

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

PHYSICIAN HOSPITALS OF AMERICA POLITICAL ACTION COMMITTEE

ADDRESS (number and street)

5900 South Western Avenue

Suite 102

☐Check if different
than previously
reported. (ACC)

Sioux Falls

SD

57108

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00394163

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report (Q1)☐July 15
Quarterly Report (Q2)☐October 15
Quarterly Report (Q3)☐January 31
Quarterly Report (YE)☐July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☒ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12S)

Election on

in the
State of

(d) 30-Day

Post -Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

06

01

2010

through

06

30

2010

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Brett Gosney

Signature of Treasurer

Electronically Filed by Brett Gosney

Date

07

20

2010

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 12/2004)

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

2 / 10

Write or Type Committee Name

PHYSICIAN HOSPITALS OF AMERICA POLITICAL ACTION COMMITTEE

Report Covering the Period:

From:

M	M
0	6

D	D
0	1

Y	Y	Y	Y
2	0	1	0

To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1	2010	73875.97
(b) Cash on Hand at Beginning of Reporting Period	-11124.03	
(c) Total Receipts (from Line 19)	10000.00	20000.00
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	-1124.03	93875.97
7. Total Disbursements (from Line 31)	-5500.00	89500.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	4375.97	4375.97
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

3 / 10

Write or Type Committee Name

PHYSICIAN HOSPITALS OF AMERICA POLITICAL ACTION COMMITTEE

Report Covering the Period:

From:

M	M	D	D	Y	Y	W	Y
0	6	0	1	2	0	1	0

To:

M	M	D	D	Y	Y	Y	Y
0	6	3	0	2	0	1	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	5000.00	10500.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	5000.00	10500.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	4000.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	5000.00	14500.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	5000.00	5500.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	10000.00	20000.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	10000.00	20000.00

DETAILED SUMMARY PAGE

of Disbursements

4 / 10

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	0.00	0.00	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	0.00	0.00	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	-5500.00	89500.00	
24. Independent Expenditure (use Schedule E)	0.00	0.00	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees	0.00	0.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs)	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00	
29. Other Disbursements.....	0.00	0.00	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share	0.00	0.00	
(ii) "Levin" Share	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	-5500.00	89500.00	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	-5500.00	89500.00	

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

5 / 10

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	5000.00	14500.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	5000.00	14500.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 10

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

PHYSICIAN HOSPITALS OF AMERICA POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Sioux Falls Surgical Center, L.L.P.

Mailing Address 910 E. 20th Street

City

Sioux Falls

State

SD

Zip Code

57105

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐
☐
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	0

Transaction ID: SA11AI.7290

Amount of Each Receipt this Period

5000.00

Reversal of Entry Dated
8/23/07: See Memo.

SUBTOTAL of Receipts This Page (optional)

5000.00

TOTAL This Period (last page this line number only)

5000.00

A. Form/Schedule : **SA11AI**
Transaction ID : **SA11AI.7290**

The Committee's refund of \$5,000 to the Sioux Falls Surgical Center, LLP by check dated August 23, 2007 was double reported in the Committee's 2007 Mid-Year Report: reported both on Line 11a(i) as a negative \$5,000 entry and on Line 28a as a refunded contribution. This entry serves to reverse the double-reporting of this contribution refund.

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 10

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input checked="" type="checkbox"/> 16	<input type="checkbox"/> 17
------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	--	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

PHYSICIAN HOSPITALS OF AMERICA POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

CURD FOR CONGRESS

Mailing Address PO Box 2464

City

Sioux Falls

State

SD

Zip Code

57101

FEC ID number of contributing
federal political committee.**C**

C00468181

Name of Employer

Occupation

Receipt For: 2010

☐ Primary
☐ Other (specify) ▼
☒ General

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	2		2	0	1	0

Transaction ID: SA16.7285

Amount of Each Receipt this Period

5000.00

Refund of Contribution Da-
ted 1/19/10

SUBTOTAL of Receipts This Page (optional)

5000.00

TOTAL This Period (last page this line number only)

5000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 9 / 10

<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

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

PHYSICIAN HOSPITALS OF AMERICA POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

CONGRESSMAN JOE BARTON COMMITTEE, THE

Mailing Address P.O. Box 1444

City
EnnisState
TXZip Code
75120Purpose of Disbursement
Void of Contribution Dated 4/6/10Candidate Name
JOE LINUS BARTONCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: TX District: 06

Transaction ID: SB23.7288

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	3	0	/	2	0	1	0

Amount of Each Disbursement this Period

-3000.00

B.

Full Name (Last, First, Middle Initial)

PRICE FOR CONGRESS

Mailing Address PO BOX 425

City
ROSWELLState
GAZip Code
30077Purpose of Disbursement
ContributionCandidate Name
THOMAS EDMUNDS MD PRICECategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: GA District: 06

Transaction ID: SB23.7283

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	0	3	/	2	0	1	0

Amount of Each Disbursement this Period

1500.00

C.

Full Name (Last, First, Middle Initial)

PRICE FOR CONGRESS

Mailing Address PO BOX 425

City
ROSWELLState
GAZip Code
30077Purpose of Disbursement
ContributionCandidate Name
THOMAS EDMUNDS MD PRICECategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: GA District: 06

Transaction ID: SB23.7291

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	0	3	/	2	0	1	0

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

-500.00

TOTAL This Period (last page this line number only)

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)

PAGE 10 / 10

<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

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

PHYSICIAN HOSPITALS OF AMERICA POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

TEXAS FREEDOM FUND

Mailing Address 104 East Hume Avenue

City
Alexandria

State
VA

Zip Code
22301

Purpose of Disbursement

Void of Contribution Check Dated 4/6/10

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2010
☐ Primary ☐ General
☒ Other (specify) ▼

State:

District:

Other

Transaction ID: SB23.7287

Date of Disbursement

/ /

Amount of Each Disbursement this Period

-5000.00

SUBTOTAL of Disbursements This Page (optional)

-5000.00

TOTAL This Period (last page this line number only)

-5500.00