

**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)

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input checked="" type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Texans For Henry Bonilla

A.	Full Name (Last, First, Middle Initial) Moran for Kansas	Transaction ID: 81015.E10166 Date of Disbursement 07 / 24 / 2008
	Mailing Address 228 South Washington Street, Suite	Amount of Each Disbursement this Period 1000.00
	City Alexandria State VA Zip Code 22314-5402	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement FEDERAL CONTRIB. KS/1 Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Olson for Congress	Transaction ID: 81015.E10170 Date of Disbursement 09 / 17 / 2008
	Mailing Address P.O. Box 16381	Amount of Each Disbursement this Period 1000.00
	City Sugar Land State TX Zip Code 77496-6381	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement FED CONTRIB TX 22 Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Roberts for Senate	Transaction ID: 81015.E10171 Date of Disbursement 09 / 23 / 2008
	Mailing Address P.O. Box 1495	Amount of Each Disbursement this Period 2000.00
	City Topeka State KS Zip Code 66601-1495	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement FEDERAL CONTRIB. Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	4000.00
<b>TOTAL</b> This Period (last page this line number only) .....	