

**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. SCHUSTER, TODD, A., MR., | | | | Date of Disbursement M M / D D / Y Y Y Y 05 / 07 / 2018 | |
| Mailing Address 64 HOLLAND RD | | | | | |
| City CATAULA | | State GA | Zip Code 31804 | | FEC Identification Number C |
| Purpose of Disbursement CONTRIBUTION REFUND | | | | | Amount of Each Disbursement this Period 2700.00 |
| Candidate Name | | | Category/ Type | | Transaction ID : SB20A.I24911 |
| 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) ▼ | | <input type="checkbox"/> Memo Item | |
| State: | | District: | | | |
| Full Name (Last, First, Middle Initial) B. SCHWAB, CHARLES, R., MR., | | | | Date of Disbursement M M / D D / Y Y Y Y 05 / 07 / 2018 | |
| Mailing Address P.O. BOX 192861 | | | | | |
| City SAN FRANCISCO | | State CA | Zip Code 94119 | | FEC Identification Number C |
| Purpose of Disbursement CONTRIBUTION REFUND | | | | | Amount of Each Disbursement this Period 2700.00 |
| Candidate Name | | | Category/ Type | | Transaction ID : SB20A.I24043 |
| 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) ▼ | | <input type="checkbox"/> Memo Item | |
| State: | | District: | | | |
| Full Name (Last, First, Middle Initial) C. SCHWARZMAN, CHRISTINE, H., , | | | | Date of Disbursement M M / D D / Y Y Y Y 05 / 07 / 2018 | |
| Mailing Address 345 PARK AVE FL 44 | | | | | |
| City NEW YORK | | State NY | Zip Code 10154 | | FEC Identification Number C |
| Purpose of Disbursement CONTRIBUTION REFUND | | | | | Amount of Each Disbursement this Period 2700.00 |
| Candidate Name | | | Category/ Type | | Transaction ID : SB20A.I23801 |
| 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) ▼ | | <input type="checkbox"/> Memo Item | |
| State: | | District: | | | |
| SUBTOTAL of Disbursements This Page (optional).....▶ | | | | 8100.00 | |
| TOTAL This Period (last page this line number only).....▶ | | | | | |