

**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

| | | |
|----|---|--|
| A. | Full Name (Last, First, Middle Initial) SOUDER FOR CONGRESS INC. | Transaction ID: SB23.7043 Date of Disbursement |
| | Mailing Address PO BOX 40233 | <input type="text" value="10"/> <input type="text" value="16"/> / <input type="text" value="20"/> <input type="text" value="09"/> |
| | City FORT WAYNE State IN Zip Code 46804 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement Contribution | <input type="text" value="1000.00"/> |
| | Candidate Name MARK E SOUDER | Category/Type |
| | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 03 | Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) SOUTHERN PROSPERITY IN OPPORTUNITY PAC | Transaction ID: SB23.7093 Date of Disbursement |
| | Mailing Address 1831 BAY STREET SE | <input type="text" value="12"/> <input type="text" value="07"/> / <input type="text" value="20"/> <input type="text" value="09"/> |
| | City WASHINGTON State DC Zip Code 20003 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement Contribution | <input type="text" value="1000.00"/> |
| | Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) STABENOW FOR US SENATE | Transaction ID: SB23.6992 Date of Disbursement |
| | Mailing Address PO BOX 4945 | <input type="text" value="07"/> <input type="text" value="29"/> / <input type="text" value="20"/> <input type="text" value="09"/> |
| | City EAST LANSING State MI Zip Code 48826 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement Contribution | <input type="text" value="1000.00"/> |
| | Candidate Name DEBBIE STABENOW | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: | Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)