

**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. DIRIGO PAC**

Mailing Address PO Box 1355

City Alexandria State VA Zip Code 22313

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 09 / 2009

Transaction ID : D477

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**B. EDDIE BERNICE JOHNSON FOR CONGRESS**

Mailing Address 3102 Maple Ave  
Ste 605

City Dallas State TX Zip Code 75201-1223

Purpose of Disbursement  
Contribution

Candidate Name

**EDDIE BERNICE JOHNSON**

Office Sought:  House  Senate  President  
State: TX District: 30

Disbursement For: 2010  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 15 / 2009

Transaction ID : D478

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

**C. ELLSWORTH FOR CONGRESS COMMITTEE**

Mailing Address PO Box 62

City Evansville State IN Zip Code 47701-0062

Purpose of Disbursement  
Contribution

Candidate Name

**BRAD ELLSWORTH**

Office Sought:  House  Senate  President  
State: IN District: 08

Disbursement For: 2010  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 14 / 2009

Transaction ID : D444

Amount of Each Disbursement this Period

1500.00

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

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

8500.00