

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR 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 checked="" 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, Inc.**

Full Name (Last, First, Middle Initial) <b>A. BURZYNSKI, S., R., DR.,</b>				Date of Disbursement M M / D D / Y Y Y Y 05 / 07 / 2018	
Mailing Address 9432 KATY FWY STE 200					
City HOUSTON		State TX	Zip Code 77055		
Purpose of Disbursement CONTRIBUTION REFUND			<input type="checkbox"/>		
Candidate Name			Category/ Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:					
FEC Identification Number C				Amount of Each Disbursement this Period 2700.00	
Transaction ID : SB20A.I23947				<input type="checkbox"/> Memo Item	
Full Name (Last, First, Middle Initial) <b>B. BUSBY, JEFFREY, , ,</b>				Date of Disbursement M M / D D / Y Y Y Y 05 / 07 / 2018	
Mailing Address 3655 LAZY BEND RD					
City MILLSAP		State TX	Zip Code 76066		
Purpose of Disbursement CONTRIBUTION REFUND			<input type="checkbox"/>		
Candidate Name			Category/ Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:					
FEC Identification Number C				Amount of Each Disbursement this Period 2700.00	
Transaction ID : SB20A.I23890				<input type="checkbox"/> Memo Item	
Full Name (Last, First, Middle Initial) <b>C. BUSCH, AUGUST, A., , III</b>				Date of Disbursement M M / D D / Y Y Y Y 05 / 07 / 2018	
Mailing Address 1 MID RIVERS MALL DR. STE 210					
City SAINT PETERS		State MO	Zip Code 63376		
Purpose of Disbursement CONTRIBUTION REFUND			<input type="checkbox"/>		
Candidate Name			Category/ Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:					
FEC Identification Number C				Amount of Each Disbursement this Period 2700.00	
Transaction ID : SB20A.I23815				<input type="checkbox"/> Memo Item	
<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶				8100.00	
<b>TOTAL</b> This Period (last page this line number only).....▶					