35	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

**TIM RYAN FOR CONGRESS**

Report Covering the Period: From:  /  /  To:  /  /

<b>I. RECEIPTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	42300.00	54200.00
(ii) Unitemized.....	2903.50	3138.50
(iii) TOTAL of contributions from individuals ▶	45203.50	57338.50
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	43500.00	51025.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	88703.50	108363.50
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	0.00	0.00
<b>13. LOANS:</b>		
(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
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	101.78	101.78
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.).....</b>	0.00	0.00
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	88805.28	108465.28

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	111542.45	176936.62
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 .....	4500.00	4500.00
(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)).....	4500.00	4500.00
21. OTHER DISBURSEMENTS .....	500.00	600.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ▶	116542.45	182036.62

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	386122.52
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	88805.28
25. SUBTOTAL (add Line 23 and Line 24).....	474927.80
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	116542.45
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	358385.35

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 OF 91
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 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)  
**Colleen Angeles**

Mailing Address 1114 16th St  
Apt 4

City Santa Monica State CA Zip Code 90403-5558

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

Name of Employer Lululemon Athletica Occupation Community Manager

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 16 / 2015

**Transaction ID : C10348339**

Amount of Each Receipt this Period  
 250.00

**B.** Full Name (Last, First, Middle Initial)  
**Deirdre Hade Arntz**

Mailing Address 3905 State St  
# 7-214

City Santa Barbara State CA Zip Code 93105-3138

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

Name of Employer The Foundation for Radiance Occupation Founder

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 15 / 2015

**Transaction ID : C10348300**

Amount of Each Receipt this Period  
 2000.00

**C.** Full Name (Last, First, Middle Initial)  
**Mary Becker**

Mailing Address 1354 Plaza Pacifica

City Santa Barbara State CA Zip Code 93108-2877

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

Name of Employer n/a Occupation retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 08 / 2015

**Transaction ID : C10339814**

Amount of Each Receipt this Period  
 300.00

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

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

2550.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 91
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 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. Michael Beer</b>		Date of Receipt MM / DD / YYYY 02 / 09 / 2015
Mailing Address 6943 Lerwick Ct		<b>Transaction ID : C10339831</b>
City Alexandria	State VA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2400.00
Name of Employer Alignment Government Strategies	Occupation Govt. Affairs	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2400.00	

Full Name (Last, First, Middle Initial) <b>B. Rinaldo Brutoco</b>		Date of Receipt MM / DD / YYYY 02 / 04 / 2015
Mailing Address 2020 Alameda Padre Serra Ste 135		<b>Transaction ID : C10339589</b>
City Santa Barbara	State CA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer The Shangri-La Group	Occupation Principal	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 300.00	

Full Name (Last, First, Middle Initial) <b>C. Vincent Caimano</b>		Date of Receipt MM / DD / YYYY 02 / 16 / 2015
Mailing Address 711 E Walnut St Ste 206		<b>Transaction ID : C10348301</b>
City Pasadena	State CA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Support Groups Central LLC	Occupation Founder & CEO	
Receipt For: 2016 <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).....	2950.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 91
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 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)  
**Rose Caiola**

Mailing Address 230 east 85th street

City State Zip Code  
New York NY 10028

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

Name of Employer Occupation  
Bettina Equities Real estate development

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5200.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 10 / 2015

**Transaction ID : C10335130**

Amount of Each Receipt this Period  
2600.00

**B.** Full Name (Last, First, Middle Initial)  
**Rose Caiola**

Mailing Address 230 east 85th street

City State Zip Code  
New York NY 10028

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

Name of Employer Occupation  
Bettina Equities Real estate development

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5200.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 10 / 2015

**Transaction ID : C10335240**

Amount of Each Receipt this Period  
2600.00

**C.** Full Name (Last, First, Middle Initial)  
**Rajashree Choudhury**

Mailing Address 11500 W Olympic Blvd  
Ste 150

City State Zip Code  
Los Angeles CA 90064-1527

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

Name of Employer Occupation  
Self-Employed Yoga Therapist

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 17 / 2015

**Transaction ID : C10348412**

Amount of Each Receipt this Period  
500.00

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

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

5700.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 91
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 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)  
**Devon Craig**

Mailing Address 1330 Ocean Dr

City Miami Beach State FL Zip Code 33139-4256

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

Name of Employer EP Global Studios Occupation Director of Content Operations

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 17 / 2015

**Transaction ID : C10348417**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 2393 Shreve Hill Rd

City Dunn Loring State VA Zip Code 22027-1168

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

Name of Employer G2G Occupation Lawyer

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 30 / 2015

**Transaction ID : C10363458**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
**Chaz Ebert**

Mailing Address PO Box 146366

City Chicago State IL Zip Code 60614-8545

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

Name of Employer Self Occupation Producer/Publisher

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 13 / 2015

**Transaction ID : C10341579**

Amount of Each Receipt this Period  
1000.00

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

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

1750.00



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 91
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 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)  
**Seth Greenland**

Mailing Address 11812 San Vicente Blvd

City Los Angeles State CA Zip Code 90049-5022

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

Name of Employer self Occupation Writer

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 15 / 2015

**Transaction ID : C10348291**

Amount of Each Receipt this Period  
 500.00

**B.** Full Name (Last, First, Middle Initial)  
**Katie Griggs**

Mailing Address 316 Lincoln Blvd

City Venice State CA Zip Code 90291-2828

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

Name of Employer Institute for Applied Yogic Science & Occupation Founder, Executive Director

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 18 / 2015

**Transaction ID : C10348860**

Amount of Each Receipt this Period  
 250.00

**C.** Full Name (Last, First, Middle Initial)  
**Hany Haddad**

Mailing Address 851 N San Vicente Blvd Apt 203

City West Hollywood State CA Zip Code 90069-4550

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

Name of Employer US Bank Occupation VP, District Manager

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 18 / 2015

**Transaction ID : C10348443**

Amount of Each Receipt this Period  
 250.00

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

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

1000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 91
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 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)  
**Annaka Harris**

Mailing Address 16030 Ventura Blvd

City Encino State CA Zip Code 91436-2731

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

Name of Employer Self employed Occupation Author / Editor

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 10 / 2015

**Transaction ID : C10340958**

Amount of Each Receipt this Period  
 250.00

**B.** Full Name (Last, First, Middle Initial)  
**Betty Hatch**

Mailing Address 4352 Via Esperanza

City Santa Barbara State CA Zip Code 93110-2250

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

Name of Employer n/a Occupation retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 04 / 2015

**Transaction ID : C10338903**

Amount of Each Receipt this Period  
 300.00

**C.** Full Name (Last, First, Middle Initial)  
**Stan Hatch**

Mailing Address 4352 Via Esperanza

City Santa Barbara State CA Zip Code 93110-2250

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

Name of Employer n/a Occupation retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 04 / 2015

**Transaction ID : C10338904**

Amount of Each Receipt this Period  
 300.00

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

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

850.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 91
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 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. Stefan Hearst</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 02 / 05 / 2015
Mailing Address 860 Riven Rock Rd		<b>Transaction ID : C10339735</b>
City Santa Barbara	State CA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer self	Occupation Journalist	
Receipt For: 2016 <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. Thomas Jones</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 02 / 14 / 2015
Mailing Address 2776 Henn Hyde Road		<b>Transaction ID : C10348283</b>
City Warren	State OH	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Northeast Ohio Orthopedics	Occupation Orthopedic Surgeon	
Receipt For: 2016 <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. Gopi Kallayil</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 01 / 08 / 2015
Mailing Address 100 Baltic Cir Unit 102		<b>Transaction ID : C10334862</b>
City Redwood City	State CA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00
Name of Employer Google	Occupation Chief Evangelist for Brand Marketing	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	4100.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 91
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 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 King**

Mailing Address c/o Page Jenkins Financial Service  
433 N. Camden Dr. #600

City Beverly Hills State CA Zip Code 90210

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

Name of Employer Self Occupation Real Estate Broker

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 09 / 2015

**Transaction ID : C10355599**

Amount of Each Receipt this Period  
 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Rachel Krupa**

Mailing Address 8278 W Sunset Blvd

City West Hollywood State CA Zip Code 90046-2416

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

Name of Employer Krupa Consulting Occupation Public Relations

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 17 / 2015

**Transaction ID : C10348428**

Amount of Each Receipt this Period  
 250.00

**C.** Full Name (Last, First, Middle Initial)  
**Marjorie Layden**

Mailing Address 830 Buena Vista Dr

City Santa Barbara State CA Zip Code 93108-1411

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

Name of Employer none Occupation none

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 16 / 2015

**Transaction ID : C10348313**

Amount of Each Receipt this Period  
 1500.00

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

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

2750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 91
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 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)  
**Marjorie Layden**

Mailing Address 830 Buena Vista Dr

City Santa Barbara State CA Zip Code 93108-1411

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

Name of Employer none Occupation none

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 16 / 2015

**Transaction ID : C10348314**

Amount of Each Receipt this Period  
**1500.00**

**B.** Full Name (Last, First, Middle Initial)  
**Marjorie Layden**

Mailing Address 830 Buena Vista Dr

City Santa Barbara State CA Zip Code 93108-1411

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

Name of Employer none Occupation none

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 16 / 2015

**Transaction ID : C10348315**

Amount of Each Receipt this Period  
**1500.00**

**C.** Full Name (Last, First, Middle Initial)  
**Marjorie Layden**

Mailing Address 830 Buena Vista Dr

City Santa Barbara State CA Zip Code 93108-1411

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

Name of Employer none Occupation none

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 16 / 2015

**Transaction ID : C10348317**

Amount of Each Receipt this Period  
**2000.00**

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

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

**5000.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 91
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 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)  
**Glenn Leopold**

Mailing Address 11620 Wilshire Blvd  
Ste 460

City Los Angeles State CA Zip Code 90025-1779

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

Name of Employer Retired Occupation Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 07 / 2015

**Transaction ID : C10339811**

Amount of Each Receipt this Period  
 300.00

**B.** Full Name (Last, First, Middle Initial)  
**Sara Miller McCune**

Mailing Address 2979 Eucalyptus Hill Rd

City Montecito State CA Zip Code 93108-1832

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

Name of Employer SAGE Occupation Founder & Executive Chair

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 06 / 2015

**Transaction ID : C10339786**

Amount of Each Receipt this Period  
 300.00

**C.** Full Name (Last, First, Middle Initial)  
**Marlene McGuirt**

Mailing Address 4353 Teesdale Ave  
Apt 4

City Studio City State CA Zip Code 91604-1548

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

Name of Employer weSPARK Cancer Support Center Occupation Director of Development

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 20 / 2015

**Transaction ID : C10349082**

Amount of Each Receipt this Period  
 250.00

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

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

850.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 91
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 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)  
**Patrick McKenna**

