

**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. MAHER, JOSEPH, C., , JR.</b>				Date of Disbursement M M / D D / Y Y Y Y 05 / 07 / 2018	
Mailing Address 10 WHITEMORE ST					
City WEST ROXBURY		State MA	Zip Code 02132		
Purpose of Disbursement CONTRIBUTION REFUND			<input type="text"/>		
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 <input type="text"/>	
				Amount of Each Disbursement this Period 2300.00	
				Transaction ID : SB20A.I24089	
				<input type="checkbox"/> Memo Item	
<hr/>					
Full Name (Last, First, Middle Initial) <b>B. MAJOR, DIANE, M., ,</b>				Date of Disbursement M M / D D / Y Y Y Y 05 / 07 / 2018	
Mailing Address 2232 WESTWOOD PL					
City FALLS CHURCH		State VA	Zip Code 22043		
Purpose of Disbursement CONTRIBUTION REFUND			<input type="text"/>		
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 <input type="text"/>	
				Amount of Each Disbursement this Period 800.00	
				Transaction ID : SB20A.I23747	
				<input type="checkbox"/> Memo Item	
<hr/>					
Full Name (Last, First, Middle Initial) <b>C. MAJOR, DIANE, M., ,</b>				Date of Disbursement M M / D D / Y Y Y Y 05 / 07 / 2018	
Mailing Address 2232 WESTWOOD PL					
City FALLS CHURCH		State VA	Zip Code 22043		
Purpose of Disbursement CONTRIBUTION REFUND			<input type="text"/>		
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 <input type="text"/>	
				Amount of Each Disbursement this Period 1900.00	
				Transaction ID : SB20A.I23782	
				<input type="checkbox"/> Memo Item	
<hr/>					
SUBTOTAL of Disbursements This Page (optional).....▶				5000.00	
TOTAL This Period (last page this line number only).....▶					