FEC FORM 3		T OF RE SBURSE	MENTS		Office	Use Only	
1. NAME OF COMMITTEE (in	full) USE FEC MAI		kample:If typing, type ver the lines				
	s 						
ADDRESS (number a	Ind street)	1919					
Check if diff	sly			I IWI I		53547	
reported. (A						55547	
2. FEC IDENTIFIC	4	CITY A 3. IS THIS REPORT	NEW (N) C		AMENDED	ZIP CODE , STATE V	
July 15 Octobe	- (,	Election on	E-Election Report for Primary (12P) Convention (12C) Convention (12C) Convention (12C) Convention (12C) Convention (12C)	Ge Sp	eneral (12G) eccial (12S)	in the State of	noff (12R)
5. Covering Period	11 28	2006	through	12	3 1	2006	
I certify that I have exactly that I have of Type or Print Name of	amined this Report and to the TreasurerLarry	e best of my knowled E. Everhart	ge and belief it is true,	correct and con	nplete.		
Signature of Treasure	r Electronically Filed by	Larry E. Everhai	t	Date	04	04	2007
	f false, erroneous, or incomp	blete information may	subject the person sig	gning this Repor	t to the penalti	es of 2 U.S.C 4	437g.
Office Use Only						EC FORM Revised 02/2003	

Image# 27930460752			SUMMARY PAGE of Receipts and Disbursements			
		FEC Form 3 (Revised 02/2003)	·			Page 2
		or Type Committee Name				
<u> </u>	Ryan f	for Congress				
F	Report	t Covering the Period: From:	M M 28 Y Y Y Y 11 28 2006	То:	M M D D 12 31	Y Y Y Y 2006
			COLUMN A This Period		COLUMN Election Cycle-te	
6.	Net	Contributions (other than loans)		-		
	(a)	Total Contributions (other than loans) (from Line 11(e))	2195.00			4990.00
	(b)	Total Contribution Refunds (from Line 20(d))	0.00			0.00
	(c)	Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	2195.00			4990.00
7.	Net	Operating Expenditures				
	(a)	Total Operating Expenditures (from Line 17)	16787.81			21833.51
	(b)	Total Offsets to Operating Expenditures (from Line 14)	54.06			184.18
	(c)	Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	16733.75		· · · · · · ·	21649.33
8.		sh on Hand at Close of porting Period (from Line 27)	1258377.27			
9.	the	ots and Obligations Owed TO Committee (Itemize all on nedule C and/or Schedule D)	0.00			
10.	the	ots and Obligations Owed BY Committee (Itemize all on nedule C and/or Schedule D)	13783.88			

For further information contact:

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

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

age# 27930460753			
w	FEC Form 3 (Revised 02/2003) /rite or Type Committee Name	of Receipts	Page 3
	yan for Congress		
Re	eport Covering the Period: From:	M M 28 Y Y Y Y 11 28 2006	To: 12 D D Y Y Y Y Y 31 2006
	I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11.	CONTRIBUTIONS (other than loans) FR	OM:	
	 (a) Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A) 	0.00	2000.00
		195.00	490.00
	(ii) Unitemized (iii) TOTAL of contributions from individuals	▶ 195.00	2490.00
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees (such as PACS)	2000.00	2500.00
	(d) The Candidate	0.00	0.00
	 (e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d)) 	2195.00	4990.00
12.	TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13.	LOANS		
	(a) Made or Guaranteed by the Candidate	0.00	0.00
	(b) All Other Loans	0.00	0.00
	(c) TOTAL LOANS (add Lines 13(a) and (b))	0.00	0.00
14.	OFFSETS TO OPERATING		
	EXPENDITURES (Refunds, Rebates, etc.)		184.18
15.	OTHER RECEIPTS (Dividends, Interest, etc.)		10450.65
16.	TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)	10979.85	15624.83

Image# 27930460754

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3 (Revised 02/2003) Page 4 **COLUMN A COLUMN B II. DISBURSEMENTS Total This Period Election Cycle-to-Date** 16787.81 21833.51 17. OPERATING EXPENDITURES..... 18. TRANSFERS TO OTHER 0.00 0.00 AUTHORIZED COMMITTEES..... 19. LOAN REPAYMENTS: (a) Of Loans Made or Guaranteed 0.00 0.00 by the Candidate..... 0.00 0.00 (b) Of all Other Loans..... (c) TOTAL LOAN REPAYMENTS 0.00 0.00 (add Lines 19(a) and (b))..... 20. REFUNDS OF CONTRIBUTIONS TO: (a) Individuals/Persons Other 0.00 0.00 Than Political Committees..... 0.00 0.00 (b) Political Party Committees..... (c) Other Political Committees 0.00 0.00 (such as PACs)..... (d) TOTAL CONTRIBUTION REFUNDS 0.00 0.00 (add Lines 20(a), (b), and (c))..... 5000.00 10000.00 21. OTHER DISBURSEMENTS..... 22. TOTAL DISBURSEMENTS 21787.81 31833.51 (add Lines 17, 18, 19(c), 20(d), and 21)

III. CASH SUMMARY

23.	CASH ON HAND AT BEGINNING OF REPORTING PERIOD	1269185.23
24.	TOTAL RECEIPTS THIS PERIOD (from Line 16, page3)	10979.85
25.	SUBTOTAL (add Line 23 and Line 24)	1280165.08
26.	TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)	21787.81
27.	CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)	1258377.27

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 5 / 15 (check only one) 11a 11b X 11c 11d 12 13a 13b 14 15
Any information copied from such Reports and St or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Ryan for Congress		
Full Name (Last, First, Middle Initial) A. American Consulting Engineers Council Pa Mailing Address 1015 15th St. Nw Suite 802		Date of Receipt
City <u>Washington</u> FEC ID number of contributing federal political committee.	State Zip Code DC 20005	Transaction ID: 70104.C40556 Amount of Each Receipt this Period 2000.00
Name of Employer Receipt For: 2008	Occupation Election Cycle-to-Date	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
X Primary General Other (specify) ▼	2000.00	

