

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 155 OF 156	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
TIM RYAN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. ARS Foundation		Date of Disbursement M M / D D / Y Y Y Y 10 / 06 / 2017
Mailing Address ATTN: Leah Chandler PO Box 51196		FEC Identification Number C
City Washington	State DC	Zip Code 20091
Purpose of Disbursement Donation		Amount of Each Disbursement this Period 6666.00
Candidate Name		Transaction ID : D622007
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: _____	District: _____	

Full Name (Last, First, Middle Initial) B. Everytown for Gun Safety Support Fund		Date of Disbursement M M / D D / Y Y Y Y 10 / 06 / 2017
Mailing Address PO Box 3886		FEC Identification Number C
City New York	State NY	Zip Code 10163
Purpose of Disbursement Donation		Amount of Each Disbursement this Period 6665.00
Candidate Name		Transaction ID : D622015
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: _____	District: _____	

Full Name (Last, First, Middle Initial) C. Sandy Hook Promise Foundation		Date of Disbursement M M / D D / Y Y Y Y 10 / 06 / 2017
Mailing Address ATTN: Development PO Box 3489		FEC Identification Number C
City Newtown	State CT	Zip Code 06470
Purpose of Disbursement Donation		Amount of Each Disbursement this Period 6665.00
Candidate Name		Transaction ID : D622044
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: _____	District: _____	

SUBTOTAL of Disbursements This Page (optional).....▶	19996.00
TOTAL This Period (last page this line number only).....▶	