



**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name

Ryan for Congress

Report Covering the Period:

From: 

M	M
1	1

D	D
2	8

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
<b>6. Net Contributions (other than loans)</b>		
(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
<b>7. Net Operating Expenditures</b>		
(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
<b>8. Cash on Hand at Close of Reporting Period (from Line 27).....</b>	1258377.27	
<b>9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	0.00	
<b>10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	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

**DETAILED SUMMARY PAGE**

of Receipts

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name  
Ryan for Congress

Report Covering the Period: From: 

M	M
1	1

D	D
2	8

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	6

**I. RECEIPTS**

**COLUMN A**  
Total This Period

**COLUMN B**  
Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than Political Committees

(i) Itemized (use Schedule A).....

	0.00	2000.00
--	------	---------

(ii) Unitemized.....

	195.00	490.00
--	--------	--------

(iii) TOTAL of contributions

	195.00	2490.00
--	--------	---------

from individuals..... ▶

	0.00	0.00
--	------	------

(b) Political Party Committees.....

(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.).....

	54.06	184.18
--	-------	--------

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

	8730.79	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
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**DETAILED SUMMARY PAGE**  
of Disbursements

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

**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)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 11d	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Ryan for Congress

Full Name (Last, First, Middle Initial)  
**A.** American Consulting Engineers Council Pa

Mailing Address 1015 15th St. Nw  
Suite 802

City State Zip Code  
Washington DC 20005

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2008.00

Date of Receipt  
MM / DD / YYYY  
12 / 20 / 2006

Transaction ID: 70104.C40556

Amount of Each Receipt this Period  
2000.00

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

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)  
Ryan for Congress

Full Name (Last, First, Middle Initial) <b>A. M&amp;I Marshall &amp; Ilsley Bank</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 3 0 / 2 0 0 6	
Mailing Address PO Box 2045		Transaction ID: 70104.C40560	
City Milwaukee	State WI	Amount of Each Receipt this Period 3303.64	
Zip Code 53201-2045		Other Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
FEC ID number of contributing federal political committee. C			
Name of Employer	Occupation		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 3303.64		

Full Name (Last, First, Middle Initial) <b>B. M&amp;I Marshall &amp; Ilsley Bank</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 3 1 / 2 0 0 6	
Mailing Address PO Box 2045		Transaction ID: 70104.C40561	
City Milwaukee	State WI	Amount of Each Receipt this Period 427.15	
Zip Code 53201-2045		Other Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
FEC ID number of contributing federal political committee. C			
Name of Employer	Occupation		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 3730.79		

Full Name (Last, First, Middle Initial) <b>C. Republican Assembly Campaign Committee</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 2 / 2 0 0 6	
Mailing Address PO Box 31		Transaction ID: 70104.C40557	
City Madison	State WI	Amount of Each Receipt this Period 5000.00	
Zip Code 53701-0031		Other Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
FEC ID number of contributing federal political committee. C			
Name of Employer	Occupation		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 5000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	8730.79
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	8730.79

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)  
Ryan for Congress

<p><b>A. Imagi</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 1020 Glen St</p> <p>City Janesville State WI Zip Code 53545-2542</p> <p>Purpose of Disbursement Pictures for lit piece</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p><b>Transaction ID:</b> 70104.E3461</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/> <input type="text" value="6"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1720.95"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>PICTURES FOR LIT PIECE</b></p>
<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p> <p><input type="text" value="004"/></p>

<p><b>B. Sarah Ulrich</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 2933 Fish Hatchery Rd Apt 206</p> <p>City Fitchburg State WI Zip Code 53713-3141</p> <p>Purpose of Disbursement Campaign food &amp; materials</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p><b>Transaction ID:</b> 70104.E3452</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/> <input type="text" value="6"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="100.93"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>CAMPAIGN FOOD &amp; MATERIALS</b></p>
<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p> <p><input type="text" value="006"/></p>

<p><b>C. AT&amp;T (SBC)</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address Bill Payment Center</p> <p>City Saginaw State MI Zip Code 48663-</p> <p>Purpose of Disbursement Phone</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p><b>Transaction ID:</b> 70104.E3479</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="1"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/> <input type="text" value="6"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="63.27"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>PHONE</b></p>
<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p> <p><input type="text" value="001"/></p>

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p><input type="text" value="1885.15"/></p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	<p><input type="text"/></p>

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

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Ryan for Congress

Full Name (Last, First, Middle Initial) <b>A. Payroll Data Services, LLC</b>		<b>Transaction ID: 70104.E3450</b> Date of Disbursement 12 / 01 / 2006
Mailing Address 2418 Cross Roads Dr.		Amount of Each Disbursement this Period 48.30
City Madison State WI Zip Code 53704-	Purpose of Disbursement Payroll processing fee Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  <b>PAYROLL PROCESSING FEE</b>