SUBTOTAL of Receipts This Page (optional)	►			2000.00
TOTAL This Period (last page this line number only)	►			2000.00

S	CHEDULE A (FEC Form 3)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 6 / 15
	EMIZED RECEIPTS	,	or each category of the	(check only one)
••			Detailed Summary Page	11a 11b 11c 11d 12 13a 13b 14 15
Ar	y information copied from such Reports ar	nd Statements may	v not be sold or used by any pers	on for the purpose of soliciting contributions
or	for commercial purposes, other than using	the name and add	lress of any political committee t	o solicit contributions from such committee.
$\left \right\rangle$	NAME OF COMMITTEE (In Full)			
	Ryan for Congress			
Á.	Full Name (Last, First, Middle Initial) M&I Marshall & Ilsley Bank			Date of Receipt
	Mailing Address PO Box 2045			1 1 3 0 2 0 0 6
	City	State	Zip Code	Transaction ID: 70104.C40560
	Milwaukee	WI	53201-2045	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		3303.64
	Name of Employer	Occupation)	Other Receipt
			1	Limit Increased Due to Opponent's
	Receipt For: 2008	Election C	ycle-to-Date 🔻	Spending (2 U.S.C. 441a(i)/441a-1)
	X Primary General		3303.64	
	Other (specify)	0 0		_
в.	Full Name (Last, First, Middle Initial) M&I Marshall & Ilsley Bank			Date of Receipt
	Mailing Address PO Box 2045			1 2 3 1 Y Y Y Y 1 2 3 1 2 0 0 6
	City	State	Zip Code	Transaction ID: 70104.C40561
	Milwaukee	WI	53201-2045	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		427.15
	Name of Employer	Occupation	2	Other Receipt
			1	Limit Increased Due to Opponent's
	Receipt For: 2008	Election C	ycle-to-Date 🔻	Spending (2 U.S.C. 441a(i)/441a-1)
	X Primary General		3730.79	
	Other (specify)	0 0	3730.79	
с.	Full Name (Last, First, Middle Initial) Republican Assembly Campaign Committee			Date of Receipt
	Mailing Address PO Box 31			12 22 2006
	City	State	Zip Code	Transaction ID: 70104.C40557
	Madison	WI	53701-0031	Amount of Each Receipt this Period
	FEC ID number of contributing	С		5000.00
	federal political committee.			
	Name of Employer	Occupation	1	Other Receipt
				Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Receipt For: 2008 X Primary General	Election C	ycle-to-Date ▼	
	Other (specify) ▼	0 0	5000.00	
	UBTOTAL of Receipts This Page (optiona	I		8730.79
⊢°	UPIONAL OF NECENDIS THIS FAYE (UPIIONA	u)		
Т	OTAL This Period (last page this line num	ber only)		8730.79

	CHEDULE B (FEC Form 3)	Use seperate schedule(s)		NUMBER: PAGE 7/15
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only	y one) X 17 18 19a 19b 20a 20b 20c 21
	y Information copied from such Reports and Statem or commercial purposes, other than using the name			
\rangle	NAME OF COMMITTEE (In Full) Ryan for Congress			
Α.	Full Name (Last, First, Middle Initial) Imagi			Transaction ID: 70104.E3461 Date of Disbursement 12^{M-M} / 0^{A} / 2^{V-Y+Y}
	Mailing Address 1020 Glen St			
	,	State Zip Code WI 53545-2542		Amount of Each Disbursement this Period
	Purpose of Disbursement Pictures for lit piece Candidate Name		004 Category/	1720.95 Refund or Disposal of Excess Contributions Required Under
	Office Sought: House Disburse Senate	ment For: Primary General	Type	11 C.F.R. 400.53
	State: District:	Other (specify)		
в.	Full Name (Last, First, Middle Initial) Sarah Ulrich			Transaction ID: 70104.E3452 Date of Disbursement
	Mailing Address 2933 Fish Hatchery Rd Apt 206			
		State Zip Code WI 53713-3141		Amount of Each Disbursement this Period
	Purpose of Disbursement Campaign food & materials		006	Refund or Disposal of Excess
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburse Senate President	ment For: Primary General Other (specify) ▼		CAMPAIGN FOOD & MATERIALS
	State: District:			
C.	Full Name (Last, First, Middle Initial) AT&T (SBC)			Transaction ID: 70104.E3479 Date of Disbursement
	Mailing Address Bill Payment Center			12 ^M /18 [/] 2006 ^Y
	,	State Zip Code MI 48663-		Amount of Each Disbursement this Period
	Purpose of Disbursement Phone		001	63.27 Refund or Disposal of Excess
	Candidate Name Category/ Type			Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburse Senate President State: District:	ment For: Primary General Other (specify) ▼		PHONE
s	UBTOTAL of Disbursements This Page (optional) .		►	1885.15
	OTAL This Period (last page this line number only)			

	CHEDULE B (FEC Form 3)	Use seperate schedule(s)	FOR LINE (check only	NUMBER: PAGE 8/15 y one)
	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		X 17 18 19a 19b 20a 20b 20c 21
	Information copied from such Reports and Statemeter or commercial purposes, other than using the name			
\rangle	NAME OF COMMITTEE (In Full) Ryan for Congress			
۹.	Full Name (Last, First, Middle Initial) Payroll Data Services, LLC			Transaction ID: 70104.E3450 Date of Disbursement
	Mailing Address 2418 Cross Roads Dr.			12 ^M /01 ^Y /2006 ^Y
		State Zip Code WI 53704-		Amount of Each Disbursement this Period
	Purpose of Disbursement Payroll processing fee Candidate Name		001 Category/ Type	48.30 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburser Senate President State: District:	ment For: Primary General Other (specify) ▼		PAYROLL PROCESSING FEE
3.	Full Name (Last, First, Middle Initial) Susan Jacobson			Transaction ID: 70104.E3448 Date of Disbursement
	Mailing Address 3544 N. Cedar Ridge Cou	urt		$\begin{array}{c} \begin{array}{c} M \\ 1 \\ 2 \end{array} \end{array} \begin{array}{c} D \\ 0 \\ 1 \end{array} \end{array} \begin{array}{c} D \\ 0 \\ 1 \end{array} \begin{array}{c} D \\ 1 \end{array} \begin{array}{c} D \\ 2 \\ 0 \\ 0 \\ 1 \end{array} \begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ 1 \end{array} \begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ 1 \end{array} \begin{array}{c} Y \\ Y \\ 2 \\ 0 \\ 0 \\ 1 \end{array} \begin{array}{c} Y \\ Y $
	Janesville	State Zip Code WI 53545-		Amount of Each Disbursement this Period
	Purpose of Disbursement Travel Candidate Name		002 Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburser Senate President State: District:	ment For: Primary General Other (specify) ▼		TRAVEL
	Full Name (Last, First, Middle Initial) Bob Kimball Properties			Transaction ID: 70104.E3455 Date of Disbursement
	Mailing Address 928 Todd Dr. Suite #1 (Butler Terrace)			$12^{M} / 01^{I} / 2006^{Y}$
		State Zip Code WI 53546-		Amount of Each Disbursement this Period
	Purpose of Disbursement Office Rent 001			437.75 Refund or Disposal of Excess
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburser Senate President State: District:	ment For: Primary General Other (specify) ▼		OFFICE RENT
S	JBTOTAL of Disbursements This Page (optional)		►	818.03