Mailing Address 1111 Lincoln Rd  
4th Floor

City Miami Beach State FL Zip Code 33139

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

Name of Employer HighRidge Global Occupation Investor

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 15 / 2015

**Transaction ID : C10335685**

Amount of Each Receipt this Period  
 2600.00

**B.** Full Name (Last, First, Middle Initial)  
**Kelly Meyer**

Mailing Address 16830 Ventura Blvd  
c/o Gelfand Rennert & Feldman

City Encino State CA Zip Code 91436-1717

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

Name of Employer self-employed Occupation Activist

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 04 / 2015

**Transaction ID : C10354772**

Amount of Each Receipt this Period  
 500.00

**C.** Full Name (Last, First, Middle Initial)  
**Kayoko Mitsumatsu**

Mailing Address 400 S Burnside Ave  
11B

City Los Angeles State CA Zip Code 90036-5435

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

Name of Employer Yoga Gives Back Occupation Founder

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 14 / 2015

**Transaction ID : C10348285**

Amount of Each Receipt this Period  
 250.00

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

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

3350.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 91
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 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)  
**Natalie Orfalea**

Mailing Address **PO Box 955**

City **Summerland** State **CA** Zip Code **93067-0955**

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

Name of Employer **Orfalea Foundation** Occupation **Co-Founder & Chairperson**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**03 / 06 / 2015**

**Transaction ID : C10355466**

Amount of Each Receipt this Period  
**1000.00**

**B.** Full Name (Last, First, Middle Initial)  
**Alan Polsky**

Mailing Address **1113 Sutton Way**

City **Beverly Hills** State **CA** Zip Code **90210-2415**

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

Name of Employer **Alan Polsky Films** Occupation **Director**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**03 / 05 / 2015**

**Transaction ID : C10354868**

Amount of Each Receipt this Period  
**1000.00**

**C.** Full Name (Last, First, Middle Initial)  
**Stacy Pulice**

Mailing Address **296 Las Entradas Dr**

City **Santa Barbara** State **CA** Zip Code **93108-2659**

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

Name of Employer **Self** Occupation **Writer**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**02 / 15 / 2015**

**Transaction ID : C10348299**

Amount of Each Receipt this Period  
**1000.00**

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

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

**3000.00**



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 91
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 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)  
**Paresh Shah**

Mailing Address 4113 Highland Ave

City Manhattan Beach State CA Zip Code 90266-3069

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

Name of Employer Glimpulse Occupation Executive

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 02 / 18 / 2015

**Transaction ID : C10348430**

Amount of Each Receipt this Period  
 250.00

**B.** Full Name (Last, First, Middle Initial)  
**Joshua Solomon**

Mailing Address 1741 Overlook Dr

City Silver Spring State MD Zip Code 20903-1410

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

Name of Employer Self Occupation Writer

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 02 / 11 / 2015

**Transaction ID : C10341006**

Amount of Each Receipt this Period  
 500.00

**C.** Full Name (Last, First, Middle Initial)  
**Tracee Stanley**

Mailing Address 101 S Topanga Canyon Blvd

City Topanga State CA Zip Code 90290-2094

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

Name of Employer Pranamaya Yoga Media Occupation Yoga Media Producer

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 02 / 14 / 2015

**Transaction ID : C10348287**

Amount of Each Receipt this Period  
 250.00

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

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

1000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 91
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 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)  
**Chademeng Tan**

Mailing Address 20847 Fargo Dr

City State Zip Code  
Cupertino CA 95014-1805

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

Name of Employer Occupation  
Google Manager

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5200.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
01 / 09 / 2015

**Transaction ID : C10335124**

Amount of Each Receipt this Period  
2700.00

**B.** Full Name (Last, First, Middle Initial)  
**Chademeng Tan**

Mailing Address 20847 Fargo Dr

City State Zip Code  
Cupertino CA 95014-1805

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

Name of Employer Occupation  
Google Manager

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5200.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
01 / 10 / 2015

**Transaction ID : C10335242**

Amount of Each Receipt this Period  
2500.00

**C.** Full Name (Last, First, Middle Initial)  
**Felicia Tomasko**

Mailing Address 1234 26th St

City State Zip Code  
Santa Monica CA 90404-1470

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

Name of Employer Occupation  
Bliss Network Editor

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
02 / 18 / 2015

**Transaction ID : C10348460**

Amount of Each Receipt this Period  
250.00

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

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

5450.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 91
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 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)  
**Barbara Walden**

Mailing Address 31100 Cedar Rd

City State Zip Code  
Pepper Pike OH 44124-4433

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

Name of Employer Occupation  
N/A Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 30 / 2015

**Transaction ID : C10363212**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**Jennifer Rottegal DiJames**

Mailing Address 2411 Culpeper Rd

City State Zip Code  
Alexandria VA 22308-2132

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

Name of Employer Occupation  
Alignment Gov't Strategies Consultant

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 12 / 2015

**Transaction ID : C10352853A**

Amount of Each Receipt this Period  
1000.00

\* Earmarked Contribution: See Below

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

Mailing Address PO Box 382110

City State Zip Code  
Cambridge MA 02238-2110

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation  
Conduit total listed in Agg. field

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1283.50

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 15 / 2015

**Transaction ID : C10352853AB**

Amount of Each Receipt this Period  
1000.00

**[MEMO ITEM]**  
 Note: Above Contribution earmarked through this organization.

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

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

1500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 91
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 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)  
**Kendu Partners LLC**

Mailing Address One Embarcadero Center #1150

City San Francisco State CA Zip Code 94111

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 26 / 2015

**Transaction ID : C10337005**

Amount of Each Receipt this Period  
 500.00

LLC - Members below if itemized. Permissible funds.

**B.** Full Name (Last, First, Middle Initial)  
**Douglas Engmann**

Mailing Address Kendu Partners LLC One Embarcadero Center

City San Francisco State CA Zip Code 94111

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

Name of Employer Occupation  
Kendu Partners LLC Partner

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 26 / 2015

**Transaction ID : C10337007**

Amount of Each Receipt this Period  
 250.00

**[MEMO ITEM]**  
\*

**C.** Full Name (Last, First, Middle Initial)  
**Michael Engmann**

Mailing Address Kendu Partners LLC One Embarcadero Center

City San Francisco State CA Zip Code 94111

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

Name of Employer Occupation  
Kendu Partners LLC Partner

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 26 / 2015

**Transaction ID : C10337006**

Amount of Each Receipt this Period  
 250.00

**[MEMO ITEM]**  
\*

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

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

500.00

42300.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 91
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 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)  
**AIR LINE PILOTS ASSOCIATION PAC**

Mailing Address 1625 MASSACHUSETTS AVE. NW

City State Zip Code  
WASHINGTON DC 20036

FEC ID number of contributing federal political committee. **C** C00035451

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 23 / 2015

**Transaction ID : C10352844**

Amount of Each Receipt this Period  
 2500.00

**B.** Full Name (Last, First, Middle Initial)  
**AMERICAN ASSOCIATION FOR JUSTICE POLITICAL ACTION COMMITTEE (AAJ PAC)**

Mailing Address 777 6TH STREET, NW  
SUITE 200

City State Zip Code  
WASHINGTON DC 20001

FEC ID number of contributing federal political committee. **C** C00024521

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 18 / 2015

**Transaction ID : C10348445**

Amount of Each Receipt this Period  
 1000.00

**C.** Full Name (Last, First, Middle Initial)  
**BAE SYSTEMS INC. POLITICAL ACTION COMMITTEE (BAE SYSTEMS USA PAC)**

Mailing Address 1101 WILSON BLVD.

City State Zip Code  
ARLINGTON VA 22209

FEC ID number of contributing federal political committee. **C** C00281212

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2015

**Transaction ID : C10368721**

Amount of Each Receipt this Period  
 2000.00

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

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

5500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 91
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 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)  
**CENTRUS ENERGY CORP. PAC**

Mailing Address 6903 ROCKLEDGE DRIVE

City State Zip Code  
BETHESDA MD 20817

FEC ID number of contributing federal political committee. **C C00355719**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 27 / 2015

**Transaction ID : C10362165**

Amount of Each Receipt this Period  
2500.00

**B.** Full Name (Last, First, Middle Initial)  
**CSX CORPORATION GOOD GOVERNMENT FUND**

Mailing Address 1331 PENNSYLVANIA AVE, NW, STE 560

City State Zip Code  
WASHINGTON DC 20004

FEC ID number of contributing federal political committee. **C C00163832**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 09 / 2015

**Transaction ID : C10355591**

Amount of Each Receipt this Period  
2000.00

**C.** Full Name (Last, First, Middle Initial)  
**CULAC THE PAC OF CREDIT UNION NATIONAL ASSOCIATION**

Mailing Address 601 PENNSYLVANIA AVENUE, NW  
SOUTH BUILDING, SUITE 600

City State Zip Code  
WASHINGTON DC 20004

FEC ID number of contributing federal political committee. **C C00007880**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 02 / 17 / 2015

**Transaction ID : C10348372**

Amount of Each Receipt this Period  
2500.00

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

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

7000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 23 OF 91
<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 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)  
**DUKE ENERGY CORPORATION PAC**

Mailing Address 550 SOUTH TRYON STREET

City State Zip Code  
CHARLOTTE NC 28202

FEC ID number of contributing federal political committee. **C C00083535**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
02 / 18 / 2015

**Transaction ID : C10348444**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**EMPLOYEES OF NORTHROP GRUMMAN CORPORATION PAC**

Mailing Address 2980 FAIRVIEW PARK DRIVE

City State Zip Code  
FALLS CHURCH VA 22042

FEC ID number of contributing federal political committee. **C C00088591**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 27 / 2015

**Transaction ID : C10362174**

Amount of Each Receipt this Period  
2000.00

**C.** Full Name (Last, First, Middle Initial)  
**EMPLOYEES OF NORTHROP GRUMMAN CORPORATION PAC**

Mailing Address 2980 FAIRVIEW PARK DRIVE

City State Zip Code  
FALLS CHURCH VA 22042

FEC ID number of contributing federal political committee. **C C00088591**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 31 / 2015

**Transaction ID : C10368714**

Amount of Each Receipt this Period  
2000.00

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

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

5000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 91
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 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)  
GENERAL DYNAMICS CORPORATION POLITICAL ACTION COMMITTEE (GDC PAC)

Mailing Address 2941 FAIRVIEW PARK DR.  
SUITE 100

City Falls Church State VA Zip Code 22042

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

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date 3000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 23 / 2015

