

**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. CONTINUING A MAJORITY PARTY ACTION COMMITTEE (CAMPAC)**

Date of Disbursement

Mailing Address 5915 Eastman Avenue Suite 100

M M M	/	D D D	/	Y Y Y Y Y
03		14		2009

City Midland State MI Zip Code 48640

**Transaction ID : D440**

Purpose of Disbursement  
Contribution

Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

2000.00
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Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**B. DEMOCRATIC PARTY OF WISCONSIN**

Date of Disbursement

Mailing Address 222 W Washington Ave  
Ste 150

M M M	/	D D D	/	Y Y Y Y Y
02		27		2009

City Madison State WI Zip Code 53703-2719

**Transaction ID : D436**

Purpose of Disbursement  
Contribution

Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

5000.00
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Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**C. DEMOCRATIC SENATORIAL CAMPAIGN COMMITTEE**

Date of Disbursement

Mailing Address 120 Maryland Ave NE

M M M	/	D D D	/	Y Y Y Y Y
02		23		2009

City Washington State DC Zip Code 20002-5610

**Transaction ID : D432**

Purpose of Disbursement  
Contribution

Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

5000.00
---------

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

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

12000.00
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**TOTAL** This Period (last page this line number only)..... ▶

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