

**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.**

Full Name (Last, First, Middle Initial)

**A. BENISHEK FOR CONGRESS, INC.**

Mailing Address PO BOX 108

City State Zip Code  
GLADSTONE MI 49837

Purpose of Disbursement  
Contribution

011

Candidate Name

**DANIEL J. M.D. BENISHEK**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: MI District: 01

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
10 / 18 / 2012

Transaction ID : **SB23.26106**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**B. CHARLIE SUMMERS FOR SENATE**

Mailing Address P O BOX 511

City State Zip Code  
SCARBOROUGH ME 04074

Purpose of Disbursement  
Contribution

011

Candidate Name

**CHARLES EDWARD JR SUMMERS**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: ME District: 00

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
10 / 18 / 2012

Transaction ID : **SB23.26103**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**C. DEMOCRATIC SENATORIAL CAMPAIGN COMMITTEE**

Mailing Address 120 MARYLAND AVENUE NE

City State Zip Code  
WASHINGTON DC 20002

Purpose of Disbursement  
Contribution

011

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
10 / 18 / 2012

Transaction ID : **SB23.26091**

Amount of Each Disbursement this Period

2500.00

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

10000.00

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