**Transaction ID : C10352843**

Amount of Each Receipt this Period  
 1000.00

**B.** Full Name (Last, First, Middle Initial)  
GENERAL DYNAMICS CORPORATION POLITICAL ACTION COMMITTEE (GDC PAC)

Mailing Address 2941 FAIRVIEW PARK DR.  
SUITE 100

City Falls Church State VA Zip Code 22042

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

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date 3000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2015

**Transaction ID : C10368723**

Amount of Each Receipt this Period  
 2000.00

**C.** Full Name (Last, First, Middle Initial)  
GENERAL ELECTRIC COMPANY POLITICAL ACTION COMMITTEE (GEPAC)

Mailing Address 1299 PENNSYLVANIA AVE NW  
SUITE 900

City Washington State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C00024869

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 09 / 2015

**Transaction ID : C10355598**

Amount of Each Receipt this Period  
 1000.00

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

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

4000.00



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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 25 OF 91
<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 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)  
INTERNATIONAL BROTHERHOOD OF BOILERMAKERS CAMPAIGN ASSISTANCE FUND

Mailing Address 753 STATE AVE.  
SUITE 565

City KANSAS CITY State KS Zip Code 66101

FEC ID number of contributing federal political committee. **C** C00005157

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
02 / 09 / 2015

**Transaction ID : C10340891**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS POLITICAL ACTION COMMITTEE

Mailing Address 900 SEVENTH ST, NW

City WASHINGTON State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00027342

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
02 / 18 / 2015

**Transaction ID : C10348446**

Amount of Each Receipt this Period  
2500.00

**C.** Full Name (Last, First, Middle Initial)  
NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION PAC

Mailing Address 1325 MASSACHUSETTS AVE., NW

City WASHINGTON State DC Zip Code 20005

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 27 / 2015

**Transaction ID : C10363357**

Amount of Each Receipt this Period  
1000.00

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

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

4500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 91
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 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)  
**NAVISTAR INC. GOOD GOVERNMENT COMMITTEE**

Mailing Address 2701 NAVISTAR DRIVE

City State Zip Code  
LISLE IL 60532

FEC ID number of contributing federal political committee. **C** C00040840

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 27 / 2015

**Transaction ID : C10362166**

Amount of Each Receipt this Period  
2000.00

**B.** Full Name (Last, First, Middle Initial)  
OWNER-OPERATOR INDEPENDENT DRIVERS ASSN INC POLITICAL ACTION COMMITTEE (AKA OOIDA-PAC)

Mailing Address PO BOX 1000  
1 NW OOIDA DR.

City State Zip Code  
GRAIN VALLEY MO 64029

FEC ID number of contributing federal political committee. **C** C00236778

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2015

**Transaction ID : C10368715**

Amount of Each Receipt this Period  
2500.00

**C.** Full Name (Last, First, Middle Initial)  
**RAYTHEON COMPANY POLITICAL ACTION COMMITTEE**

Mailing Address 1100 WILSON BLVD  
SUITE 1500

City State Zip Code  
ARLINGTON VA 22209

FEC ID number of contributing federal political committee. **C** C00097568

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 27 / 2015

**Transaction ID : C10362169**

Amount of Each Receipt this Period  
2000.00

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

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

6500.00

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

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

FOR LINE NUMBER: PAGE 27 OF 91  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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

**A.** Full Name (Last, First, Middle Initial)  
**THE BABCOCK & WILCOX COMPANY POLITICAL ACTION COMMITTEE (B&W PAC)**

Mailing Address 2016 MT. ATHOS ROAD

City State Zip Code  
LYNCHBURG VA 24504

FEC ID number of contributing federal political committee. **C** C00365502

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 09 / 2015

**Transaction ID : C10355597**

Amount of Each Receipt this Period  
 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**THE BOEING COMPANY POLITICAL ACTION COMMITTEE**

Mailing Address 929 LONG BRIDGE DRIVE

City State Zip Code  
ARLINGTON VA 22202

FEC ID number of contributing federal political committee. **C** C00142711

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2015

**Transaction ID : C10368718**

Amount of Each Receipt this Period  
 2000.00

**C.** Full Name (Last, First, Middle Initial)  
**TRUCKING POLITICAL ACTION COMMITTEE OF THE AMERICAN TRUCKING ASSOCIATIONS INC.**

Mailing Address 430 FIRST STREET SE

City State Zip Code  
WASHINGTON DC 20003

FEC ID number of contributing federal political committee. **C** C00002881

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 09 / 2015

**Transaction ID : C10355592**

Amount of Each Receipt this Period  
 1000.00

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

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

4000.00

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

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

FOR LINE NUMBER: PAGE 28 OF 91  
(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**

Full Name (Last, First, Middle Initial)  
UNITED ASSOCIATION POLITICAL EDUCATION COMMITTEE (UNITED ASSOCIATION OF JOURNEYMEN AND APP

**A.** Mailing Address **THREE PARK PLACE**

City State Zip Code  
ANNAPOLIS MD 21401

FEC ID number of contributing federal political committee. **C C00012476**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date  
 2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 09 / 2015

**Transaction ID : C10355593**

Amount of Each Receipt this Period  
 2500.00

Full Name (Last, First, Middle Initial)  
UNITED MINE WORKERS OF AMERICA - COAL MINERS POLITICAL ACTION COMMITTEE

**B.** Mailing Address **18354 QUANTICO GATEWAY DR  
SUITE 200**

City State Zip Code  
TRIANGLE VA 22172

FEC ID number of contributing federal political committee. **C C00013342**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date  
 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 26 / 2015

**Transaction ID : C10337027**

Amount of Each Receipt this Period  
 1000.00

Full Name (Last, First, Middle Initial)  
UNITED TRANSPORTATION UNION POLITICAL ACTION COMMITTEE (UTU PAC)

**C.** Mailing Address **24950 COUNTRY CLUB BLVD, STE 340**

City State Zip Code  
NORTH OLMSTED OH 44070

FEC ID number of contributing federal political committee. **C C00001636**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date  
 2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 27 / 2015

**Transaction ID : C10362170**

Amount of Each Receipt this Period  
 2500.00

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

6000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 91
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 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)  
**WOOLPERT INC PAC**

Mailing Address 4454 IDEA CENTER BLVD.

City DAYTON State OH Zip Code 45430

FEC ID number of contributing federal political committee. **C** C00479899

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 27 / 2015

**Transaction ID : C10363359**

Amount of Each Receipt this Period  
 1000.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

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

1000.00

43500.00

**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)	PAGE 30 OF 91			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) <b>A. 423 Building Fund</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 13 / 2015
Mailing Address 423 B New Jersey Avenue, SE		Amount of Each Disbursement this Period 500.00 <b>Transaction ID : D563211</b>
City Washington State DC Zip Code 20003	Purpose of Disbursement Fundraising/Site fee	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. AFL-CIO</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 05 / 2015
Mailing Address 2552 Tod Ave NW		Amount of Each Disbursement this Period 240.00 <b>Transaction ID : D563206</b>
City Warren State OH Zip Code 44485-1922	Purpose of Disbursement Event sponsor	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Business Journal</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 08 / 2015
Mailing Address PO Box 714		Amount of Each Disbursement this Period 390.00 <b>Transaction ID : D563218</b>
City Youngstown State OH Zip Code 44501	Purpose of Disbursement Advertisement	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1130.00
<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 31 OF 91			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) <b>A. City Printing</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 19 / 2015
Mailing Address 122 Oak Hill Avenue		Amount of Each Disbursement this Period 493.88 <b>Transaction ID : D563170</b>
City Youngstown	State OH	
Zip Code 44502	Purpose of Disbursement Printing expense	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. City Printing</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 19 / 2015
Mailing Address 122 Oak Hill Avenue		Amount of Each Disbursement this Period 319.87 <b>Transaction ID : D563171</b>
City Youngstown	State OH	
Zip Code 44502	Purpose of Disbursement Printing expense	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Crosby Mook Office Equipment</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 08 / 2015
Mailing Address 558 High St NE		Amount of Each Disbursement this Period 110.48 <b>Transaction ID : D563057</b>
City Warren	State OH	
Zip Code 44483-5892	Purpose of Disbursement Office supplies	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	924.23
<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 32 OF 91			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) <b>A. Crosby Mook Office Equipment</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 08 / 2015
Mailing Address 558 High St NE		Amount of Each Disbursement this Period 106.19 <b>Transaction ID : D563058</b>
City Warren State OH Zip Code 44483-5892	Purpose of Disbursement Office supplies	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Delta Telecom, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 08 / 2015
Mailing Address PO Box 14497		Amount of Each Disbursement this Period 157.02 <b>Transaction ID : D563172</b>
City Poland State OH Zip Code 44514	Purpose of Disbursement Telephone expense	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Fab Limousine's Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 16 / 2015
Mailing Address 4326 New Road		Amount of Each Disbursement this Period 3300.00 <b>Transaction ID : D563137</b>
City Youngstown State OH Zip Code 44515	Purpose of Disbursement Transportation	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3563.21
<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 33 OF 91			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 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>		Date of Disbursement M M / D D / Y Y Y Y 01 / 04 / 2015
Mailing Address PO Box 75214		Amount of Each Disbursement this Period 3436.32
City Washington	State DC	
Zip Code 20013-5214	Purpose of Disbursement Fundraising consulting fee and expenses	Transaction ID : D563061
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Fraioli &amp; Associates</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 26 / 2015
Mailing Address PO Box 75214		Amount of Each Disbursement this Period 3277.48
City Washington	State DC	
Zip Code 20013-5214	Purpose of Disbursement Fundraising consulting fee and expenses	Transaction ID : D563062
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Fraioli &amp; Associates</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 24 / 2015
Mailing Address PO Box 75214		Amount of Each Disbursement this Period 3267.80
City Washington	State DC	
Zip Code 20013-5214	Purpose of Disbursement Fundraising consulting fee and expenses	Transaction ID : D563063
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	9981.60
<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 34 OF 91			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial)  
**A. Huntington Bank Merchant Services**

Mailing Address PO Box 1558

City Columbus State OH Zip Code 43216-1558

Purpose of Disbursement  
Credit card processing fees

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify)

State: District:

Date of Disbursement: 01 / 31 / 2015

Amount of Each Disbursement this Period: 504.13

Transaction ID : D563254

Full Name (Last, First, Middle Initial)  
**B. Huntington Bank Merchant Services**

Mailing Address PO Box 1558

City Columbus State OH Zip Code 43216-1558

Purpose of Disbursement  
Credit card processing fees

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify)

State: District:

Date of Disbursement: 02 / 18 / 2015

Amount of Each Disbursement this Period: 556.18

Transaction ID : D563255

Full Name (Last, First, Middle Initial)  
**C. Huntington Merchant Services**

Mailing Address PO Box 1558

City Columbus State OH Zip Code 43216-1558

Purpose of Disbursement  
Credit card processing fees

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify)

