Only

STATEMENT OF

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FEC ORGANIZATION FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Ryan for Congress, Inc. PO Box 1488 ADDRESS (number and street) (Check if address is changed) Janesville 53547-1488 WI CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS susan@ryanforcongress.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) www.ryanforcongress.com (Check if address is changed) DATE 2019 C00330894 FEC IDENTIFICATION NUMBER > 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Mair, Paul, , , Type or Print Name of Treasurer Mair, Paul,,, [Electronically Filed] 80 2019 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530

Local 202-694-1100

FFC E	orm 1 (Revised 02/2009)	Page 2
	COMMITTEE	i aye 🚣
Candidat	e Committee:	
(a)	This committee is a principal campaign committee. (Complete the candidate information below.)
(b)	This committee is an authorized committee, and is NOT a principal campaign committee. (Con information below.)	nplete the candidate
Name of Candidate	Ryan, Paul, D., ,	
Candidate Party Affiliat	ion Office Sought: House Senate President	State WI District 01
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party Co		
(d)	(National, State This committee is a or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Political A	Action Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	nnected organization is a
	Corporation Corporation w/o Capital Stock	Labor Organization
	Membership Organization Trade Association	Cooperative
	In addition, this committee is a Lobbyist/Registrant PAC.	
(f) x	This committee supports/opposes more than one Federal candidate, and is NOT a separate s committee. (i.e., nonconnected committee)	egregated fund or party
	In addition, this committee is a Lobbyist/Registrant PAC.	
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joint Fun	draising Representative:	
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for t committees/organizations, at least one of which is an authorized committee of a federal candidate.	wo or more political
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, none of which is an authorized committee of a federal candidate.	vo or more political
Con	nmittees Participating in Joint Fundraiser	
1.	FEC ID number	
2.	FEC ID number	
3.	FEC ID number C	
4.		

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Write or Type Committee Na		
Ryan for Cong	aress. Inc.	
	d Organization, Affiliated Committee, Joint Fundraising Representative, o	or Leadership PAC Sponsor
Prosperity Action Inc	9 	
	101 S Main Street	
Mailing Address	Suite 300	
	Janesville	53545
	CITY STATE	ZIP CODE
Relationship: Connec	cted Organization 🗶 Affiliated Committee 📗 Joint Fundraising Representation	ve Leadership PAC Sponsor
. Custodian of Records: I books and records.	dentify by name, address (phone number optional) and position of the per	rson in possession of committee
	son, Susan, , ,	
Full Name	PO Box 1488	
Mailing Address		
	Janesville	53547-1488
Title or Position	CITY STATE	ZIP CODE
Custodian of Records	Telephone number	08 - 754 - 8099
Treasurer: List the name any designated agent (e.g	and address (phone number optional) of the treasurer of the committee; ag., assistant treasurer).	and the name and address of
Full Name Mair, Pa	aul, , ,	
Mailing Address	PO Box 1488	
	Janesville WI	53547-1488
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number	8099

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Full Name of Designated Agent		
Mailing Address		
	CITY STATE ZIP	CODE
Title or Position		
Banks or Other safety deposit be Name of Bank,	r Depositories: List all banks or other depositories in which the committee deposits funds, holds ac oxes or maintains funds. Depository, etc.	ccounts, rents
safety deposit be	oxes or maintains funds.	ccounts, rents
safety deposit be	Depository, etc. Associated Bank	ccounts, rents
safety deposit be Name of Bank,	Depository, etc. Associated Bank	ccounts, rents
safety deposit be Name of Bank,	Depository, etc. Associated Bank	ccounts, rents
safety deposit be Name of Bank,	Depository, etc. Associated Bank 2720 N Lexington Drive Janesville WI 53545	counts, rents
safety deposit be Name of Bank,	Depository, etc. Associated Bank 2720 N Lexington Drive Janesville CITY STATE ZIF	
safety deposit be Name of Bank, Mailing Address	Depository, etc. Associated Bank 2720 N Lexington Drive Janesville CITY STATE ZIF Depository, etc.	
safety deposit be Name of Bank, Mailing Address	Depository, etc. Associated Bank 2720 N Lexington Drive Janesville CITY STATE ZIF Depository, etc. Blackhawk Credit Union PO Box 5366	
Name of Bank, Name of Bank, Name of Bank,	Depository, etc. Associated Bank 2720 N Lexington Drive Janesville CITY STATE ZIF Depository, etc. Blackhawk Credit Union PO Box 5366	

