

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

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

FOR LINE NUMBER: PAGE 65 OF 491

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Team Ryan**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. CHIPMAN, STEWART, D., ,**

Mailing Address 11042 FOREST LANE NE

City  
BAINBRIDGE ISLAND

State  
WA

Zip Code  
98110-1542

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
DYNAVAX TECH

Occupation (for Individual)  
CHEMIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 14 / 2018

Transaction ID : SA11A.552336

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. CHOATE, ARTHUR, B., MR.,**

Mailing Address 1390 S DIXIE HIGHWAY, STE 2221  
STE 221

City  
CORAL GABLES

State  
FL

Zip Code  
33146-2946

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NONE

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 06 / 2018

Transaction ID : SA11A.551775

Amount of Each Receipt this Period

5000.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. CICCONI, NICHOLAS, T., MR., JR.**

Mailing Address 11 AVON STREET, APT 1

City  
SOMERVILLE

State  
MA

Zip Code  
02143-1601

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NONE

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 20 / 2018

Transaction ID : SA11A.554389

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

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

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

5150.00