State: District:

Date of Disbursement: 03 / 31 / 2015

Amount of Each Disbursement this Period: 155.31

Transaction ID : D563270

**SUBTOTAL** of Disbursements This Page (optional) ..... 1215.62

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 91			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) <b>A. Italian Fraternal Home</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2015
Mailing Address 33 W. Wilson Avenue		Amount of Each Disbursement this Period 225.00
City Girard	State OH	
Zip Code 44420	Purpose of Disbursement Event sponsor	Transaction ID : D563101
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Matthew Kaplan</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 15 / 2015
Mailing Address 215 C St SE Apt 207		Amount of Each Disbursement this Period 2544.96
City Washington	State DC	
Zip Code 20003-1911	Purpose of Disbursement Salary	Transaction ID : D563238
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Matthew Kaplan</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 21 / 2015
Mailing Address 215 C St SE Apt 207		Amount of Each Disbursement this Period 9.00
City Washington	State DC	
Zip Code 20003-1911	Purpose of Disbursement Tolls	Transaction ID : D563239
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2778.96
<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 36 OF 91			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <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. Matthew Kaplan</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 30 / 2015
Mailing Address 215 C St SE Apt 207		Amount of Each Disbursement this Period 2544.96 <b>Transaction ID : D563240</b>
City Washington	State DC	
Zip Code 20003-1911	Purpose of Disbursement Salary	Category/Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Matthew Kaplan</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 13 / 2015
Mailing Address 215 C St SE Apt 207		Amount of Each Disbursement this Period 2544.96 <b>Transaction ID : D563241</b>
City Washington	State DC	
Zip Code 20003-1911	Purpose of Disbursement Salary	Category/Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Matthew Kaplan</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 27 / 2015
Mailing Address 215 C St SE Apt 207		Amount of Each Disbursement this Period 2544.96 <b>Transaction ID : D563242</b>
City Washington	State DC	
Zip Code 20003-1911	Purpose of Disbursement Salary	Category/Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	7634.88
<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 37 OF 91			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) <b>A. Matthew Kaplan</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 02 / 2015
Mailing Address 215 C St SE Apt 207		Amount of Each Disbursement this Period 10.00 <b>Transaction ID : D563243</b>
City Washington	State DC	
Zip Code 20003-1911	Purpose of Disbursement Tolls	Category/Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Matthew Kaplan</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 13 / 2015
Mailing Address 215 C St SE Apt 207		Amount of Each Disbursement this Period 2544.96 <b>Transaction ID : D563244</b>
City Washington	State DC	
Zip Code 20003-1911	Purpose of Disbursement Salary	Category/Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Matthew Kaplan</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2015
Mailing Address 215 C St SE Apt 207		Amount of Each Disbursement this Period 2544.96 <b>Transaction ID : D563245</b>
City Washington	State DC	
Zip Code 20003-1911	Purpose of Disbursement Salary	Category/Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	5099.92
<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 38 OF 91	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. Andrew Kluge</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 15 / 2015
Mailing Address 416 Lincoln St		Amount of Each Disbursement this Period 918.72 <b>Transaction ID : D563181</b>
City Ravenna	State OH	
Zip Code 44266-2015	Purpose of Disbursement Salary	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Andrew Kluge</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 30 / 2015
Mailing Address 416 Lincoln St		Amount of Each Disbursement this Period 918.72 <b>Transaction ID : D563182</b>
City Ravenna	State OH	
Zip Code 44266-2015	Purpose of Disbursement Salary	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Andrew Kluge</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 09 / 2015
Mailing Address 416 Lincoln St		Amount of Each Disbursement this Period 196.90 <b>Transaction ID : D563183</b>
City Ravenna	State OH	
Zip Code 44266-2015	Purpose of Disbursement Mileage reimbursement	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2034.34
<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 39 OF 91	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. Andrew Kluge</b>		Date of Disbursement MM / DD / YYYY 02 / 13 / 2015
Mailing Address 416 Lincoln St		Amount of Each Disbursement this Period 918.73 <b>Transaction ID : D563184</b>
City Ravenna	State OH	
Zip Code 44266-2015	Purpose of Disbursement Salary	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Andrew Kluge</b>		Date of Disbursement MM / DD / YYYY 02 / 27 / 2015
Mailing Address 416 Lincoln St		Amount of Each Disbursement this Period 918.73 <b>Transaction ID : D563185</b>
City Ravenna	State OH	
Zip Code 44266-2015	Purpose of Disbursement Salary	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Andrew Kluge</b>		Date of Disbursement MM / DD / YYYY 03 / 13 / 2015
Mailing Address 416 Lincoln St		Amount of Each Disbursement this Period 918.73 <b>Transaction ID : D563186</b>
City Ravenna	State OH	
Zip Code 44266-2015	Purpose of Disbursement Salary	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2756.19
<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 40 OF 91			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) <b>A. Andrew Kluge</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2015
Mailing Address 416 Lincoln St		Amount of Each Disbursement this Period 918.72 <b>Transaction ID : D563187</b>
City Ravenna	State OH	
Zip Code 44266-2015	Purpose of Disbursement Salary	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. National Democratic Club</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 17 / 2015
Mailing Address 30 Ivy Street SE		Amount of Each Disbursement this Period 1664.47 <b>Transaction ID : D563059</b>
City Washington	State DC	
Zip Code 20003-4071	Purpose of Disbursement Meals/Dues	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. National Democratic Club</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 17 / 2015
Mailing Address 30 Ivy Street SE		Amount of Each Disbursement this Period 1194.80 <b>Transaction ID : D563060</b>
City Washington	State DC	
Zip Code 20003-4071	Purpose of Disbursement Fundraising/Catering	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3777.99
<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)	PAGE 41 OF 91			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) <b>A. NGP VAN, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 29 / 2015
Mailing Address 1101 15th Street, NW Suite 500		Amount of Each Disbursement this Period 1650.00 <b>Transaction ID : D563195</b>
City Washington State DC Zip Code 20005	Purpose of Disbursement Database & Support	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Niles City Income Tax</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 30 / 2015
Mailing Address 34 W State Street		Amount of Each Disbursement this Period 528.87 <b>Transaction ID : D563230</b>
City Niles State OH Zip Code 44446	Purpose of Disbursement Payroll taxes	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Ohio Department of Taxation</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 15 / 2015
Mailing Address PO Box 530		Amount of Each Disbursement this Period 143.29 <b>Transaction ID : D563196</b>
City Columbus State OH Zip Code 43216-0530	Purpose of Disbursement Payroll taxes	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2322.16
<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 42 OF 91			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) <b>A. Ohio Department of Taxation</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 30 / 2015
Mailing Address PO Box 530		Amount of Each Disbursement this Period 143.29 <b>Transaction ID : D563197</b>
City Columbus	State OH	
Zip Code 43216-0530	Purpose of Disbursement Payroll taxes	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Ohio Department of Taxation</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 13 / 2015
Mailing Address PO Box 530		Amount of Each Disbursement this Period 143.29 <b>Transaction ID : D563198</b>
City Columbus	State OH	
Zip Code 43216-0530	Purpose of Disbursement Payroll taxes	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Ohio Department of Taxation</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 27 / 2015
Mailing Address PO Box 530		Amount of Each Disbursement this Period 143.29 <b>Transaction ID : D563199</b>
City Columbus	State OH	
Zip Code 43216-0530	Purpose of Disbursement Payroll taxes	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	429.87
<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 43 OF 91			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) <b>A. Ohio Department of Taxation</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 13 / 2015
Mailing Address PO Box 530		Amount of Each Disbursement this Period 971.58 <b>Transaction ID : D563200</b>
City Columbus	State OH	
Zip Code 43216-0530	Purpose of Disbursement Payroll taxes	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Ohio Department of Taxation</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2015
Mailing Address PO Box 530		Amount of Each Disbursement this Period 143.29 <b>Transaction ID : D563201</b>
City Columbus	State OH	
Zip Code 43216-0530	Purpose of Disbursement Payroll taxes	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Stephen Pirigy</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 26 / 2015
Mailing Address 724 West St		Amount of Each Disbursement this Period 685.00 <b>Transaction ID : D563124</b>
City Niles	State OH	
Zip Code 44446-2737	Purpose of Disbursement Office rent	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	971.58
<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 44 OF 91			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) <b>A. Stephen Pirigy</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 24 / 2015
Mailing Address 724 West St		Amount of Each Disbursement this Period 685.00 <b>Transaction ID : D563125</b>
City Niles State OH Zip Code 44446-2737	Purpose of Disbursement Office rent	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Stephen Pirigy</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 26 / 2015
Mailing Address 724 West St		Amount of Each Disbursement this Period 685.00 <b>Transaction ID : D563126</b>
City Niles State OH Zip Code 44446-2737	Purpose of Disbursement Office rent	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Sforza &amp; Walker Inc</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 05 / 2015
Mailing Address 444 High Street NE P.O. Box 232		Amount of Each Disbursement this Period 37.36 <b>Transaction ID : D563130</b>
City Warren State OH Zip Code 44482-0232	Purpose of Disbursement Accounting services	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1407.36
<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 45 OF 91	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. Sforza &amp; Walker Inc</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 04 / 2015
Mailing Address 444 High Street NE P.O. Box 232		Amount of Each Disbursement this Period 133.04 <b>Transaction ID : D563131</b>
City Warren State OH Zip Code 44482-0232	Purpose of Disbursement Accounting services	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Sforza &amp; Walker Inc</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 04 / 2015
Mailing Address 444 High Street NE P.O. Box 232		Amount of Each Disbursement this Period 85.00 <b>Transaction ID : D563132</b>
City Warren State OH Zip Code 44482-0232	Purpose of Disbursement Accounting services	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Harry Strawn</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 11 / 2015
Mailing Address 1304 Niles Cortland Rd		Amount of Each Disbursement this Period 175.00 <b>Transaction ID : D563129</b>
City Niles State OH Zip Code 44446-3514	Purpose of Disbursement Office cleaning	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	393.04
<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 46 OF 91			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) <b>A. Timothy J. Ryan</b>		Date of Disbursement MM / DD / YYYY 02 / 09 / 2015
Mailing Address 560 Amber Dr SE		Amount of Each Disbursement this Period 189.20 <b>Transaction ID : D563340</b>
City Warren	State OH	
Zip Code 44484-5812	Purpose of Disbursement Mileage reimbursement	Category/ Type
Candidate Name <b>Timothy J Ryan</b>	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: OH District: 17	

