

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 1030 OF 1375

<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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

Full Name (Last, First, Middle Initial) A. KANEB, JOHN, A., ,				Date of Disbursement M M / D D / Y Y Y Y 05 / 07 / 2018	
Mailing Address 6 KIMBALL LN STE 400					
City LYNNFIELD		State MA	Zip Code 01940		
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.I25142	
				<input type="checkbox"/> Memo Item	
Full Name (Last, First, Middle Initial) B. KAPLAN, DANIEL, L., MR.,				Date of Disbursement M M / D D / Y Y Y Y 05 / 07 / 2018	
Mailing Address 555 THEODORE FREMD AVE					
City RYE		State NY	Zip Code 10580		
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.I24377	
				<input type="checkbox"/> Memo Item	
Full Name (Last, First, Middle Initial) C. KAPLAN, JOEL, D., MR.,				Date of Disbursement M M / D D / Y Y Y Y 05 / 07 / 2018	
Mailing Address 3809 LELAND ST					
City CHEVY CHASE		State MD	Zip Code 20815		
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.I24961	
				<input type="checkbox"/> Memo Item	
SUBTOTAL of Disbursements This Page (optional).....▶				7700.00	
TOTAL This Period (last page this line number only).....▶					