

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse 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) A. GOLDMAN, MARC, , MR.,				Date of Disbursement M M / D D / Y Y Y Y 05 / 07 / 2018	
Mailing Address 1500 S OCEAN BLVD APT 501					
City BOCA RATON		State FL	Zip Code 33432		
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.I24131	
				<input type="checkbox"/> Memo Item	
<hr/>					
Full Name (Last, First, Middle Initial) B. GOLDMACHER, NEIL, , ,				Date of Disbursement M M / D D / Y Y Y Y 05 / 07 / 2018	
Mailing Address 114 E 72ND ST					
City NEW YORK		State NY	Zip Code 10021		
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.I24410	
				<input type="checkbox"/> Memo Item	
<hr/>					
Full Name (Last, First, Middle Initial) C. GOLDSTEIN, ROBERT, L., ,				Date of Disbursement M M / D D / Y Y Y Y 05 / 07 / 2018	
Mailing Address 55 E 52ND ST 6TH FLOOR					
City NEW YORK		State NY	Zip Code 10055		
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 2300.00	
				Transaction ID : SB20A.I23894	
				<input type="checkbox"/> Memo Item	
<hr/>					
SUBTOTAL of Disbursements This Page (optional).....				7700.00	
TOTAL This Period (last page this line number only).....					