Full Name (Last, First, Middle Initial) <b>B. United States Treasury</b>		Date of Disbursement MM / DD / YYYY 01 / 15 / 2015
Mailing Address 1500 Pennsylvania Ave NW		Amount of Each Disbursement this Period 1436.79 <b>Transaction ID : D563151</b>
City Washington	State DC	
Zip Code 20220-0001	Purpose of Disbursement Payroll taxes	Category/ Type
Candidate Name	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

Full Name (Last, First, Middle Initial) <b>c. United States Treasury</b>		Date of Disbursement MM / DD / YYYY 01 / 30 / 2015
Mailing Address 1500 Pennsylvania Ave NW		Amount of Each Disbursement this Period 316.80 <b>Transaction ID : D563152</b>
City Washington	State DC	
Zip Code 20220-0001	Purpose of Disbursement Payroll taxes	Category/ Type
Candidate Name	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1942.80
<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 47 OF 91			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) <b>A. United States Treasury</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 30 / 2015
Mailing Address 1500 Pennsylvania Ave NW		Amount of Each Disbursement this Period 1436.79 <b>Transaction ID : D563153</b>
City Washington State DC Zip Code 20220-0001	Purpose of Disbursement Payroll taxes	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. United States Treasury</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 13 / 2015
Mailing Address 1500 Pennsylvania Ave NW		Amount of Each Disbursement this Period 1436.78 <b>Transaction ID : D563154</b>
City Washington State DC Zip Code 20220-0001	Purpose of Disbursement Payroll taxes	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. United States Treasury</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 27 / 2015
Mailing Address 1500 Pennsylvania Ave NW		Amount of Each Disbursement this Period 1436.78 <b>Transaction ID : D563155</b>
City Washington State DC Zip Code 20220-0001	Purpose of Disbursement Payroll taxes	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	4310.35
<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 48 OF 91			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) <b>A. United States Treasury</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 13 / 2015
Mailing Address 1500 Pennsylvania Ave NW		Amount of Each Disbursement this Period 1436.78 <b>Transaction ID : D563156</b>
City Washington State DC Zip Code 20220-0001	Purpose of Disbursement Payroll taxes	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. United States Treasury</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2015
Mailing Address 1500 Pennsylvania Ave NW		Amount of Each Disbursement this Period 1436.79 <b>Transaction ID : D563157</b>
City Washington State DC Zip Code 20220-0001	Purpose of Disbursement Payroll taxes	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Winpisinger &amp; Associates, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 04 / 2015
Mailing Address 315 Inspiration Lane		Amount of Each Disbursement this Period 1783.29 <b>Transaction ID : D563158</b>
City Gaithersburg State MD Zip Code 20878	Purpose of Disbursement Administrative services/Compliance	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	4656.86
<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 49 OF 91	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. Winpisinger &amp; Associates, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 04 / 2015
Mailing Address 315 Inspiration Lane		Amount of Each Disbursement this Period 1808.80
City Gaithersburg	State MD Zip Code 20878	
Purpose of Disbursement Adminstrative services/Compliance	Candidate Name	<b>Transaction ID : D563159</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. Winpisinger &amp; Associates, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 02 / 2015
Mailing Address 315 Inspiration Lane		Amount of Each Disbursement this Period 1789.66
City Gaithersburg	State MD Zip Code 20878	
Purpose of Disbursement Adminstrative services/Compliance	Candidate Name	<b>Transaction ID : D563160</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. American Express</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 07 / 2015
Mailing Address PO Box 297812		Amount of Each Disbursement this Period 8700.54
City Fort Lauderdale	State FL Zip Code 33329-7812	
Purpose of Disbursement Credit card (see below if itemized)	Candidate Name	<b>Transaction ID : D563114</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	12299.00
<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 50 OF 91			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) <b>A. AT&amp;T Mobility</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 07 / 2015
Mailing Address PO Box 6416		Amount of Each Disbursement this Period 496.49
City Carol Stream	State IL	
Zip Code 60197-6416		
Purpose of Disbursement Telephone expense		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>B. Costco</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 07 / 2015
Mailing Address 4725 West Ox Road		Amount of Each Disbursement this Period 387.85
City Fairfax	State VA	
Zip Code 22030		
Purpose of Disbursement Event food/supplies		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>c. Edible Arrangements</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 07 / 2015
Mailing Address 95 Barnes Rd		Amount of Each Disbursement this Period 285.94
City Wallingford	State CT	
Zip Code 06492-1800		
Purpose of Disbursement Gifts for supporters		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: _____	District: _____	

<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)	PAGE 51 OF 91			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

**A. Facebook Advertising**

Full Name (Last, First, Middle Initial)  
Mailing Address 1601 S. California Ave

City Palo Alto State CA Zip Code 94304

Purpose of Disbursement Website advertising

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify)

State: District:

Date of Disbursement: 01 / 07 / 2015

Amount of Each Disbursement this Period: 203.25

Transaction ID : D563213

[MEMO ITEM]

**B. House Gift Shop**

Full Name (Last, First, Middle Initial)  
Mailing Address B-218 Longworth

City Washington State DC Zip Code 20515

Purpose of Disbursement Gifts for supporters

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify)

State: District:

Date of Disbursement: 01 / 07 / 2015

Amount of Each Disbursement this Period: 660.65

Transaction ID : D563138

[MEMO ITEM]

**c. House Gift Shop**

Full Name (Last, First, Middle Initial)  
Mailing Address B-218 Longworth

City Washington State DC Zip Code 20515

Purpose of Disbursement Gifts for supporters

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify)

State: District:

Date of Disbursement: 01 / 07 / 2015

Amount of Each Disbursement this Period: 689.00

Transaction ID : D563139

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional) ..... 0.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 OF 91			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) <b>A. House Gift Shop</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 07 / 2015
Mailing Address B-218 Longworth		Amount of Each Disbursement this Period 40.40
City Washington	State DC	
Zip Code 20515	Purpose of Disbursement Gifts for supporters	Transaction ID : D563140 <b>[MEMO ITEM]</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Hyatt Washington Park</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 07 / 2015
Mailing Address 1201 24th Street, NW		Amount of Each Disbursement this Period 540.45
City Washington	State DC	
Zip Code 20037	Purpose of Disbursement Travel/Lodging	Transaction ID : D563316 <b>[MEMO ITEM]</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Lavagna</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 07 / 2015
Mailing Address 539 8th St SE		Amount of Each Disbursement this Period 469.40
City Washington	State DC	
Zip Code 20003	Purpose of Disbursement Meal	Transaction ID : D563225 <b>[MEMO ITEM]</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<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)	PAGE 53 OF 91			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) <b>A. Staples</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 07 / 2015
Mailing Address 6004 Youngstown Rd		Amount of Each Disbursement this Period 38.19
City Niles	State OH	
Zip Code 44446	Purpose of Disbursement Office supplies	Transaction ID : D563117
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Staples</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 07 / 2015
Mailing Address 6004 Youngstown Rd		Amount of Each Disbursement this Period 56.51
City Niles	State OH	
Zip Code 44446	Purpose of Disbursement Office supplies	Transaction ID : D563118
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Staples</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 07 / 2015
Mailing Address 6004 Youngstown Rd		Amount of Each Disbursement this Period 84.64
City Niles	State OH	
Zip Code 44446	Purpose of Disbursement Office supplies	Transaction ID : D563119
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

<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)	PAGE 54 OF 91			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) <b>A. Time Warner Cable</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 07 / 2015
Mailing Address PO Box 0901		Amount of Each Disbursement this Period 485.79
City Carol Stream	State IL	
Zip Code 60132-0901	Purpose of Disbursement Internet/Cable	Transaction ID : D563149
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Uber</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 07 / 2015
Mailing Address 182 Howard Street		Amount of Each Disbursement this Period 17.00
City San Francisco	State CA	
Zip Code 94105	Purpose of Disbursement Taxi	Transaction ID : D563341
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Uber</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 07 / 2015
Mailing Address 182 Howard Street		Amount of Each Disbursement this Period 38.00
City San Francisco	State CA	
Zip Code 94105	Purpose of Disbursement Taxi	Transaction ID : D563342
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

<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)	PAGE 55 OF 91			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) <b>A. Uber</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 07 / 2015
Mailing Address 182 Howard Street		Amount of Each Disbursement this Period 8.44
City San Francisco	State CA	
Zip Code 94105	Purpose of Disbursement Taxi	Transaction ID : D563343
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Uber</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 07 / 2015
Mailing Address 182 Howard Street		Amount of Each Disbursement this Period 11.97
City San Francisco	State CA	
Zip Code 94105	Purpose of Disbursement Taxi	Transaction ID : D563344
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Uber</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 07 / 2015
Mailing Address 182 Howard Street		Amount of Each Disbursement this Period 15.06
City San Francisco	State CA	
Zip Code 94105	Purpose of Disbursement Taxi	Transaction ID : D563345
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

<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)	PAGE 56 OF 91			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) <b>A. UPS</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 07 / 2015
Mailing Address 55 Glenlake Pkwy NE		Amount of Each Disbursement this Period 56.52
City Atlanta	State GA Zip Code 30328-3474	
Purpose of Disbursement Shipping	Category/Type	Transaction ID : D563110 <b>[MEMO ITEM]</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. UPS</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 07 / 2015
Mailing Address 55 Glenlake Pkwy NE		Amount of Each Disbursement this Period 34.54
City Atlanta	State GA Zip Code 30328-3474	
Purpose of Disbursement Shipping	Category/Type	Transaction ID : D563111 <b>[MEMO ITEM]</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. US Postmaster</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 07 / 2015
Mailing Address 43 W. Park Avenue		Amount of Each Disbursement this Period 52.76
City Niles	State OH Zip Code 44446	
Purpose of Disbursement Postage	Category/Type	Transaction ID : D563090 <b>[MEMO ITEM]</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<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)	PAGE 57 OF 91			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) <b>A. US Postmaster</b>		Date of Disbursement
Mailing Address 43 W. Park Avenue		M M / D D / Y Y Y Y 01 / 07 / 2015
City Niles	State OH	Zip Code 44446
Purpose of Disbursement Postage		Amount of Each Disbursement this Period 7.10
Candidate Name	Category/ Type	<b>Transaction ID : D563091</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>[MEMO ITEM]</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>B. US Postmaster</b>		Date of Disbursement
Mailing Address 43 W. Park Avenue		M M / D D / Y Y Y Y 01 / 07 / 2015
City Niles	State OH	Zip Code 44446
Purpose of Disbursement Postage		Amount of Each Disbursement this Period 7.64
Candidate Name	Category/ Type	<b>Transaction ID : D563092</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>[MEMO ITEM]</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>C. US Postmaster</b>		Date of Disbursement
Mailing Address 43 W. Park Avenue		M M / D D / Y Y Y Y 01 / 07 / 2015
City Niles	State OH	Zip Code 44446
Purpose of Disbursement Postage		Amount of Each Disbursement this Period 56.13
Candidate Name	Category/ Type	<b>Transaction ID : D563093</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>[MEMO ITEM]</b>
State: District:		

