

**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)

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<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 INSURERS ASSOCIATION OF AMERICA PAC (PHYSICIAN INSURERS PAC)

Full Name (Last, First, Middle Initial) <b>A. MIKE DEWINE FOR US SENATE</b>		<b>Transaction ID: SB23.4709</b> Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 4 / 2 0 0 6
Mailing Address PO BOX 340188		Amount of Each Disbursement this Period 2000.00
City COLUMBUS State OH Zip Code 43234	011 Category/ Type	
Purpose of Disbursement Campaign Donation		
Candidate Name RICHARD MICHAEL DEWINE		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 00	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. NEBRASKA FAMILIES FOR PETE RICKETTS INC</b>		<b>Transaction ID: SB23.4664</b> Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 8 / 2 0 0 6
Mailing Address 11225 DAVENPORT ST STE 108		Amount of Each Disbursement this Period 1000.00
City OMAHA State NE Zip Code 68154	011 Category/ Type	
Purpose of Disbursement Campaign Donation		
Candidate Name PETE RICKETTS		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 00	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. PRICE FOR CONGRESS</b>		<b>Transaction ID: SB23.4767</b> Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 5 / 2 0 0 6
Mailing Address P.O. Box 425		Amount of Each Disbursement this Period 500.00
City Roswell State GA Zip Code 30077	011 Category/ Type	
Purpose of Disbursement Campaign Donation		
Candidate Name THOMAS EDMUNDS MD PRICE		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 06	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....