FEC FORM 3X REPORT OF RECEIPTS AND DISBURSEMENTS. For Other Than An Authorized Committee 1. NAME OF COMMITTEE (in full) TYPE OF PRINT ▼ Example: If typing, type over the lines. Other Use Origon Physician Hospitals of America Political Action Committee PO Box 70880 Dispute Status Dispute Status ADDRESS (number and street) PO Box 70880 Dispute Status Dispute Status Dispute Status 2. FEC IDENTFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲ 3. IS THIS REPORT NEW OR AMENDED (A) (a) Cooss4463 (A) Poe Cook (A) (a) Cooss4463 S. IS THIS REPORT NEW OR AMENDED (A) (a) Cooss4463 (A) Poe Cook (A) Poe Cook (A) (a) Cooss4463 (A) Poe Cook (A) Poe Cook (A) (a) Cooss4463 (A) Poe Cook (A) Poe Cook (A) (b) Obsecting Poe Cook (A) (A) Poe Cook (A) Poe Cook (A) (a) Cook (A) Poe Cook (A) Poe Cook (A) Poe Cook (A) Poe Cook (A) (c) Cook (A) Poe Cook (A) Poe Cook (A) Poe Cook (A) Poe Cook (A) (b) Obsecting Poe Cook (A) Poe Co	Image# 12950858140				PAGE 1 / 24
1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type 12 FE4M5 Physician Hospitals of America Political Action Committee Physician Hospitals of America Political Action Committee ADDRESS (number and street) PO Box 70090 Check if different than previously reported. (ACC) Washington 2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲ 2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲ 3. IS THIS REPORT NEW REPORT AMENDED (A) Or Action Providely reported. (ACC) AMENDED (a) Quarterly Reports: April 15 Quarterly Report (01) Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nev 20 (M11) (a) January 31 Year Check (12) (b) Mar 20 (M3) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) (b) January 31 Year Check (12) Fleetclon Quarterly Report (02) Primary (12P) General (12G) Runoff (12R) (c) January 31 Year Check (12) Election on Convention (12C) Special (12S) Special (03S) (b) January 31 Year Check (10) Tormination Report (17E) General (30G) Runoff (30R)		ND DISBURS	EMENTS	015	
COMMITTEE (in full) over the lines: I 27E44MS Physician Hospitals of America Political Action Committee ADDRESS (number and street) PO Box 70980 Check if different than previously Washington C Coossed1es DC 2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ S. IS THIS NEW (N) OR AMENDED 4. TYPE OF REPORT (Choose One) (a) (a) Quarterly Reports: April 15 April 15 Counterly Reports: April 15 Counterly Reports: April 15 Counterly Report (C2) Outarterly Report (C2) Counterly Report (C2) Outarterly Report (C2) Counterly Report (C2) Outarterly Report (C2) Counterly Report (C2) Quarterly Report (C2) Counterly Report (C2) Quarterly Report (C2) Counterly Report (C2) Quarterly Report (C2) State of Quarterly Report (C2) General (30G) Quarterly Report (C2) State of	1 NAME OF TYP	e or print ▼	Example: If typing type		Jse Only
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reported. (ACĆ) Yaaminguit 2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲ C C00394163 3. IS THIS REPORT NEW (N) AMENDED 4. TYPE OF REPORT (Choose One) (b) Monthly (Choose One) Feb 20 (M2) (Mar 20 (M3) May 20 (M5) (M6) Aug 20 (M8) (M6) Nov 20 (M1) (M6) (a) Quarterly Reports: (a) Quarterly Report (Q1) (July 15 Quarterly Report (Q2) (Coober 15 Quarterly Report (Q3) (M7) Mar 20 (M3) (C) 12-Day (C) Quarterly Report (Q3) (M6) PRE-Election Report for the: Convention (12C) Special (12S) (d) 30-Day POST-Election (TER) Election on (C) 201 General (30G) Runoff (30R) Special (30S) (Runoff (30R) 5. Covering Period Mar 20 (01 Councert of this (C) 201 Councert o	them musicipality				
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C 000394163 REPORT (N) OR × (A) 4. TYPE OF REPORT (Choose One) (b) Monthly Report Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Mon-Election Veer Cohy) (a) Quarterly Reports: April 15 Quarterly Report (Q1) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) De 20 (M12) (Mon-Election Veer Cohy) (a) Quarterly Report (Q1) April 15 Quarterly Report (Q2) Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) (c) 12-Day Primary (12P) General (12G) Runoff (12R) (d) 30-Day PRE-Election Report (Non-election Year Only) (MY) Election on Special (30G) Runoff (30R) Special (30S) 5. Covering Period 07 01 2011 through 12, 31, 2011. 1 certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. John Richardson	2. FEC IDENTIFICATION NUMB			STATE 🔺	ZIP CODE