	CHEDULE B (FEC Form 3)	Use seperate schedule(s) FOR LINE (check onl	NUMBER: PAGE 9/15 y one)
	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		X 17 18 19a 19b 20a 20b 20c 21
	Information copied from such Reports and Statem or commercial purposes, other than using the name			
$\left \right\rangle$	NAME OF COMMITTEE (In Full) Ryan for Congress			
Α.	Full Name (Last, First, Middle Initial) Paul Ryan			Transaction ID: 70104.E3464 Date of Disbursement 12 ^M /08 [/] /2006 [/]
	Mailing Address P.O. Box 2194			
	Janesville	State Zip Code WI 53547-	-	Amount of Each Disbursement this Period
	Purpose of Disbursement Travel - November Candidate Name		002 Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburse Senate President State: District:	ment For: Primary General Other (specify) ▼		TRAVEL - NOVEMBER
в.	Full Name (Last, First, Middle Initial) Sarah Ulrich			Transaction ID: 70104.E3451 Date of Disbursement
	Mailing Address 2933 Fish Hatchery Rd Apt 206			$12^{M} / 01^{I} / 2006^{I}$
	Fitchburg	State Zip Code WI 53713-314	1	Amount of Each Disbursement this Period 435.00
	Purpose of Disbursement Travel Candidate Name		002 Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Senate President	ment For: Primary General Other (specify) ▼		TRAVEL
с.	State: District: Full Name (Last, First, Middle Initial) Postmaster JANESVILLE, WI 53545			Transaction ID: 70104.E3473 Date of Disbursement
	Mailing Address 1818 Milton Ave			$12^{M} / 08^{J} / 2006^{Y}$
		State Zip Code WI 53545-		Amount of Each Disbursement this Period
	Purpose of Disbursement Postage		001	198.72 Refund or Disposal of Excess
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburse Senate President State: District:	ment For: Primary General Other (specify) ▼		POSTAGE
S	JBTOTAL of Disbursements This Page (optional) .		>	898.71
	DTAL This Period (last page this line number only)			
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		Use seperate schedule(s)	FOR LINE (check only	NUMBER: PAGE 10 / 15 y one)
	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		X 17 18 19a 19b 20a 20b 20c 21
	y Information copied from such Reports and Stateme for commercial purposes, other than using the name			
>	NAME OF COMMITTEE (In Full) Ryan for Congress			
۹.	Full Name (Last, First, Middle Initial) Sarah Ulrich			Transaction ID: 70104.E3481 Date of Disbursement
	Mailing Address 2933 Fish Hatchery Rd A	pt 206		12 ^M /07 [/] 2006 ^Y
		State Zip Code WI 53713-3141		Amount of Each Disbursement this Period
	Purpose of Disbursement Salary Candidate Name		001 Category/ Type	1481.59 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburser Senate President State: District:	ment For: Primary General Other (specify) ▼	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	SALARY
•	Full Name (Last, First, Middle Initial) Midwest Express Airlines			Transaction ID: 70104.E3468 Date of Disbursement
	Mailing Address 6744 S. Howell Ave.			$12^{M} 12^{M} 12^{D} 04^{T} 2006^{T}$
	Oák Creek	State Zip Code WI 53154-		Amount of Each Disbursement this Period
	Purpose of Disbursement Plane Ticket to DC Candidate Name		002 Category/ Type	499.10 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburser Senate President State: District:	ment For: Primary General Other (specify) ▼		PLANE TICKET TO DC
•	Full Name (Last, First, Middle Initial) Paul Ryan			Transaction ID: 70104.E3454 Date of Disbursement
	Mailing Address P.O. Box 2194			$\begin{array}{c} \begin{array}{c} M \\ 1 \\ 2 \end{array} \begin{array}{c} M \\ \end{array} \begin{array}{c} M \\ \end{array} \begin{array}{c} M \\ \end{array} \begin{array}{c} D \\ \end{array} \begin{array}{c} M \\ \end{array} \begin{array}{c} Y \\ \end{array} \end{array} \begin{array}{c} Y \\ \end{array} \begin{array}{c} Y \\ \end{array} \begin{array}{c} Y \\ \end{array} \end{array} \begin{array}{c} Y \\ \end{array} \begin{array}{c} Y \\ \end{array} \end{array} \end{array} \end{array} \begin{array}{c} Y \\ \end{array} \end{array} \end{array} \end{array} $ \end{array}
		State Zip Code WI 53547-		Amount of Each Disbursement this Period
	Purpose of Disbursement 7 Flags		001	107.42 Refund or Disposal of Excess
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburser Senate President State: District:	ment For: Primary General Other (specify) ▼		7 FLAGS
s	UBTOTAL of Disbursements This Page (optional)		►	2088.11

