

**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 1277 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

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

Full Name (Last, First, Middle Initial)

**A. WRIGHT, KAREN, A., ,**

Mailing Address 1240 GAMBIER RD

City  
MOUNT VERNONState  
OHZip Code  
43050Purpose of Disbursement  
CONTRIBUTION REFUND

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2018

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		07		2018

FEC Identification Number

C

Amount of Each Disbursement this Period

2700.00

Transaction ID : SB20A.I24927

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. WUNDERLE, MARGARET, R., MRS.,**

Mailing Address P.O. BOX 1134

City  
ADAIRSVILLEState  
GAZip Code  
30103Purpose of Disbursement  
CONTRIBUTION REFUND

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2018

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		07		2018

FEC Identification Number

C

Amount of Each Disbursement this Period

2300.00

Transaction ID : SB20A.I25148

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. WYLER, JEFFREY, , ,**

Mailing Address 401 MILFORD PKWY

City  
MILFORDState  
OHZip Code  
45150Purpose of Disbursement  
CONTRIBUTION REFUND

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2018

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		07		2018

FEC Identification Number

C

Amount of Each Disbursement this Period

2700.00

Transaction ID : SB20A.I24317

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

7700.00

**TOTAL** This Period (last page this line number only).....▶