(Choose One) (H) Report Report Preb 20 (W2) Indeg 20 (W3) Aug 20 (W3) Indeg 20 (W3) Indeg 20 (W3) Indeg 20 (W3) Dec 20 (M12) (a) Quarterly Reports: April 15 Quarterly Report (Q1) April 15 Quarterly Report (Q2) Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) (c) 12-Day Primary (12P) General (12G) Runoff (12R) Quarterly Report (Q2) October 15 Quarterly Report (YC) Special (12S) In the State of January 31 Year-End Report (Non-election Year Only) (MY) Election on In the State of Special (30S) Termination Report (TER) Termination Report of Or 0 In the State of Special (30S) 5. Covering Period 07 01 2011 through 12 31 2011 1 certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. John Richardson	C C00394163)
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Ouarterly Report (Q1) (c) 12-Day Primary (12P) General (12G) Runoff (12R) July 15 Quarterly Report (Q2) October 15 Convention (12C) Special (12S) Special (12S) October 15 Quarterly Report (Q3) January 31 Fear-End Report (YE) July 31 Mid-Year Report (Non-election Year Only) (MY) Election on Image: Convention (12C) Special (12S) in the State of Termination Report (TER) Termination Report (TER) General (30G) Runoff (30R) Special (30S) 5. Covering Period Of / Dot / Z011 through Min / Dot / Z011 Z011 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 John Richardson	(a) Quarterly Reports:				Year Only)
Quarterly Report (Q2) October 15 Quarterly Report (Q3) X January 31 Year-End Report (YE) July 31 Mid-Year Report (Non-election Year Only) (MY) Election on Termination Report (TER) General (30G) X Ference (Carrier Convention (12C)) Year-End Report (YE) General (30G) Beport for the: General (30G) Runoff (30R) Special (30S) Report for the: Election on Year Only (MY) Election on Termination Report (TER) General (30G) X Year Only (MY) State of General (30G) X Year Only (MY) Termination Report (TER) General (30G) X Year Only (MY) State of General (30G) Year Only (MY) Termination Report State of General (30G) Year Only (MY) General (30G) Year Only (MY) General (30G) Year Only (MY) Year Only (MY) Year Only (MY) General (MY) Year Only (MY) General (MY) Year Only (MY) General (MY) Year Onl	Quarterly Report (Q1)	(c) 12-Day	Primary (12P)	General (12G)	Runoff (12R)
Quarterly Report (Q3) X January 31 Year-End Report (YE) July 31 Mid-Year Report (Non-election Year Only) (MY) Termination Report (TER) General (30G) Report for the: Election on Election on Min M POST-Election Report (TER) General (30G) Runoff (30R) Special (30S) Report for the: Election on Min M OT OT OT OT OT 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 John Richardson	Quarterly Report (Q2)		Convention (12C)	Special (12S)	
Image: Sector Report (Report (Report (Non-election Year Only) (MY) Image: Termination Report (TER) Image: Sector Repo	Quarterly Report (Q3)	F locking of		YYYYY	
Year Only) (MY) Termination Report (TER) POST-Election Report for the: General (30G) Runoff (30R) Special (30S) 5. Covering Period 07 01 2011 through 12 31 2011 I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. John Richardson	July 31 Mid-Year				
(TER) Election on In the State of 5. Covering Period 07 01 2011 through 12 31 2011 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 John Richardson	Year Only) (MY)		General (30G)	Runoff (30R)	Special (30S)
5. Covering Period 07 01 2011 through 12 31 2011 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 John Richardson		Election or		Y = Y = Y = Y	
Type or Print Name of Treasurer John Richardson					
	I certify that I have examined this R	eport and to the best of my	knowledge and belief it is tru	ue, correct and comple	ete.
	Type or Print Name of Treasurer	ohn Richardson			
Signature of Treasurer John Richardson [Electronically Filed] Date 03 16 2012	Signature of Treasurer	ardson	[Electronically Filed]		6 / Y Y Y Y 2012
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.	NOTE: Submission of false, erroneous	, or incomplete information ma	ly subject the person signing th	his Report to the penal	ties of 2 U.S.C. §437g.
Office Use Only	Use				