<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)	PAGE 58 OF 91			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) <b>A. White House Historical Association</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 07 / 2015
Mailing Address PO Box 27624			Amount of Each Disbursement this Period 3305.00
City Washington	State DC	Zip Code 20038	
Purpose of Disbursement Gifts for supporters		Category/ Type	<b>Transaction ID : D563362</b>  <b>[MEMO ITEM]</b>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____	District: _____		

Full Name (Last, First, Middle Initial) <b>B. American Express</b>			Date of Disbursement M M / D D / Y Y Y Y 02 / 10 / 2015
Mailing Address PO Box 297812			Amount of Each Disbursement this Period 23214.23
City Fort Lauderdale	State FL	Zip Code 33329-7812	
Purpose of Disbursement Credit card (see below if itemized)		Category/ Type	<b>Transaction ID : D563115</b>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____	District: _____		

Full Name (Last, First, Middle Initial) <b>c. Acqua AI 2</b>			Date of Disbursement M M / D D / Y Y Y Y 02 / 10 / 2015
Mailing Address 212 7TH ST SE			Amount of Each Disbursement this Period 305.50
City Washington	State DC	Zip Code 20003	
Purpose of Disbursement Meal		Category/ Type	<b>Transaction ID : D563231</b>  <b>[MEMO ITEM]</b>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____	District: _____		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	23214.23
<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 59 OF 91			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) <b>A. AT&amp;T Mobility</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 10 / 2015
Mailing Address PO Box 6416		Amount of Each Disbursement this Period 484.50
City Carol Stream	State IL	
Zip Code 60197-6416	Purpose of Disbursement Telephone expense	Transaction ID : D563165
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Carmine's</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 10 / 2015
Mailing Address 425 7th St NW		Amount of Each Disbursement this Period 1774.50
City Washington	State DC	
Zip Code 20004	Purpose of Disbursement Event catering	Transaction ID : D563188
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Carmine's</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 10 / 2015
Mailing Address 425 7th St NW		Amount of Each Disbursement this Period 4945.10
City Washington	State DC	
Zip Code 20004	Purpose of Disbursement Event catering	Transaction ID : D563189
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

<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)	PAGE 60 OF 91			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) <b>A. Carmine's</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 10 / 2015
Mailing Address 425 7th St NW		Amount of Each Disbursement this Period 25.73
City Washington	State DC Zip Code 20004	
Purpose of Disbursement Meal	Candidate Name	Transaction ID : D563190
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	[MEMO ITEM]

Full Name (Last, First, Middle Initial) <b>B. Carmine's</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 10 / 2015
Mailing Address 425 7th St NW		Amount of Each Disbursement this Period 54.10
City Washington	State DC Zip Code 20004	
Purpose of Disbursement Meal	Candidate Name	Transaction ID : D563191
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	[MEMO ITEM]

Full Name (Last, First, Middle Initial) <b>c. Davis Printing Company</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 10 / 2015
Mailing Address 101 ROBINSON AVE		Amount of Each Disbursement this Period 2841.46
City BARBERTON	State OH Zip Code 44203	
Purpose of Disbursement Printing expense	Candidate Name	Transaction ID : D563297
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	[MEMO ITEM]

<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)		PAGE 61 OF 91	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. Enterprise Rent A Car</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 10 / 2015
Mailing Address 310 W. Wisconsin Avenue		Amount of Each Disbursement this Period ..... 189.47
City Milwaukee	State WI	
Zip Code 53203	Purpose of Disbursement Travel/Car rental	Transaction ID : D563168
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Farallon</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 10 / 2015
Mailing Address 450 Post Street San Francisco, CA		Amount of Each Disbursement this Period ..... 1250.00
City San Francisco	State CA	
Zip Code 94102	Purpose of Disbursement Event catering	Transaction ID : D563303
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Farallon</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 10 / 2015
Mailing Address 450 Post Street San Francisco, CA		Amount of Each Disbursement this Period ..... 2463.81
City San Francisco	State CA	
Zip Code 94102	Purpose of Disbursement Event catering	Transaction ID : D563304
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

<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)	PAGE 62 OF 91			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) <b>A. Filomena Ristorante</b>			Date of Disbursement M M / D D / Y Y Y Y 02 / 10 / 2015
Mailing Address 1063 Wisconsin Avenue, NW			Amount of Each Disbursement this Period 462.51
City Washington	State DC	Zip Code 20007	
Purpose of Disbursement Meal		Category/ Type	<b>Transaction ID : D563221</b> <b>[MEMO ITEM]</b>
Candidate Name			
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:		

Full Name (Last, First, Middle Initial) <b>B. Filomena Ristorante</b>			Date of Disbursement M M / D D / Y Y Y Y 02 / 10 / 2015
Mailing Address 1063 Wisconsin Avenue, NW			Amount of Each Disbursement this Period 434.66
City Washington	State DC	Zip Code 20007	
Purpose of Disbursement Meal		Category/ Type	<b>Transaction ID : D563222</b> <b>[MEMO ITEM]</b>
Candidate Name			
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:		

Full Name (Last, First, Middle Initial) <b>c. Hawk N Dove</b>			Date of Disbursement M M / D D / Y Y Y Y 02 / 10 / 2015
Mailing Address 329 Pennsylvania Ave SE,			Amount of Each Disbursement this Period 603.64
City Washington	State DC	Zip Code 20003	
Purpose of Disbursement Meal		Category/ Type	<b>Transaction ID : D563229</b> <b>[MEMO ITEM]</b>
Candidate Name			
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:		

<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)	PAGE 63 OF 91			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) <b>A. Hilton Garden Inn Napa</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 10 / 2015
Mailing Address 3585 SOLANO AVENUE		Amount of Each Disbursement this Period 188.76
City NAPA State CA Zip Code 94558	Purpose of Disbursement Travel/Lodging	
Candidate Name	Category/Type	Transaction ID : D563310 <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Hilton Garden Inn Napa</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 10 / 2015
Mailing Address 3585 SOLANO AVENUE		Amount of Each Disbursement this Period 205.83
City NAPA State CA Zip Code 94558	Purpose of Disbursement Travel/Lodging	
Candidate Name	Category/Type	Transaction ID : D563311 <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. House Gift Shop</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 10 / 2015
Mailing Address B-218 Longworth		Amount of Each Disbursement this Period 69.15
City Washington State DC Zip Code 20515	Purpose of Disbursement Gifts for supporters	
Candidate Name	Category/Type	Transaction ID : D563141 <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<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)	PAGE 64 OF 91			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) <b>A. House Gift Shop</b>		Date of Disbursement MM / DD / YYYY 02 / 10 / 2015
Mailing Address B-218 Longworth		Amount of Each Disbursement this Period 00.00 Transaction ID : D563142
City Washington	State DC	
Zip Code 20515	Purpose of Disbursement Gifts for supporters	Category/Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	[MEMO ITEM]
<input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. House Gift Shop</b>		Date of Disbursement MM / DD / YYYY 02 / 10 / 2015
Mailing Address B-218 Longworth		Amount of Each Disbursement this Period 96.05 Transaction ID : D563143
City Washington	State DC	
Zip Code 20515	Purpose of Disbursement Gifts for supporters	Category/Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	[MEMO ITEM]
<input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Hyatt Hotel San Francisco</b>		Date of Disbursement MM / DD / YYYY 02 / 10 / 2015
Mailing Address 5 EMBARCADERO CTR		Amount of Each Disbursement this Period 226.52 Transaction ID : D563313
City SAN FRANCISCO	State CA	
Zip Code 94111	Purpose of Disbursement Travel/Lodging	Category/Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	[MEMO ITEM]
<input type="checkbox"/> Other (specify)	State: District:	

<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)	PAGE 65 OF 91			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) <b>A. Hyatt Hotel San Francisco</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 10 / 2015
Mailing Address 5 EMBARCADERO CTR		Amount of Each Disbursement this Period 65.33
City SAN FRANCISCO	State CA	
Zip Code 94111	Purpose of Disbursement Meal	Transaction ID : D563314
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Hyatt Hotel San Francisco</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 10 / 2015
Mailing Address 5 EMBARCADERO CTR		Amount of Each Disbursement this Period 309.42
City SAN FRANCISCO	State CA	
Zip Code 94111	Purpose of Disbursement Travel/Lodging	Transaction ID : D563315
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Quill at the Jefferson</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 10 / 2015
Mailing Address 1200 16TH ST NW		Amount of Each Disbursement this Period 442.10
City WASHINGTON	State DC	
Zip Code 20036	Purpose of Disbursement Meal	Transaction ID : D563336
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

<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)	PAGE 66 OF 91		
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21			

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

Full Name (Last, First, Middle Initial) <b>A. Reese Floral Art</b>		Date of Disbursement MM / DD / YYYY 02 / 10 / 2015
Mailing Address 49 Vienna Ave.		Amount of Each Disbursement this Period 193.15
City Niles	State OH	
Zip Code 44446	Purpose of Disbursement Flowers	Transaction ID : D563257
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Staples</b>		Date of Disbursement MM / DD / YYYY 02 / 10 / 2015
Mailing Address 6004 Youngstown Rd		Amount of Each Disbursement this Period 30.41
City Niles	State OH	
Zip Code 44446	Purpose of Disbursement Office supplies	Transaction ID : D563120
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Uber</b>		Date of Disbursement MM / DD / YYYY 02 / 10 / 2015
Mailing Address 182 Howard Street		Amount of Each Disbursement this Period 340.23
City San Francisco	State CA	
Zip Code 94105	Purpose of Disbursement Taxi	Transaction ID : D563346
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

<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)	PAGE 67 OF 91			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) <b>A. United Airlines</b>		Date of Disbursement MM / DD / YYYY 02 / 10 / 2015
Mailing Address 1200 E. Algonquin Rd		Amount of Each Disbursement this Period 877.10
City Elk Grove Village	State IL	
Zip Code 60007	Purpose of Disbursement Travel/Airfare	Transaction ID : D563076 <b>[MEMO ITEM]</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. United Airlines</b>		Date of Disbursement MM / DD / YYYY 02 / 10 / 2015
Mailing Address 1200 E. Algonquin Rd		Amount of Each Disbursement this Period 1288.20
City Elk Grove Village	State IL	
Zip Code 60007	Purpose of Disbursement Travel/Airfare	Transaction ID : D563077 <b>[MEMO ITEM]</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. United Airlines</b>		Date of Disbursement MM / DD / YYYY 02 / 10 / 2015
Mailing Address 1200 E. Algonquin Rd		Amount of Each Disbursement this Period 3.99
City Elk Grove Village	State IL	
Zip Code 60007	Purpose of Disbursement Meal	Transaction ID : D563078 <b>[MEMO ITEM]</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<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)	PAGE 68 OF 91			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) <b>A. United Airlines</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 10 / 2015
Mailing Address 1200 E. Algonquin Rd		Amount of Each Disbursement this Period 25.00
City Elk Grove Village	State IL Zip Code 60007	
Purpose of Disbursement Airline fee	Candidate Name	Transaction ID : D563079
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	[MEMO ITEM]

