

**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"/> 24	<input type="checkbox"/> 25	<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)
Sun Healthcare Group, Inc. Political Action Committee d/b/a Sun HealthCare P.A.C.

A.	Full Name (Last, First, Middle Initial) EARL POMEROY FOR CONGRESS	Transaction ID: SB23.15048
	Mailing Address P.O. Box 9336	Date of Disbursement MM / DD / YYYY 06 / 11 / 2009
	City Fargo State ND Zip Code 58106	Amount of Each Disbursement this Period 2500.00
	Purpose of Disbursement Contribution Candidate Name EARL R. POMEROY Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: ND District: 00	Category/Type
	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) KENDRICK MEEK FOR FLORIDA	Transaction ID: SB23.15037
	Mailing Address 111 NW 183RD STREET SUITE 325	Date of Disbursement MM / DD / YYYY 06 / 16 / 2009
	City MIAMI State FL Zip Code 33169	Amount of Each Disbursement this Period 2500.00
	Purpose of Disbursement Contribution Candidate Name KENDRICK B MEEK Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 00	Category/Type
	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) KENTUCKY DEMOCRATIC PARTY	Transaction ID: SB23.15043
	Mailing Address c/o KAHCF 9403 MILL BROOK ROAD	Date of Disbursement MM / DD / YYYY 06 / 09 / 2009
	City LOUISVILLE State KY Zip Code 40223	Amount of Each Disbursement this Period 2500.00
	Purpose of Disbursement Contribution Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ►

7500.00

TOTAL This Period (last page this line number only) ►

20500.00