Full Name (Last, First, Middle Initial) <b>B. Susan Jacobson</b>		<b>Transaction ID: 70104.E3448</b> Date of Disbursement 12 / 01 / 2006
Mailing Address 3544 N. Cedar Ridge Court		Amount of Each Disbursement this Period 331.98
City Janesville State WI Zip Code 53545-	Purpose of Disbursement Travel Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  <b>TRAVEL</b>

Full Name (Last, First, Middle Initial) <b>C. Bob Kimball Properties</b>		<b>Transaction ID: 70104.E3455</b> Date of Disbursement 12 / 01 / 2006
Mailing Address 928 Todd Dr. Suite #1 (Butler Terrace)		Amount of Each Disbursement this Period 437.75
City Janesville State WI Zip Code 53546-	Purpose of Disbursement Office Rent Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  <b>OFFICE RENT</b>

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>818.03</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	



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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)  
Ryan for Congress

Full Name (Last, First, Middle Initial) <b>A. Paul Ryan</b>		<b>Transaction ID: 70104.E3464</b> Date of Disbursement 12 / 08 / 2006	
Mailing Address P.O. Box 2194		Amount of Each Disbursement this Period 264.99	
City Janesville State WI Zip Code 53547-	Purpose of Disbursement Travel - November Candidate Name	002 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

TRAVEL - NOVEMBER

Full Name (Last, First, Middle Initial) <b>B. Sarah Ulrich</b>		<b>Transaction ID: 70104.E3451</b> Date of Disbursement 12 / 01 / 2006	
Mailing Address 2933 Fish Hatchery Rd Apt 206		Amount of Each Disbursement this Period 435.00	
City Fitchburg State WI Zip Code 53713-3141	Purpose of Disbursement Travel Candidate Name	002 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

TRAVEL

Full Name (Last, First, Middle Initial) <b>C. Postmaster JANESVILLE, WI 53545</b>		<b>Transaction ID: 70104.E3473</b> Date of Disbursement 12 / 08 / 2006	
Mailing Address 1818 Milton Ave		Amount of Each Disbursement this Period 198.72	
City Janesville State WI Zip Code 53545-	Purpose of Disbursement Postage Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

POSTAGE

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>898.71</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 10 / 15

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Ryan for Congress

Full Name (Last, First, Middle Initial) <b>A. Sarah Ulrich</b>		Transaction ID: 70104.E3481 Date of Disbursement 12 / 07 / 2006	
Mailing Address 2933 Fish Hatchery Rd Apt 206		Amount of Each Disbursement this Period 1481.59	
City Fitchburg State WI Zip Code 53713-3141	Purpose of Disbursement Salary Candidate Name	Category/Type 001 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	SALARY	

Full Name (Last, First, Middle Initial) <b>B. Midwest Express Airlines</b>		Transaction ID: 70104.E3468 Date of Disbursement 12 / 04 / 2006	
Mailing Address 6744 S. Howell Ave.		Amount of Each Disbursement this Period 499.10	
City Oak Creek State WI Zip Code 53154-	Purpose of Disbursement Plane Ticket to DC Candidate Name	Category/Type 002 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	PLANE TICKET TO DC	

Full Name (Last, First, Middle Initial) <b>C. Paul Ryan</b>		Transaction ID: 70104.E3454 Date of Disbursement 12 / 01 / 2006	
Mailing Address P.O. Box 2194		Amount of Each Disbursement this Period 107.42	
City Janesville State WI Zip Code 53547-	Purpose of Disbursement 7 Flags Candidate Name	Category/Type 001 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	7 FLAGS	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2088.11
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Ryan for Congress

Full Name (Last, First, Middle Initial) <b>A. Payroll Data Services, LLC</b>		<b>Transaction ID:</b> 70104.E3485 Date of Disbursement
Mailing Address 2418 Cross Roads Dr.		<input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/>
City Madison	State WI	Zip Code 53704-
Purpose of Disbursement Payroll Taxes	<input type="text" value="001"/>	Amount of Each Disbursement this Period <input type="text" value="1271.25"/>
Candidate Name	Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>PAYROLL TAXES</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Mary Stitt</b>		<b>Transaction ID:</b> 70104.E3457 Date of Disbursement
Mailing Address 1478 Noridge Trail		<input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/>
City Port Washington	State WI	Zip Code 53074-
Purpose of Disbursement Fundraiser Fee	<input type="text" value="003"/>	Amount of Each Disbursement this Period <input type="text" value="3105.00"/>
Candidate Name	Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>FUNDRAISER FEE</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Susan Jacobson</b>		<b>Transaction ID:</b> 70104.E3466 Date of Disbursement
Mailing Address 3544 N. Cedar Ridge Court		<input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="3"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/>
City Janesville	State WI	Zip Code 53545-
Purpose of Disbursement Salary	<input type="text" value="001"/>	Amount of Each Disbursement this Period <input type="text" value="2798.72"/>
Candidate Name	Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>SALARY</b>
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="7174.97"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Ryan for Congress