Full Name (Last, First, Middle Initial) <b>B. US Airways</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 10 / 2015
Mailing Address 2345 Crystal Dr		Amount of Each Disbursement this Period 586.60
City Arlington	State VA Zip Code 22227-0001	
Purpose of Disbursement Travel/Airline fee	Candidate Name	Transaction ID : D563087
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	[MEMO ITEM]

Full Name (Last, First, Middle Initial) <b>c. US Airways</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 10 / 2015
Mailing Address 2345 Crystal Dr		Amount of Each Disbursement this Period 385.10
City Arlington	State VA Zip Code 22227-0001	
Purpose of Disbursement Travel/Airline fee	Candidate Name	Transaction ID : D563088
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	[MEMO ITEM]

<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)	PAGE 69 OF 91			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) <b>A. US Airways</b>		Date of Disbursement MM / DD / YYYY 02 / 10 / 2015
Mailing Address 2345 Crystal Dr		Amount of Each Disbursement this Period 591.10
City Arlington	State VA	
Zip Code 22227-0001	Purpose of Disbursement Travel/Airline fee	Transaction ID : D563089 <b>[MEMO ITEM]</b>
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. US Postmaster</b>		Date of Disbursement MM / DD / YYYY 02 / 10 / 2015
Mailing Address 43 W. Park Avenue		Amount of Each Disbursement this Period 8.94
City Niles	State OH	
Zip Code 44446	Purpose of Disbursement Postage	Transaction ID : D563094 <b>[MEMO ITEM]</b>
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. US Postmaster</b>		Date of Disbursement MM / DD / YYYY 02 / 10 / 2015
Mailing Address 43 W. Park Avenue		Amount of Each Disbursement this Period 15.29
City Niles	State OH	
Zip Code 44446	Purpose of Disbursement Postage	Transaction ID : D563095 <b>[MEMO ITEM]</b>
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<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)	PAGE 70 OF 91			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) <b>A. US Postmaster</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 10 / 2015
Mailing Address 43 W. Park Avenue		Amount of Each Disbursement this Period 8.94
City Niles State OH Zip Code 44446	Purpose of Disbursement Postage	
Candidate Name	Category/Type	Transaction ID : D563096 <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. US Postmaster</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 10 / 2015
Mailing Address 43 W. Park Avenue		Amount of Each Disbursement this Period 10.93
City Niles State OH Zip Code 44446	Purpose of Disbursement Postage	
Candidate Name	Category/Type	Transaction ID : D563097 <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. US Postmaster</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 10 / 2015
Mailing Address 43 W. Park Avenue		Amount of Each Disbursement this Period 15.50
City Niles State OH Zip Code 44446	Purpose of Disbursement Postage	
Candidate Name	Category/Type	Transaction ID : D563098 <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<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)		PAGE 71 OF 91	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. American Express</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 09 / 2015
Mailing Address PO Box 297812		Amount of Each Disbursement this Period 16370.54 <b>Transaction ID : D563116</b>
City Fort Lauderdale	State FL	
Zip Code 33329-7812	Purpose of Disbursement Credit card (see below if itemized)	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Acqua AI 2</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 09 / 2015
Mailing Address 212 7TH ST SE		Amount of Each Disbursement this Period 184.00 <b>Transaction ID : D563232</b> <b>[MEMO ITEM]</b>
City Washington	State DC	
Zip Code 20003	Purpose of Disbursement Meal	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. American Airlines</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 09 / 2015
Mailing Address 4333 Amon Carter Blvd.		Amount of Each Disbursement this Period 90.01 <b>Transaction ID : D563102</b> <b>[MEMO ITEM]</b>
City Fort Worth	State TX	
Zip Code 76155	Purpose of Disbursement Travel/Airfare	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	16370.54
<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 72 OF 91			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) <b>A. American Airlines</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 09 / 2015
Mailing Address 4333 Amon Carter Blvd.		Amount of Each Disbursement this Period 27.92
City Fort Worth	State TX	
Zip Code 76155	Purpose of Disbursement Travel/Airfare	Transaction ID : D563103
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. American Airlines</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 09 / 2015
Mailing Address 4333 Amon Carter Blvd.		Amount of Each Disbursement this Period 248.60
City Fort Worth	State TX	
Zip Code 76155	Purpose of Disbursement Travel/Airfare	Transaction ID : D563104
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>C. American Airlines</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 09 / 2015
Mailing Address 4333 Amon Carter Blvd.		Amount of Each Disbursement this Period 135.00
City Fort Worth	State TX	
Zip Code 76155	Purpose of Disbursement Travel/Airfare	Transaction ID : D563105
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

<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)	PAGE 73 OF 91			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) <b>A. American Airlines</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 09 / 2015
Mailing Address 4333 Amon Carter Blvd.		Amount of Each Disbursement this Period 25.00
City Fort Worth	State TX	
Zip Code 76155	Purpose of Disbursement Travel/Airfare	Transaction ID : D563106
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. American Airlines</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 09 / 2015
Mailing Address 4333 Amon Carter Blvd.		Amount of Each Disbursement this Period 957.20
City Fort Worth	State TX	
Zip Code 76155	Purpose of Disbursement Travel/Airfare	Transaction ID : D563107
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>C. American Airlines</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 09 / 2015
Mailing Address 4333 Amon Carter Blvd.		Amount of Each Disbursement this Period 25.00
City Fort Worth	State TX	
Zip Code 76155	Purpose of Disbursement Travel/Airfare	Transaction ID : D563108
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

<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)	PAGE 74 OF 91			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) <b>A. American Airlines</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 09 / 2015
Mailing Address 4333 Amon Carter Blvd.		Amount of Each Disbursement this Period 3.49
City Fort Worth	State TX	
Zip Code 76155	Purpose of Disbursement Travel/Food	Transaction ID : D563109 <b>[MEMO ITEM]</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Andaz West Hollywood</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 09 / 2015
Mailing Address 8401 W Sunset Blvd		Amount of Each Disbursement this Period 375.69
City West Hollywood	State CA	
Zip Code 90069-1909	Purpose of Disbursement Travel/Lodging	Transaction ID : D563267 <b>[MEMO ITEM]</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Andaz West Hollywood</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 09 / 2015
Mailing Address 8401 W Sunset Blvd		Amount of Each Disbursement this Period 444.02
City West Hollywood	State CA	
Zip Code 90069-1909	Purpose of Disbursement Travel/Lodging	Transaction ID : D563268 <b>[MEMO ITEM]</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<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)	PAGE 75 OF 91			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) <b>A. AT&amp;T Mobility</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 09 / 2015
Mailing Address PO Box 6416		Amount of Each Disbursement this Period 478.26
City Carol Stream	State IL	
Zip Code 60197-6416		
Purpose of Disbursement Telephone expense		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>B. Culver Restaurant</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 09 / 2015
Mailing Address 9400 CULVER BLVD		Amount of Each Disbursement this Period 211.94
City CULVER CITY	State CA	
Zip Code 90232		
Purpose of Disbursement Meal		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>c. Dominion East Ohio</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 09 / 2015
Mailing Address PO Box 26785		Amount of Each Disbursement this Period 204.51
City Richmond	State VA	
Zip Code 23261		
Purpose of Disbursement Utilities		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: _____	District: _____	

<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)	PAGE 76 OF 91			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) <b>A. Enterprise Rent A Car</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 09 / 2015
Mailing Address 310 W. Wisconsin Avenue		Amount of Each Disbursement this Period 743.62
City Milwaukee	State WI	
Zip Code 53203	Purpose of Disbursement Travel/Car rental	Transaction ID : D563169 <b>[MEMO ITEM]</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Facebook Advertising</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 09 / 2015
Mailing Address 1601 S. California Ave		Amount of Each Disbursement this Period 44.36
City Palo Alto	State CA	
Zip Code 94304	Purpose of Disbursement Website advertising	Transaction ID : D563214 <b>[MEMO ITEM]</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Godaddy.com</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 09 / 2015
Mailing Address 14455 N. Hayden Rd., Ste. 226		Amount of Each Disbursement this Period 71.88
City Scottsdale	State AZ	
Zip Code 85260	Purpose of Disbursement Website expense	Transaction ID : D563176 <b>[MEMO ITEM]</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<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)	PAGE 77 OF 91			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) <b>A. Godaddy.com</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 09 / 2015
Mailing Address 14455 N. Hayden Rd., Ste. 226		Amount of Each Disbursement this Period 12.42
City Scottsdale	State AZ	
Zip Code 85260	Purpose of Disbursement Website expense	Transaction ID : D563177 <b>[MEMO ITEM]</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Godaddy.com</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 09 / 2015
Mailing Address 14455 N. Hayden Rd., Ste. 226		Amount of Each Disbursement this Period 78.22
City Scottsdale	State AZ	
Zip Code 85260	Purpose of Disbursement Website expense	Transaction ID : D563178 <b>[MEMO ITEM]</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Godaddy.com</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 09 / 2015
Mailing Address 14455 N. Hayden Rd., Ste. 226		Amount of Each Disbursement this Period 101.02
City Scottsdale	State AZ	
Zip Code 85260	Purpose of Disbursement Website expense	Transaction ID : D563179 <b>[MEMO ITEM]</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<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)	PAGE 78 OF 91			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) <b>A. Hilton Bentley</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 09 / 2015
Mailing Address 101 Ocean Dr		Amount of Each Disbursement this Period 918.82
City Miami Beach	State FL	
Zip Code 33139	Purpose of Disbursement Travel/Lodging	Transaction ID : D563309
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. House Gift Shop</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 09 / 2015
Mailing Address B-218 Longworth		Amount of Each Disbursement this Period 220.60
City Washington	State DC	
Zip Code 20515	Purpose of Disbursement Gifts for supporters	Transaction ID : D563144
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Lavagna</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 09 / 2015
Mailing Address 539 8th St SE		Amount of Each Disbursement this Period 278.20
City Washington	State DC	
Zip Code 20003	Purpose of Disbursement Meal	Transaction ID : D563226
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

