

**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) A. JEPSON, ROBERT, S., MR., JR. | | | | Date of Disbursement M M / D D / Y Y Y Y 05 / 07 / 2018 | |
| Mailing Address 15 LAKE ST STE 223 | | | | | |
| City SAVANNAH | | State GA | Zip Code 31411 | | |
| 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) ▼ | | Amount of Each Disbursement this Period 2300.00 | |
| State: District: | | | | Transaction ID : SB20A.I25137 <input type="checkbox"/> Memo Item | |
| Full Name (Last, First, Middle Initial) B. JIMENEZ, JOSEPH, J., MR., JR. | | | | Date of Disbursement M M / D D / Y Y Y Y 05 / 07 / 2018 | |
| Mailing Address 230 PARK AVE FL 21 | | | | | |
| City NEW YORK | | State NY | Zip Code 10169 | | |
| 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) ▼ | | Amount of Each Disbursement this Period 2700.00 | |
| State: District: | | | | Transaction ID : SB20A.I24596 <input type="checkbox"/> Memo Item | |
| Full Name (Last, First, Middle Initial) C. JOHNSON, ANN, L., , | | | | Date of Disbursement M M / D D / Y Y Y Y 05 / 07 / 2018 | |
| Mailing Address 1220 S OCEAN BLVD | | | | | |
| City PALM BEACH | | State FL | Zip Code 33480 | | |
| 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) ▼ | | Amount of Each Disbursement this Period 2700.00 | |
| State: District: | | | | Transaction ID : SB20A.I23949 <input type="checkbox"/> Memo Item | |
| SUBTOTAL of Disbursements This Page (optional).....▶ | | | | 7700.00 | |
| TOTAL This Period (last page this line number only).....▶ | | | | | |