Detailed Summary Page X 17 18 19b 20c 21 ny Information copied from such Reports and Statements may not be sold or used by any person for the purpose of solicating contributions for committee NAME OF COMMITTEE (in Full) NAME OF COMMITTEE (in Full) Page of the purpose of solicating contributions from such committee Full Name (Last, First, Middle Initial) Payroll Data Services, LLC Transaction ID: 70104.E3485 Mailing Address 2418 Cross Roads Dr. 12 ° ° 2 ° ′ 2 0 0 6 ° City State Zip Code Mailing Address 2418 Cross Roads Dr. 12 ° ° 2 ° ′ 2 0 0 6 ° City State Zip Code Amount of Each Disbursement Purpose of Disbursement 12 ° ° 2 ° ′ 2 0 0 6 ° Category/ Purpose of Disbursement For: Benet 001 Category/ President Disbursement For: President President Payrol Taxes Candidate Name 1478 Noridge Trail 11 ° ° ° ° ° ′ ′ 2 0 0 6 ° 12 ° ° ° 2 0 0 6 ° Full Name (Last, First, Middle Initial) President 200 ° ° ′ 2 0 0 6 ° 10 ° ° ° ° ′ 2 0 0 6 ° Grif ce Sought: House Disbursement For: 003 ° ° ° 2 0 0 6 ° 10		CHEDULE B (FEC Form 3) EMIZED DISBURSEMENTS	Use seperate schedule(s) for each category of the	FOR LINE (check only	NUMBER: PAGE 11 / 15 y one)
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) Pyan for Congress Full Name (Last, First, Middle Initial) Payroll Data Services, LLC Mailing Address 2418 Cross Roads Dr. City State Zip Code Marking Address Personance Coll Office Sought: House Disbursement For: Personance Other (specify) ▼ State: District: Mailing Address 147 × 0 0 6 × Office Sought: House State: Disbursement For: Personance Coll City State Purpose of Disbursement Y 2 0 0 6 × Purpose of Disbursement Y 2 0 0 6 × Full Name (Last, First, Middle Initial) Maining Address Mary Stitt Transaction ID: 70104.E3457 Data of Disbursement Y 2 0 0 6 × City State Zip Code Office Sought: House Disbursement for: State: Disbursement Codagony' Disbursem			Detailed Summary Page		20a 20b 20c 21
NAME OF COMMITTEE (in Full) Ryan for Congress Transaction 10: 70104.E3485 Date of Disbursement Full Name (Last, First, Middle Initial) Payroll Data Services, LLC Transaction 10: 70104.E3485 Date of Disbursement Mailing Address 2418 Cross Roads Dr. If 2 ° 2 ° 1 × 2 0 ° 6 Office Sought: House Precident 001 Other (specify) ▼ Amount of Each Disbursement this Period Office Sought: House Precident Disbursement For: Other (specify) ▼ On 1 × 2 ° 0 ° 1 × 2 ° 0 ° 5 Full Name (Last, First, Middle Initial) Mary Stitt Disbursement For: Precident Other (specify) ▼ PAYROLL TAXES Office Sought: House Precident Disbursement For: Precident Other (specify) ▼ Amount of Each Disbursement this Period Office Sought: House Precident State Zip Code Port Washington Amount of Each Disbursement this Period Office Sought: House Precident Disbursement For: Precident Other (specify) ▼ FunDrase of Disbursement State: District: Disbursement For: Precident Other (specify) ▼ FunDrase of Disbursement State: District: Disbursement For: Precident Other (specify) ▼ FunDrase of Disbursement State: District: Disbursement For: Precident <th></th> <th></th> <th></th> <th></th> <th></th>					
Payroll Data Services, LLC Mailing Address 2418 Cross Roads Dr. Mailing Address 2418 Cross Roads Dr. Image: Control of Disbursement Figure Control of Disbursement His Period Purpose of Disbursement WI 53704- Purpose of Disbursement 001 Category' Cardidate Name Disbursement For: Perioden Disbursement His Period Office Sought: House Disbursement For: Perioden Disbursement For: State: District: Other (specify) ▼ PAYROLL TAXES Purpose of Disbursement Other (specify) ▼ Payroll Attaxes City State: Disbursement For: Payroll Attaxes Purpose of Disbursement Other (specify) ▼ Payroll Attaxes Payroll Attaxes City State Zip Code Amount of Each Disbursement this Period Purpose of Disbursement Other (specify) ▼ Amount of Each Disbursement this Period City State Disbursement For: Other (specify) ▼ Purpose of Disbursement Disbursement For: Other (specify) ▼ Full Name (Last, First, Middle Initial) State Disbursement For: Disbursement For: State:	\rangle	NAME OF COMMITTEE (In Full)			
Payroll Data Services, LLC Date of Disbursement Maiing Address 2418 Cross Roads Dr. City State Zip Code Mailing Address 2418 Cross Roads Dr. Amount of Each Disbursement this Period Purpose of Disbursement 001 1271.25 Payroll Taxes 001 Category/ Type Refund or Disposal of Excess Candidate Name Disbursement For: Persident Office Sought: President District: Disbursement For: President General Other (specify) PAYROLL TAXES Full Name (Last, First, Middle Initial) Mary Stitt Transaction ID: 70104.E3457 Date of Disbursement this Period Maiing Address 1478 Noridge Trail 003 (12 0 0 0 1 / 2 0 0 6 × City Purpose of Disbursement State Zip Code Other (specify) ▼ Amount of Each Disbursement this Period Office Sought: House Senate Disbursement For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) State Zip Code Amount of Each Disbursement this Period State: Disbursement For: District: President Disbursement For: Primary		Full Name (Last, First, Middle Initial)			Transaction ID: 70104.E3485
City State Zip Code Madison WI 53704- Purpose of Disbursement 001 Category: 001 Category: Transaction ID: 70104.E3457 Category: District: President District: Full Name (Last, First, Middle Initial) Transaction ID: 70104.E3457 Maing Address 1478 Noridge Trail City State Port Washington WI State: Disbursement For: Part of Disbursement Other (specify) ▼ City State Port Washington WI State: Disbursement For: Purpose of Disbursement Other (specify) ▼ Category: Transaction ID: 70104.E3457 Candidate Name Other (specify) ▼ Office Sought: House Senate Disbursement For: Primary General Office Sought: House State: District: Prepresident Other (specify) ▼ Full Name (Last, First, Middle Initial) Transaction ID: 70104.E3466	•	Payroll Data Services, LLC			
Mádison WI 53704- Purpose of Disbursement Payroll Taxes 001 Candidate Name 01 Category Office Sought: House Disbursement For: Primary State: District: Primary General Other (specify) ▼ PAYROLL TAXES PAYROLL TAXES Office Sought: House Disbursement For: Primary Year Category Transaction ID: 70104.E3457 Date of Disbursement Mailing Address 1478 Noridge Trail Olty State Zip Code Port Washington WI 53074- Purpose of Disbursement 003 Category Fundraiser Fee 003 Category Candidate Name Disbursement For: 003 Primary General 003 Office Sought: House Disbursement For: Senate District: Primary General Office Sought: House State Zip Code Variate: District: Amount of Each Disbursement fis Period Susan Jacobson D		Mailing Address 2418 Cross Roads Dr.			12 29 2006
Induce of Disbursement 001 Candidate Name 001 Cardidate Name 001 Office Sought: House Senate Disbursement For: President Other (specify) State: District: Full Name (Last, First, Middle Initial) Transaction ID: 70104.E3457 Maing Address 1478 Noridge Trail City State Port Washington State President Disbursement For: Purpose of Disbursement 003 Candidate Name Category/ Office Sought: House Senate President President Disbursement For: Senate President Other (specify) FUNDRAISER FEE Other (specify) FUNDRAISER FEE Disbursement Other (specify) State: Disbursement For: Senate President President Other (specify) Mailing Address 3544 N. Cedar Ridge Court City State Zip Code Janesville WI S3545- </td <td></td> <td></td> <td></td> <td></td> <td>Amount of Each Disbursement this Period</td>					Amount of Each Disbursement this Period
Candidate Name Category' Type Contributions Required Under 11 C.F.R. 400.53 Office Sought: House Senate Disbursement For: Other (specify) ▼ PAYROLL TAXES Full Name (Last, First, Middle Initial) Mary Stitt Other (specify) ▼ Transaction ID: 70104.E3457 Date of Disbursement Mailing Address 1478 Noridge Trail Transaction ID: 70104.E3457 Date of Disbursement City State Zip Code Purpose of Disbursement Other (specify) ▼ Amount of Each Disbursement this Period Full Name Disbursement For: Oradidate Name 003 Category' Type Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 Office Sought: House Disbursement For: Senate 003 Other (specify) ▼ FUNDRAISER FEE Full Name (Last, First, Middle Initial) Susan Jacobson State Zip Code Amount of Each Disbursement the Period Mailing Address 3544 N. Cedar Ridge Court Tit Tit Tot Signal Zignal Office Sought: House Disbursement For: Senate Zign Code Amount of Each Disbursement the Period Office Sought: House Disbursement For: Senate Zign Code Amount of Each Disbursement the Period Office Sought:					
