

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

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
SUPERIOR AIR-GROUND AMBULANCE SERVICE INC EMPLOYEES PAC (SUPERIOR AMBULANCE EMPLOYEES P

Full Name (Last, First, Middle Initial) <b>A. RODNEY FOR CONGRESS</b>		Date of Disbursement MM / DD / YYYY 09 / 24 / 2018
Mailing Address PO BOX 344		FEC Identification Number C 000521948 <b>Transaction ID : SB23.5219</b>
City TAYLORVILLE	State IL	Zip Code 62568
Purpose of Disbursement contribution to federal candidate		Amount of Each Disbursement this Period 1000.00
Candidate Name DAVIS, RODNEY L, , ,		Category/Type
Office Sought: <input checked="" 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: IL	District: 13	

Full Name (Last, First, Middle Initial) <b>B. SCHAKOWSKY FOR CONGRESS</b>		Date of Disbursement MM / DD / YYYY 09 / 04 / 2018
Mailing Address P.O. BOX 5130		FEC Identification Number C 000327023 <b>Transaction ID : SB23.5220</b>
City EVANSTON	State IL	Zip Code 60204
Purpose of Disbursement contribution to federal committee		Amount of Each Disbursement this Period 1000.00
Candidate Name SCHAKOWSKY, JANICE D, , ,		Category/Type
Office Sought: <input checked="" 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: IL	District: 09	

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement MM / DD / YYYY
Mailing Address		FEC Identification Number C
City	State	Zip Code
Purpose of Disbursement		Amount of Each Disbursement this Period
Candidate Name		Category/Type
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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	2000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	2000.00