<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)	PAGE 79 OF 91			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) <b>A. Lavagna</b>		Date of Disbursement MM / DD / YYYY 03 / 09 / 2015
Mailing Address 539 8th St SE		Amount of Each Disbursement this Period 220.70
City Washington	State DC	
Zip Code 20003	Purpose of Disbursement Meal	Transaction ID : D563227
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Lemonade</b>		Date of Disbursement MM / DD / YYYY 03 / 09 / 2015
Mailing Address 9001 Beverly Blvd,		Amount of Each Disbursement this Period 1117.25
City West Hollywood	State CA	
Zip Code 90048	Purpose of Disbursement Fundraising/Catering	Transaction ID : D563322
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Premiere Valet Service</b>		Date of Disbursement MM / DD / YYYY 03 / 09 / 2015
Mailing Address 3349 CAHUENGA BLVD W. #6		Amount of Each Disbursement this Period 557.50
City LOS ANGELES	State CA	
Zip Code 90068	Purpose of Disbursement Transportation	Transaction ID : D563332
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

<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)	PAGE 80 OF 91			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) <b>A. Premiere Valet Service</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 09 / 2015
Mailing Address 3349 CAHUENGA BLVD W. #6		Amount of Each Disbursement this Period 557.50
City LOS ANGELES	State CA	
Zip Code 90068	Purpose of Disbursement Transportation	Transaction ID : D563333 <b>[MEMO ITEM]</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Reese Floral Art</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 09 / 2015
Mailing Address 49 Vienna Ave.		Amount of Each Disbursement this Period 253.00
City Niles	State OH	
Zip Code 44446	Purpose of Disbursement Flowers	Transaction ID : D563258 <b>[MEMO ITEM]</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Reese Floral Art</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 09 / 2015
Mailing Address 49 Vienna Ave.		Amount of Each Disbursement this Period 64.05
City Niles	State OH	
Zip Code 44446	Purpose of Disbursement Flowers	Transaction ID : D563259 <b>[MEMO ITEM]</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<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)	PAGE 81 OF 91			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) <b>A. Time Warner Cable</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 09 / 2015
Mailing Address PO Box 0901		Amount of Each Disbursement this Period 474.10
City Carol Stream	State IL	
Zip Code 60132-0901	Purpose of Disbursement Internet/Cable	Transaction ID : D563150 <b>[MEMO ITEM]</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Trattoria Alberto</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 09 / 2015
Mailing Address 506 8th St SE		Amount of Each Disbursement this Period 232.12
City Washington	State DC	
Zip Code 20003-2834	Purpose of Disbursement Meal	Transaction ID : D563224 <b>[MEMO ITEM]</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Uber</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 09 / 2015
Mailing Address 182 Howard Street		Amount of Each Disbursement this Period 31.00
City San Francisco	State CA	
Zip Code 94105	Purpose of Disbursement Taxi	Transaction ID : D563347 <b>[MEMO ITEM]</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<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)	PAGE 82 OF 91			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) <b>A. Uber</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 09 / 2015
Mailing Address 182 Howard Street		Amount of Each Disbursement this Period 42.00
City San Francisco	State CA Zip Code 94105	
Purpose of Disbursement Taxi	Candidate Name	Transaction ID : D563348
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	[MEMO ITEM]

Full Name (Last, First, Middle Initial) <b>B. Uber</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 09 / 2015
Mailing Address 182 Howard Street		Amount of Each Disbursement this Period 8.80
City San Francisco	State CA Zip Code 94105	
Purpose of Disbursement Taxi	Candidate Name	Transaction ID : D563349
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	[MEMO ITEM]

Full Name (Last, First, Middle Initial) <b>c. Uber</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 09 / 2015
Mailing Address 182 Howard Street		Amount of Each Disbursement this Period 49.24
City San Francisco	State CA Zip Code 94105	
Purpose of Disbursement Taxi	Candidate Name	Transaction ID : D563350
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	[MEMO ITEM]

<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)	PAGE 83 OF 91			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) <b>A. Uber</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 09 / 2015
Mailing Address 182 Howard Street		Amount of Each Disbursement this Period 11.44
City San Francisco	State CA Zip Code 94105	
Purpose of Disbursement Taxi	Candidate Name	Transaction ID : D563351
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	[MEMO ITEM]

Full Name (Last, First, Middle Initial) <b>B. Uber</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 09 / 2015
Mailing Address 182 Howard Street		Amount of Each Disbursement this Period 11.00
City San Francisco	State CA Zip Code 94105	
Purpose of Disbursement Taxi	Candidate Name	Transaction ID : D563352
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	[MEMO ITEM]

Full Name (Last, First, Middle Initial) <b>c. United Airlines</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 09 / 2015
Mailing Address 1200 E. Algonquin Rd		Amount of Each Disbursement this Period 675.10
City Elk Grove Village	State IL Zip Code 60007	
Purpose of Disbursement Travel/Airfare	Candidate Name	Transaction ID : D563080
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	[MEMO ITEM]

<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)	PAGE 84 OF 91			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) <b>A. United Airlines</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 09 / 2015
Mailing Address 1200 E. Algonquin Rd		Amount of Each Disbursement this Period 25.00
City Elk Grove Village	State IL	
Zip Code 60007	Purpose of Disbursement Travel/Airfare	Transaction ID : D563081
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. United Airlines</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 09 / 2015
Mailing Address 1200 E. Algonquin Rd		Amount of Each Disbursement this Period 25.00
City Elk Grove Village	State IL	
Zip Code 60007	Purpose of Disbursement Travel/Airfare	Transaction ID : D563082
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>C. United Airlines</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 09 / 2015
Mailing Address 1200 E. Algonquin Rd		Amount of Each Disbursement this Period 684.10
City Elk Grove Village	State IL	
Zip Code 60007	Purpose of Disbursement Travel/Airfare	Transaction ID : D563083
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

<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)	PAGE 85 OF 91			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) <b>A. United Airlines</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 09 / 2015
Mailing Address 1200 E. Algonquin Rd		Amount of Each Disbursement this Period 95.00
City State Zip Code Elk Grove Village IL 60007	Purpose of Disbursement Travel/Airfare	
Candidate Name	Category/Type	Transaction ID : D563084 <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. United Airlines</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 09 / 2015
Mailing Address 1200 E. Algonquin Rd		Amount of Each Disbursement this Period 1128.20
City State Zip Code Elk Grove Village IL 60007	Purpose of Disbursement Travel/Airfare	
Candidate Name	Category/Type	Transaction ID : D563085 <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. UPS</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 09 / 2015
Mailing Address 55 Glenlake Pkwy NE		Amount of Each Disbursement this Period 30.50
City State Zip Code Atlanta GA 30328-3474	Purpose of Disbursement Shipping	
Candidate Name	Category/Type	Transaction ID : D563112 <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<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)	PAGE 86 OF 91			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) <b>A. US Postmaster</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 09 / 2015
Mailing Address 43 W. Park Avenue		Amount of Each Disbursement this Period 7.54
City Niles	State OH	
Purpose of Disbursement Postage		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

Full Name (Last, First, Middle Initial) <b>B. US Postmaster</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 09 / 2015
Mailing Address 43 W. Park Avenue		Amount of Each Disbursement this Period 7.64
City Niles	State OH	
Purpose of Disbursement Postage		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Venice Beach Lodging</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 09 / 2015
Mailing Address 2 BREEZE AVE APT 101		Amount of Each Disbursement this Period 256.50
City Venice	State CA	
Purpose of Disbursement Travel/Lodging		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

<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)	PAGE 87 OF 91			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) <b>A. Venice Beach Lodging</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 09 / 2015
Mailing Address 2 BREEZE AVE APT 101		Amount of Each Disbursement this Period 513.00
City Venice State CA Zip Code 90291	Purpose of Disbursement Travel/Lodging	Transaction ID : D563355 <b>[MEMO ITEM]</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Venice Beach Lodging</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 09 / 2015
Mailing Address 2 BREEZE AVE APT 101		Amount of Each Disbursement this Period 627.00
City Venice State CA Zip Code 90291	Purpose of Disbursement Travel/Lodging	Transaction ID : D563356 <b>[MEMO ITEM]</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Venice Beach Lodging</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 09 / 2015
Mailing Address 2 BREEZE AVE APT 101		Amount of Each Disbursement this Period 313.50
City Venice State CA Zip Code 90291	Purpose of Disbursement Travel/Lodging	Transaction ID : D563357 <b>[MEMO ITEM]</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<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)	PAGE 88 OF 91			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) <b>A. Virgin America</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 09 / 2015
Mailing Address 555 Airport Blvd.,		Amount of Each Disbursement this Period 648.80
City Burlingame	State CA	
Purpose of Disbursement Travel/Airfare	Candidate Name	Transaction ID : D563250 <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. Virgin America</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 09 / 2015
Mailing Address 555 Airport Blvd.,		Amount of Each Disbursement this Period 484.10
City Burlingame	State CA	
Purpose of Disbursement Travel/Airfare	Candidate Name	Transaction ID : D563251 <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>c. Sue Grimes</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 16 / 2015
Mailing Address 9002 Colesbury Place		Amount of Each Disbursement this Period 648.80
City Fairfax	State VA	
Purpose of Disbursement Event/food & supplies (see below if itemized)	Candidate Name	Transaction ID : D563148
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	648.80
<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 89 OF 91	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. Costco</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 16 / 2015
Mailing Address 4725 West Ox Road		Amount of Each Disbursement this Period 451.85
City Fairfax	State VA	
Zip Code 22030	Purpose of Disbursement Event food/supplies	Transaction ID : D563220
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Michael Zetts</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 17 / 2015
Mailing Address 526 Miller Ave		Amount of Each Disbursement this Period 517.65
City Kent	State OH	
Zip Code 44240-2653	Purpose of Disbursement Travel expenses (see below if itemized)	Transaction ID : D563192
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State	
Zip Code	Purpose of Disbursement	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	517.65
<b>TOTAL</b> This Period (last page this line number only).....	110381.17

**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 90 OF 91			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <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. Marjorie Layden</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 17 / 2015
Mailing Address 830 Buena Vista Dr		Amount of Each Disbursement this Period 4500.00
City Santa Barbara	State CA	
Zip Code 93108-1411	Purpose of Disbursement Refund	Transaction ID : D563275
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State	
Zip Code	Purpose of Disbursement	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State	
Zip Code	Purpose of Disbursement	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

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

**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)		PAGE 91 OF 91	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 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>		Date of Disbursement M M / D D / Y Y Y Y <b>02 / 17 / 2015</b>
Mailing Address 4011 Hillman Way		Amount of Each Disbursement this Period <b>300.00</b>
City Youngstown	State OH Zip Code 44512-1135	
Purpose of Disbursement Non-Federal Contribution	Candidate Name	<b>Transaction ID : D563064</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State Zip Code	
Purpose of Disbursement	Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State Zip Code	
Purpose of Disbursement	Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>300.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	<b>300.00</b>