Senate Primary General Other (specify) State: District: Transaction ID: 70104.E3457 Full Name (Last, First, Middle Initial) Transaction ID: 70104.E3457 Mailing Address 1478 Noridge Trail If 2 M / 0 1 / 2 0 0 6 City State Zip Code Purpose of Disbursement 003 Category/ Fundraiser Fee 003 Category/ Candidate Name Disbursement For: 003 Primary General 003 Category/ Transaction ID: 70104.E3457 Disbursement State 2ip Code Purpose of Disbursement Primary General Office Sought: House Disbursement For: State: District: Primary General Full Name (Last, First, Middle Initial) Susan Jacobson Transaction ID: 70104.E3466 Susan Jacobson Miling Address 3544 N. Cedar Ridge Court Mailing Address City State Zip Code Amount of Each Disbursement this Period Office Sought: House Disbursement For: Refund or Disposal of Excess Ca				Category/	Contributions Required Under
Mary Stitt Mailing Address 1478 Noridge Trail Mailing Address 1478 Noridge Trail Image of Disbursement City State Zip Code Port Washington WI 53074- Purpose of Disbursement 003 Amount of Each Disbursement this Period Fundraiser Fee 003 Refund or Disposal of Excess Candidate Name Disbursement For: Orbibursement For: President Disbursement For: General President Other (specify) ▼ FUNDRAISER FEE Full Name (Last, First, Middle Initial) Susan Jacobson Transaction ID: 70104.E3466 Mailing Address 3544 N. Cedar Ridge Court Mailing Address 3544 N. Cedar Ridge Court City State Zip Code Amount of Each Disbursement this Period Janesville WI 53545- Purpose of Disbursement Sequered Under Candidate Name Disbursement For: Refund or Disposal of Excess Contributions Required Under Grifice Sought: House Disbursement For: Senate President State: Disbursement For: Senate Senate Corticutions Required Under		Senate President	Primary General		PAYROLL TAXES
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Port Washington WI 53074 Purpose of Disbursement 003 Refund or Disposal of Excess Candidate Name 003 Category/ Type Refund or Disposal of Excess Office Sought: House Disbursement For: Candidate Name Office Sought: House Disbursement For: Candidate Name Full Name (Last, First, Middle Initial) Susan Jacobson Transaction ID: 70104.E3466 Mailing Address 3544 N. Cedar Ridge Court Tansaction ID: 70104.E3466 City State Zip Code Janesville WI 53545- Purpose of Disbursement 001 Cardidate Name Disbursement For: Salary 001 Candidate Name Disbursement For: Office Sought: House Disbursement For: Senate President Disbursement For: State: Disbursement For: Senate President President Other (specify) ▼ State: Disbursement This Page (optional)		Mailing Address 1478 Noridge Trail			$\begin{array}{c} \begin{array}{c} M \\ 1 \\ 2 \end{array} \end{array} \begin{pmatrix} D \\ 0 \\ 1 \end{array} \begin{pmatrix} D \\ 0 \\ 1 \end{array} \begin{pmatrix} V \\ 2 \\ 0 \\ 0 \\ 6 \end{array} \begin{pmatrix} V \\ 2 \\ 0 \\ 0 \\ 6 \\ \end{array} \end{pmatrix}$
Impose of Disbursement Factors 003 Refund or Disposal of Excess Candidate Name 003 Category/ Type Refund or Disposal of Excess Office Sought: House Disbursement For: Primary General Office Sought: District: Disbursement For: FUNDRAISER FEE Full Name (Last, First, Middle Initial) Susan Jacobson Transaction ID: 70104.E3466 Susan Jacobson Mailing Address 3544 N. Cedar Ridge Court Mi 1 City State Zip Code Amount of Each Disbursement this Period Janesville WI 53545- 2798.72 Purpose of Disbursement Other (specify) ▼ SALARY Office Sought: House Disbursement For: 001 Cardidate Name Disbursement For: 001 Category/ Type SALARY Office Sought: House Disbursement For: SALARY SALARY		Port Washington			Amount of Each Disbursement this Period
Candidate Name Category/ Type Contributions Required Under 11 C.F.R. 400.53 Office Sought: House Senate Disbursement For: President General State: District: FUNDRAISER FEE Full Name (Last, First, Middle Initial) Susan Jacobson Transaction ID: 70104.E3466 Date of Disbursement Mailing Address 3544 N. Cedar Ridge Court Image: Contributions Required Under 11 mm City State Zip Code Janesville WI 53545- Purpose of Disbursement O01 Candidate Name O01 Office Sought: House Disbursement For: Senate State: Disbursement For: Senate Primary President Other (specify) State: Disbursement For: Senate Primary Primary General Other (specify) SALARY				003	
Senate Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Transaction ID: 70104.E3466 Susan Jacobson Transaction ID: 70104.E3466 Mailing Address 3544 N. Cedar Ridge Court City State Zip Code Janesville W1 53545- Purpose of Disbursement 001 Salary 001 Candidate Name Disbursement For: Senate Disbursement For: Senate Disbursement For: State: District: State: District: Supervise This Page (optional)		Candidate Name		Category/	Contributions Required Under
Full Name (Last, First, Middle Initial) Transaction ID: 70104.E3466 Susan Jacobson Date of Disbursement Mailing Address 3544 N. Cedar Ridge Court City State Zip Code Janesville WI 53545- Purpose of Disbursement 001 Salary 001 Candidate Name Disbursement For: Office Sought: House President Disbursement For: State: District: Substrict: Other (specify) ▼		Senate	Primary General		FUNDRAISER FEE
Susan Jacobson Date of Disbursement Mailing Address 3544 N. Cedar Ridge Court City State Zip Code Janesville WI 53545- Purpose of Disbursement 001 Salary 001 Candidate Name 001 Office Sought: House President Disbursement For: State: District: Substrict Other (specify) State: Disbursements This Page (optional)					
City State Zip Code Janesville WI 53545- Purpose of Disbursement 001 Salary 001 Candidate Name 001 Office Sought: House Disbursement For: Senate President Other (specify) State: Disbursements This Page (optional)	-				Date of Disbursement
Janesville WI 53545- Purpose of Disbursement 001 Salary 001 Candidate Name 001 Office Sought: House Senate Primary President Other (specify) State: District: SubtrotrAL of Disbursements This Page (optional)		Mailing Address 3544 N. Cedar Ridge Con	urt		$\begin{array}{c} \begin{array}{c} M \\ 1 \end{array} \\ 1 \end{array} \\ 1 \end{array} \\ \begin{array}{c} M \\ 1 \end{array} \\ \begin{array}{c} D \\ 3 \end{array} \\ \begin{array}{c} D \\ 3 \end{array} \\ \begin{array}{c} D \\ 1 \end{array} \\ \begin{array}{c} D \\ 1 \end{array} \\ \begin{array}{c} Y \\ 2 \end{array} \\ \begin{array}{c} Y \\ 2 \end{array} \\ \begin{array}{c} Y \\ 0 \end{array} \\ \begin{array}{c} Y \\ 0 \end{array} \\ \begin{array}{c} Y \\ 0 \end{array} \\ \begin{array}{c} Y \\ Y \end{array} \\ Y \end{array} \\ \begin{array}{c} Y \\ Y \end{array} \\ \begin{array}{c} Y \\ Y \end{array} \\ \begin{array}{c} Y \\ Y \end{array} \\ Y \end{array} \\ \begin{array}{c} Y \\ Y \end{array} \\ Y \end{array} \\ \begin{array}{c} Y \\ Y \end{array} \\ Y \end{array} \\ \begin{array}{c} Y \\ Y \end{array} \\ Y \\ Y$
Purpose of Disbursement 2798.72 Salary 001 Candidate Name 001 Office Sought: House Disbursement For: Senate Primary General Other (specify) SALARY Subtrott AL of Disbursements This Page (optional) Market (optional)					Amount of Each Disbursement this Period
Candidate Name Category/ Type Contributions Required Under 11 C.F.R. 400.53 Office Sought: House Disbursement For: Senate President Primary General SALARY State: District: Other (specify) ▼ SUBTOTAL of Disbursements This Page (optional)		Purpose of Disbursement		001	
Senate Primary General SALARY State: District: Other (specify) ▼ SUBTOTAL of Disbursements This Page (optional) T174.97				Category/	Contributions Required Under
SUBTOTAL of Disbursements This Page (optional)		Senate President	Primary General		SALARY
	SI			•	7174.97

