

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

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

FOR LINE NUMBER:

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(check only one)

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

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NAME OF COMMITTEE (In Full)
Ryan for Congress, Inc.

A. Full Name (Last, First, Middle Initial) Mr. Robert D. Perlick		Date of Receipt M M / D D / Y Y Y Y 06 / 26 / 2014	
Mailing Address 1405 Woodlawn Circle		Transaction ID : A-CF162421	
City Elm Grove	State WI	Zip Code 53122-1644	Amount of Each Receipt this Period _____ 200
FEC ID number of contributing federal political committee. C _____			
Name of Employer Self	Occupation Business Owner		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 200		
B. Full Name (Last, First, Middle Initial) Mrs. Kim Seaquist		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2014	
Mailing Address 479 Hidden Garden Place		Transaction ID : A-CF163366	
City Henderson	State NV	Zip Code 89012-4574	Amount of Each Receipt this Period _____ 75
FEC ID number of contributing federal political committee. C _____			
Name of Employer homemaker	Occupation homemaker		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 325		
C. Full Name (Last, First, Middle Initial) Mr. Malby I. Teano		Date of Receipt M M / D D / Y Y Y Y 06 / 03 / 2014	
Mailing Address 38900 Matson Place		Transaction ID : A-CF158608	
City Fremont	State CA	Zip Code 94536-4386	Amount of Each Receipt this Period _____ 25
FEC ID number of contributing federal political committee. C _____			
Name of Employer	Occupation		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 25		
SUBTOTAL of Receipts This Page (optional).....		_____ 300.00	
TOTAL This Period (last page this line number only).....		_____	