

**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)
Physician Hospitals of America Political Action Committee

Full Name (Last, First, Middle Initial)

A. BLUEGRASS COMMITTEE

Mailing Address 400 N Capitol St NW
Ste 585

City Washington State DC Zip Code 20001-1502

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 04 / 2015

Transaction ID : D568061

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. HOOSIERS FOR ROKITA

Mailing Address 314 ARSENAL AVE.

City INDIANAPOLIS State IN Zip Code 46201

Purpose of Disbursement
Contribution

Candidate Name

THEODORE EDWARD ROKITA

Office Sought: House
 Senate
 President
State: IN District: 04

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 11 / 2015

Transaction ID : D568062

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

C. RENEE ELLMERS FOR CONGRESS COMMITTEE

Mailing Address P.O. BOX 904

City DUNN State NC Zip Code 28335

Purpose of Disbursement
Contribution

Candidate Name

RENEE JACISIN ELLMERS

Office Sought: House
 Senate
 President
State: NC District: 02

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 16 / 2015

Transaction ID : D568063

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

6500.00

6500.00