S	CHEDULE B (FEC Form 3)	Use seperate schedule(s)	-	NUMBER: PAGE 12/15
	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		X 17 18 19a 19b 20a 20b 20c 21
	y Information copied from such Reports and Statem			
$ \land$	NAME OF COMMITTEE (In Full)	, r		
Ż	Ryan for Congress			
Α.	Full Name (Last, First, Middle Initial) Payroll Data Services, LLC			Transaction ID: 70104.E3467 Date of Disbursement
	Mailing Address 2418 Cross Roads Dr.			111 ^M / 29 / 2006 ^Y
		State Zip Code WI 53704-		Amount of Each Disbursement this Period
	Purpose of Disbursement		004	1748.09
	Payroll taxes Candidate Name		001 Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburse Senate President State: District:	ment For: Primary General Other (specify) ▼		PAYROLL TAXES
	Full Name (Last, First, Middle Initial)			
В.				Transaction ID: 70104.E3456 Date of Disbursement
	Mailing Address 1818 Milton Ave			$\begin{array}{c} \begin{array}{c} M \\ 1 \end{array} \\ 2 \end{array} \\ \end{array} \\ \begin{array}{c} P \\ 0 \end{array} \\ \begin{array}{c} P \\ 1 \end{array} \\ \begin{array}{c} P \\ 2 \end{array} \\ \begin{array}{c} P \\ 0 \end{array} \\ \begin{array}{c} P \\ 0 \end{array} \\ \begin{array}{c} P \\ 2 \end{array} \\ \begin{array}{c} P \\ 0 \end{array} \\ \begin{array}{c} P \\ 0 \end{array} \\ \begin{array}{c} P \\ P \end{array} \\ \end{array} \\ \begin{array}{c} P \\ P \end{array} \\ \end{array} \\ \begin{array}{c} P \\ P \end{array} \\ \begin{array}{c} P \\ P \end{array} \\ \end{array} \\ \end{array} \\ \begin{array}{c} P \\ P \end{array} \\ \end{array}$
	Janesville	State Zip Code WI 53545-		Amount of Each Disbursement this Period 39.00
	Purpose of Disbursement Stamps		001	Refund or Disposal of Excess
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburse Senate President	ment For: Primary General Other (specify) ▼		STAMPS
	State: District:			
C.	Full Name (Last, First, Middle Initial) Midwest Express Card Services			Transaction ID: 70104.E3480 Date of Disbursement
	Mailing Address P.O. Box 13337		12 ^M /18 ^J /2006 ^Y	
		State Zip Code PA 19101-3337		Amount of Each Disbursement this Period
	Purpose of Disbursement Travel expense 002		39.99 Refund or Disposal of Excess	
	Candidate Name C		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburse Senate President State: District:	ment For: Primary General Other (specify) ▼		TRAVEL EXPENSE
s	UBTOTAL of Disbursements This Page (optional)		►	1827.08
	OTAL This Period (last page this line number only)			
			•	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS		NE NUMBER: PAGE 13 / 15 only one) X 17 18 19a 19b X 20a 20b 20c 21	
Any Information copied from such Reports and Stateme or for commercial purposes, other than using the name NAME OF COMMITTEE (In Full) Ryan for Congress			
Full Name (Last, First, Middle Initial) A. Postmaster JANESVILLE, WI 53545 Mailing Address 1818 Milton Ave	Transaction ID: 70104.E3453 Date of Disbursement $1^{M}2^{M}$ / $\stackrel{P}{}0^{D}1$ / $\stackrel{Y}{}2^{V}0^{V}0^{V}6^{V}$		
	State Zip Code WI 53545- 001 Category/ Type	Amount of Each Disbursement this Period 1170.00 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
	nent For: Primary General Other (specify) ▼	STAMPS FOR CHRISTMAS CARDS	