Full Name (Last, First, Middle Initial) <b>A. Payroll Data Services, LLC</b>		<b>Transaction ID:</b> 70104.E3467 Date of Disbursement
Mailing Address 2418 Cross Roads Dr.		<input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/>
City Madison	State WI	Zip Code 53704-
Purpose of Disbursement Payroll taxes	<input type="text" value="001"/>	Amount of Each Disbursement this Period <input type="text" value="1748.09"/>
Candidate Name	Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>PAYROLL TAXES</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Postmaster JANESVILLE, WI 53545</b>		<b>Transaction ID:</b> 70104.E3456 Date of Disbursement
Mailing Address 1818 Milton Ave		<input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/>
City Janesville	State WI	Zip Code 53545-
Purpose of Disbursement Stamps	<input type="text" value="001"/>	Amount of Each Disbursement this Period <input type="text" value="39.00"/>
Candidate Name	Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>STAMPS</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Midwest Express Card Services</b>		<b>Transaction ID:</b> 70104.E3480 Date of Disbursement
Mailing Address P.O. Box 13337		<input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="1"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/>
City Philadelphia	State PA	Zip Code 19101-3337
Purpose of Disbursement Travel expense	<input type="text" value="002"/>	Amount of Each Disbursement this Period <input type="text" value="39.99"/>
Candidate Name	Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>TRAVEL EXPENSE</b>
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="1827.08"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)  
Ryan for Congress

**A.** Full Name (Last, First, Middle Initial)  
Postmaster JANESVILLE, WI 53545

Mailing Address 1818 Milton Ave

City Janesville State WI Zip Code 53545-

Purpose of Disbursement Stamps for Christmas Cards

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: 70104.E3453

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		0	1		2	0	0	6

Amount of Each Disbursement this Period

1170.00
---------

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

STAMPS FOR CHRISTMAS CARDS

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

1170.00

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

15862.05

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

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

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input checked="" type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)  
Ryan for Congress

**A.** Full Name (Last, First, Middle Initial)  
Republican Party of Wisconsin

Mailing Address P.O. Box 31  
148 E Johnson Street

City Madison State WI Zip Code 53701-

Purpose of Disbursement  
Victory Fund

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

Transaction ID: 70104.E3484

Date of Disbursement

<sup>M</sup>	<sup>M</sup>	/	<sup>D</sup>	<sup>D</sup>	/	<sup>Y</sup>	<sup>Y</sup>	<sup>Y</sup>	<sup>Y</sup>
1	2		2	2		2	0	0	6

Amount of Each Disbursement this Period

5000.00
---------

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

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

5000.00

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

5000.00

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

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

FOR LINE NUMBER: (check only one)

9  
 10

NAME OF COMMITTEE (In Full)  
 Ryan for Congress

<b>A.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Mary Stitt	Nature of Debt (Purpose): 003 Fundraisers Fee
Mailing Address 1478 Noridge Trail	
City State ZIP Code Port Washington WI 53074-	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID:</b> 1LS70104.E3487	
Amount Incurred This Period 3105.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 3105.00

<b>B.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Jax Graphics, Inc.	Nature of Debt (Purpose): 001 Printing Christmas Cards
Mailing Address 421 W. Mailwaukee St.	
City State ZIP Code Janesville WI 53545-	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID:</b> 3LS70104.E3488	
Amount Incurred This Period 1721.57	Payment This Period 0.00	Outstanding Balance at Close of This Period 1721.57

<b>C.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Townsend Group	Nature of Debt (Purpose): 003 Fundraiser Fee
Mailing Address 429 N Saint Asaph	
City State ZIP Code Alexandria VA 22314-	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID:</b> LS70104.E3489	
Amount Incurred This Period 8957.31	Payment This Period 0.00	Outstanding Balance at Close of This Period 8957.31

<b>1) SUBTOTALS</b> This Period This Page (optional).....	▶	13783.88
<b>2) TOTALS</b> This Period (last page this line number only).....	▶	13783.88
<b>3) TOTALS OUTSTANDING LOANS</b> from Schedule C (last page only).....	▶	
<b>4) ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	▶	