FEC Form 1S (Revised 02/2017)

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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. 1	g Participant:	FEC ID number	C
1.			
2.		FEC ID number	C
3.		FEC ID number	C
4.		FEC ID number	C
ame of Any Connected	Organization, Affiliated Committee, Joint Fundra	aising Representative	e, or Leadership PAC Spon
Team Ryan			
Mailing Address	2470 Daniels Bridge Road		
	Athens	GA	30606-6187
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
			ative Leadership PAC S
esignated Agent: Identify	by name, address (phone number - optional)		
esignated Agent: Identify	by name, address (phone number – optional)		
	by name, address (phone number – optional)		
Full Name	by name, address (phone number – optional)		
Full Name	by name, address (phone number – optional)		
Full Name	CITY A	STATE A	ZIP CODE A
Full Name	CITY A	STATE A	
Full Name Mailing Address TITLE OR POSITION anks or Other Depositor afety deposit boxes or material deposition boxes are material deposition.	CITY A Te Ties: List all banks or other depositories in which the	lephone Number	ZIP CODE A
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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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h). Joint Fundraisin	g i aitioipant.				
1.			FEC ID	number	C
2.			FEC ID	number	С
3.			FEC ID	number	С
4.			FEC ID	number	C
ame of Any Connected	Organization, Affilia	ted Committee, Joint F	undraising Rep	resentativ	e, or Leadership PAC Spor
Mailing Address					
Relationship:		CITY A		STATE A	ZIP CODE ▲
Connected	d Organization A	ffiliated Committee	Joint Fundraising	Represent	ative Leadership PAC S
				Represent	ative Leadership PAC S
				Represent	Leadership PAC S
esignated Agent: Identify				Represent	Leadership PAC S
esignated Agent: Identify				Represent	Leadership PAC S
esignated Agent: Identify				Represent	Leadership PAC S
esignated Agent: Identify Full Name	by name, address (al)	Represent	Leadership PAC S
esignated Agent: Identify	by name, address (phone number – optiona	al)	STATE A	
Full Name Mailing Address TITLE OR POSITION anks or Other Deposito afety deposit boxes or ma	ries: List all banks or intains funds.	phone number – optional	Telephone N	STATE A	
Full Name Mailing Address TITLE OR POSITION anks or Other Deposito afety deposit boxes or ma	ries: List all banks of intains funds.	phone number – optional	Telephone N	STATE A	ZIP CODE A
Full Name	ries: List all banks or intains funds.	phone number – optional	Telephone N	STATE A	ZIP CODE A

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1.				D number	C
3. 4. 4.			FEC I		
4				D number	С
			FEC I	D number	С
Name of Any Connected			FEC I	D number	C
	Organization, Affili	ated Committee, Join	t Fundraising Re	presentative	e, or Leadership PAC Sponso
Mailing Address					
Relationship:		CITY A		STATE ▲	ZIP CODE ▲
Connecte	d Organization	Affiliated Committee	Joint Fundraisir	g Representa	ative Leadership PAC Spo
Designated Agent. Identify	v hv name address	(phone number – ontic	anal)		
Full Name	y by name, address	(phone number – optio	onal)		
Full Name	y by name, address	(phone number – option	onal)		
	y by name, address	(phone number – option	onal)		
Mailing Address			onal)	STATE A	ZIP CODE A
		(phone number – option	onal)	STATE ▲	ZIP CODE A