1		
SUBTOTAL of Disbursements This Page (optional)	►	1170.00
TOTAL This Period (last page this line number only)	•	15862.05
FEC Schedule B (Form 3) Rev. 02/2003		

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	CHEDULE B (FEC Form 3 EMIZED DISBURSEMENTS	Use seperate schedule(s)	FOR LINE (check onl	NUMBER: PAGE 14 / 15 y one)	
		Detailed Summary Page		17 18 19a 19b 20a 20b 20c X 21	
	y Information copied from such Reports and for commercial purposes, other than using t				
Ν	NAME OF COMMITTEE (In Full)				
\backslash	Ryan for Congress				
	Full Name (Last, First, Middle Initial)			Transaction ID: 70104.E3484	
Α.	Republican Party of Wisconsin			Date of Disbursement	
	Mailing Address P.O. Box 31 148 E Johnson Stu				
	City	State Zip Code		Amount of Each Disbursement this Period	
	Madison	WI 53701-		5000.00	
	Purpose of Disbursement			5000.00	
	Victory Fund		007	Refund or Disposal of Excess	
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53	
	Office Sought: House [Disbursement For: 2008			
	Senate	X Primary General			
	President	Other (specify)			
	State: District:				

SUBTOTAL of Disbursements This Page (optional)	►	5000.00
TOTAL This Period (last page this line number only)	►	5000.00

