

# 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 checked="" 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 type="checkbox"/>	21

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
Bobby Schilling for Congress

<b>A.</b> Full Name (Last, First, Middle Initial) American Airlines <hr/> Mailing Address 4333 Amon Carter Blvd <hr/> City Ft Worth State TX Zip Code 76155 Purpose of Disbursement Luggage Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 0001398-0005 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 4 / 2 0 1 0
	Amount of Each Disbursement this Period 50.00
	[MEMO ITEM] MEMO
	Category/Type 001
<b>B.</b> Full Name (Last, First, Middle Initial) Shell Oil Company <hr/> Mailing Address 910 Louisana St One Shell Plaza <hr/> City Houston State TX Zip Code 77252 Purpose of Disbursement Travel Expense Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 0001398-0008 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 1 / 2 0 1 0
	Amount of Each Disbursement this Period 294.95
	[MEMO ITEM] MEMO
	Category/Type 002
<b>C.</b> Full Name (Last, First, Middle Initial) Candlelight Inn Restaurant <hr/> Mailing Address 2907 Locust St <hr/> City Sterling State IL Zip Code 61081 Purpose of Disbursement Food for Fundraiser Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 0001395 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 0 / 2 0 1 0
	Amount of Each Disbursement this Period 403.00
	[MEMO ITEM] MEMO
	Category/Type 003

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	403.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]