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4			FEC ID n	umber	C
			FEC ID n	umber	
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Relationship:		CITY A	S	TATE 🔺	ZIP CODE ▲
Full Name	Jy name, address (pric		,		
Mailing Address					
		CITY A	STA	ATE 🛦	ZIP CODE ▲
TITLE OR POSITION •	▼				
TITLE OR POSITION	▼ <u> </u>		Telephone Num		
anks or Other Depositoring deposit boxes or main arms of Bank, First Co	es: List all banks or of	her depositories in wh		ber	funds, holds accounts, ren
anks or Other Depositorialety deposit boxes or main	es: List all banks or other	ther depositories in wh		ber	funds, holds accounts, ren
Banks or Other Depositorical deposit boxes or main lame of Bank, Pirst Coppository, etc.	es: List all banks or of ntains funds.	ther depositories in wh		ber	funds, holds accounts, ren

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Mailing Address Relationship: Connected Organ	ization, Affiliated Committee, Joint F CITY ization Affiliated Committee me, address (phone number – optional	STATE A Joint Fundraising Represen	ZIP CODE A
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ame of Any Connected Organ Mailing Address Relationship: Connected Organ Connected Organ Full Name	ization, Affiliated Committee, Joint F CITY ization Affiliated Committee	FEC ID number Fundraising Representative STATE	ve, or Leadership PAC Spon
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Mailing Address			
L			
TITLE OR POSITION ▼	CITY ▲	STATE ▲	ZIP CODE ▲
		Telephone Number	
fety deposit boxes or maintains	st all banks or other depositories in w funds. unity Credit Union	hich the committee depos	its funds, holds accounts, ren
Mailing Address 2701	N Pontiac Dr		
_l Jan			

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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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h). Joint Fundraisin	g Participant:						
1.				FE	C ID number	C	
2.				FE	C ID number	С	
3.				FE	C ID number	C	
4.				FE	C ID number	С	
ame of Any Connected	Organization, Aff	filiated Comn	nittee, Joint F	undraising	Representativ	e, or Leade	ership PAC Spor
Mailing Address							
Relationship:		CITY	A		STATE A		ZIP CODE ▲
	Organization by name, address	Affiliated Constant		'	aising Represen	tative	Leadership PAC S
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or(h). Joint Fundraisir	ng Participant:				
1.			FEC	D number	C
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Name of Any Connected	Organization,	Affiliated Committee, Joint Fu	ındraising Re	epresentative	e, or Leadership PAC Sponsor
Mailing Address					
5 1 22 12					
Relationship:		CITY A		STATE ▲	ZIP CODE ▲
Connecte	ed Organization	Affiliated Committee	Joint Fundraisi	ig Represent	ative Leadership PAC Spons
Pull Name	y by name, add	ress (phone number – optional)		
Mailing Address					
Mailing Address					
Mailing Address					
Mailing Address TITLE OR POSITION		CITY A		STATE A	ZIP CODE A
		CITY A	Telephone	STATE A	
		CITY A	Telephone	STATE A	
Banks or Other Deposite safety deposit boxes or management. Name of Bank, Johns	pries: List all bar	CITY A		STATE A	ZIP CODE A
TITLE OR POSITION Banks or Other Deposite safety deposit boxes or many sa	ories: List all baraintains funds.	nks or other depositories in wh		STATE A	ZIP CODE A
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h). Joint Fundraisin o		FEC ID number	C
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	organization, Anniated Committee, Committeen	alsing riepresemative	
Mailing Address			
mailing / taulees			
			1
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
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	Organization Affiliated Committee Joint by name, address (phone number – optional)	Fundraising Representa	Leadership PAC S
esignated Agent: Identify		Fundraising Representa	Leadership PAC S
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esignated Agent: Identify Full Name		Fundraising Representa	Leadership PAC S
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esignated Agent: Identify Full Name Mailing Address TITLE OR POSITION anks or Other Depositor afety deposit boxes or mail	by name, address (phone number – optional) CITY CITY Te ies: List all banks or other depositories in which intains funds.	STATE A	ZIP CODE A