

**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. MATTOON, DANIEL, J., MR.,				Date of Disbursement M M / D D / Y Y Y Y 05 / 07 / 2018	
Mailing Address 6344 CAVALIER CORRIDOR					
City FALLS CHURCH		State VA	Zip Code 22044		
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 400.00	
				Transaction ID : SB20A.I24756	
				<input type="checkbox"/> Memo Item	
Full Name (Last, First, Middle Initial) B. MAUND, DOUG, , MR.,				Date of Disbursement M M / D D / Y Y Y Y 05 / 07 / 2018	
Mailing Address P.O. BOX 1608					
City AUSTIN		State TX	Zip Code 78767		
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.I25090	
				<input type="checkbox"/> Memo Item	
Full Name (Last, First, Middle Initial) C. MAURAN, FRANK, , ,				Date of Disbursement M M / D D / Y Y Y Y 05 / 07 / 2018	
Mailing Address 22 PARSONAGE STREET					
City PROVIDENCE		State RI	Zip Code 02903		
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 50.00	
				Transaction ID : SB20A.I25079	
				<input type="checkbox"/> Memo Item	
SUBTOTAL of Disbursements This Page (optional).....▶				3150.00	
TOTAL This Period (last page this line number only).....▶					