SCHEDULE D (FEC Form 3)			PAGE 15 / 15
		(Use separate schedule(s)	FOR LINE NUMBER:
DEBTS AND OBLIGATIONS		for each	(check only one) 9
Excluding Loans		numbered line)	X 10
NAME OF COMMITTEE (In Full) Ryan for Congress			
A. Full Name (Last, First, Middle Initial) of Debtor	or Creditor		Debt (Purpose):
Mary Stitt		003 Fund	draisers Fee
Mailing Address 1478 Noridge Trail			
City State	ZIP Code		
Port Washington WI	53074-		
Outstanding Balance Beginning This Period		Tra	ansaction ID: 1LS70104.E3487
0.00			
Amount Incurred This Period	Payment This Period	Outstand	ling Balance at Close of This Period
3105.00	0.0(J	3105.00
B. Full Name (Last, First, Middle Initial) of Debtor	or Creditor		Debt (Purpose):
Jax Graphics, Inc.		001 Print rds	ting Christmas Ca-
Mailing Address 421 W. Mailwaukee St.			
City State Janesville WI	ZIP Code 53545-		
Outstanding Balance Beginning This Period		Tr	ansaction ID: 3LS70104.E3488
		Tra	ansaction ID: 3LS70104.E3488
Outstanding Balance Beginning This Period 0.00	Payment This Period		
Outstanding Balance Beginning This Period 0.00 Amount Incurred This Period	Payment This Period	Outstand	ling Balance at Close of This Period
Outstanding Balance Beginning This Period 0.00	Payment This Period	Outstand	
Outstanding Balance Beginning This Period 0.00 Amount Incurred This Period 1721.57 C. Full Name (Last, First, Middle Initial) of Debtor of	0.00	Outstanc	ling Balance at Close of This Period 1721.57 Debt (Purpose):
Outstanding Balance Beginning This Period 0.00 Amount Incurred This Period 1721.57	0.00	Outstanc	ling Balance at Close of This Period 1721.57
Outstanding Balance Beginning This Period 0.00 Amount Incurred This Period 1721.57 C. Full Name (Last, First, Middle Initial) of Debtor of	0.00	Outstanc	ling Balance at Close of This Period 1721.57 Debt (Purpose):
Outstanding Balance Beginning This Period 0.00 Amount Incurred This Period 1721.57 C. Full Name (Last, First, Middle Initial) of Debtor of Townsend Group Mailing Address 429 N Saint Asaph	0.00	Outstanc	ling Balance at Close of This Period 1721.57 Debt (Purpose):
Outstanding Balance Beginning This Period 0.00 Amount Incurred This Period 1721.57 C. Full Name (Last, First, Middle Initial) of Debtor of Townsend Group Mailing Address 429 N Saint Asaph	0.00	Outstanc	ling Balance at Close of This Period 1721.57 Debt (Purpose):
Outstanding Balance Beginning This Period 0.00 Amount Incurred This Period 1721.57 C. Full Name (Last, First, Middle Initial) of Debtor of Townsend Group Mailing Address 429 N Saint Asaph City State	0.00 or Creditor ZIP Code	Outstanc	ling Balance at Close of This Period 1721.57 Debt (Purpose):
Outstanding Balance Beginning This Period 0.00 Amount Incurred This Period 1721.57 C. Full Name (Last, First, Middle Initial) of Debtor of Townsend Group Mailing Address 429 N Saint Asaph City State Alexandria VA	0.00 or Creditor ZIP Code	Outstanc	ling Balance at Close of This Period 1721.57 Debt (Purpose): draiser Fee
Outstanding Balance Beginning This Period 0.00 Amount Incurred This Period 1721.57 C. Full Name (Last, First, Middle Initial) of Debtor of Townsend Group Mailing Address 429 N Saint Asaph City State Alexandria VA Outstanding Balance Beginning This Period	0.00 or Creditor ZIP Code 22314-	Outstand Nature of 1 003 Fund	Ing Balance at Close of This Period 1721.57 Debt (Purpose): draiser Fee ansaction ID: LS70104.E3489
Outstanding Balance Beginning This Period 0.00 Amount Incurred This Period 1721.57 C. Full Name (Last, First, Middle Initial) of Debtor of Townsend Group Mailing Address 429 N Saint Asaph City State Alexandria VA Outstanding Balance Beginning This Period 0.00 Amount Incurred This Period	0.00 or Creditor ZIP Code 22314- Payment This Period	Outstand Nature of 1 003 Fund Tra Outstand	Ing Balance at Close of This Period 1721.57 Debt (Purpose): draiser Fee ansaction ID: LS70104.E3489 Ing Balance at Close of This Period
Outstanding Balance Beginning This Period 0.00 Amount Incurred This Period 1721.57 C. Full Name (Last, First, Middle Initial) of Debtor of Townsend Group Mailing Address 429 N Saint Asaph City State Alexandria VA Outstanding Balance Beginning This Period 0.00	0.00 or Creditor ZIP Code 22314-	Outstand Nature of 1 003 Fund Tra Outstand	Ing Balance at Close of This Period 1721.57 Debt (Purpose): draiser Fee ansaction ID: LS70104.E3489
Outstanding Balance Beginning This Period 0.00 Amount Incurred This Period 1721.57 C. Full Name (Last, First, Middle Initial) of Debtor of Townsend Group Mailing Address 429 N Saint Asaph City State Alexandria VA Outstanding Balance Beginning This Period 0.00 Amount Incurred This Period 8957.31	0.00 or Creditor ZIP Code 22314- Payment This Period 0.00	Outstand Nature of I 003 Fund Trans Outstand	Ing Balance at Close of This Period 1721.57 Debt (Purpose): draiser Fee ansaction ID: LS70104.E3489 Ing Balance at Close of This Period 8957.31
Outstanding Balance Beginning This Period 0.00 Amount Incurred This Period 1721.57 C. Full Name (Last, First, Middle Initial) of Debtor of Townsend Group Mailing Address 429 N Saint Asaph City State Alexandria VA Outstanding Balance Beginning This Period 0.00 Amount Incurred This Period	0.00 or Creditor ZIP Code 22314- Payment This Period 0.00	Outstand Nature of I 003 Fund Trans Outstand	ling Balance at Close of This Period 1721.57 Debt (Purpose): draiser Fee ansaction ID: LS70104.E3489 ling Balance at Close of This Period 8957.31 13783.88
Outstanding Balance Beginning This Period 0.00 Amount Incurred This Period 1721.57 C. Full Name (Last, First, Middle Initial) of Debtor of Townsend Group Mailing Address 429 N Saint Asaph City State Alexandria VA Outstanding Balance Beginning This Period 0.00 Amount Incurred This Period 8957.31	0.00 or Creditor ZIP Code 22314- Payment This Period 0.00	Outstand Nature of I 003 Fund Tra Outstand	Ing Balance at Close of This Period 1721.57 Debt (Purpose): draiser Fee ansaction ID: LS70104.E3489 Ing Balance at Close of This Period 8957.31
Outstanding Balance Beginning This Period 0.00 Amount Incurred This Period 1721.57 C. Full Name (Last, First, Middle Initial) of Debtor of Townsend Group Mailing Address Mailing Address 429 N Saint Asaph City State Alexandria VA Outstanding Balance Beginning This Period 0.00 Amount Incurred This Period 8957.31	0.00 or Creditor ZIP Code 22314- Payment This Period 0.00	Outstand Nature of I 003 Fund Transition Outstand Outstand Outstand	ling Balance at Close of This Period 1721.57 Debt (Purpose): draiser Fee ansaction ID: LS70104.E3489 ling Balance at Close of This Period 8957.31 13783.88
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