03/16/2012 12 : 32

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

•	O FEC Form 3X (Rev. 02/2003)	F RECEIPTS AND DISBURSEMENTS	Page 2
V	Nrite or Type Committee Name		
	Physician Hospitals of America Poli	tical Action Committee	
F	Report Covering the Period: From: 07	M / D D / Y Y Y Y 01 2011	To:
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2011		21374.71
	(b) Cash on Hand at Beginning of Reporting Period	11987.48	
	(c) Total Receipts (from Line 19)	30588.70	87888.70
	 (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) 	42576.18	109263.41
7.	Total Disbursements (from Line 31)	20800.00	87487.23
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	21776.18	21776.18
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

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Image#	12950858142	
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DETAILED SUMMARY PAGE

of Receipts

Page 3

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

Physician Hospitals of America Political Action Committee

1. Contributions (other than loans) From: (a) Individuals/Persons Other Than Pollical Committees (i) Unitemized (use Schedule A)	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
(a) Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A)	L. Contributions (other than loans) From:		
(i) Itemized (use Schedule A) 25250.00 72550.00 (ii) Unitemized			
(i) Itemized (use Schedule A)	Than Political Committees		
(ii) TOTAL (add (iii) TOTAL (add Lines 11(a)(i) and (ii)	(i) Itemized (use Schedule A)	25250.00	72550.00
(ii) TOTAL (add (iii) TOTAL (add Lines 11(a)(i) and (ii)			
Lines 11(a)(i) and (ii)	(ii) Unitemized	5338.70	5338.70
(b) Political Party Committees 0.00 0.00 (c) Other Political Committees 0.00 0.00 (d) Total Contributions (add Lines 0.00 5000.00 11(a)(iii), (b), and (c)) (Carry 0.00 0.00 2. Transfers From Affiliated/Other 0.00 0.00 2. Transfers From Affiliated/Other 0.00 0.00 3. All Loans Received 0.00 0.00 4. Loan Repayments Received 0.00 0.00 5. Offsets To Operating Expenditures 0.00 0.00 (Party Totals to Line 37, page 5) 0.00 0.00 5. Refunds of Contributions Made 0.00 0.00 10 Contributions Made 0.00 0.00 10 Transfers From Non-Federal and Levin Funds 0.00 0.00 (a) Non-Federal Account (from Schedule H3) 0.00 0.00 (b) Levin Funds (from Schedule H5) 0.00 0.00 (c) Total Transfers (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) 0.00 0.00 2. Total Federal Receipts 0.00 0.00 0.00 2. Total Federal Receipts 0.00 0.00 0.00	(iii) TOTAL (add		
(b) Political Committees 0.00 (c) Other Political Committees 0.00 (d) Total Contributions (add Lines 0.00 11(iq)(iii), (b), and (c)) (Carry 0.00 7 Transfers From Affiliated/Other 0.00 Party Committees 0.00 3. All Loans Received 0.00 4. Loan Repayments Received 0.00 5. Offsets To Operating Expenditures 0.00 (Refunds, Rebates, etc.) 0.00 (Carry Totals to Line 37, page 5) 0.00 5. Offsets To Operating Expenditures 0.00 (Refunds, Rebates, etc.) 0.00 (Carry Totals to Line 37, page 5) 0.00 5. Other Federal Receipts 0.00 (Dividends, Interest, etc.) 0.00 (b) Levin Funds (from Schedule H5) 0.00 (c) Total Transfers (add 18(a) and 18(b)) 0.00 9. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	Lines 11(a)(i) and (ii)	30588.70	77888.70
(b) Political Committees 0.00 (c) Other Political Committees 0.00 (d) Total Contributions (add Lines 0.00 11(iq)(iii), (b), and (c)) (Carry 0.00 7 Transfers From Affiliated/Other 0.00 Party Committees 0.00 3. All Loans Received 0.00 4. Loan Repayments Received 0.00 5. Offsets To Operating Expenditures 0.00 (Refunds, Rebates, etc.) 0.00 (Carry Totals to Line 37, page 5) 0.00 5. Offsets To Operating Expenditures 0.00 (Refunds, Rebates, etc.) 0.00 (Carry Totals to Line 37, page 5) 0.00 5. Other Federal Receipts 0.00 (Dividends, Interest, etc.) 0.00 (b) Levin Funds (from Schedule H5) 0.00 (c) Total Transfers (add 18(a) and 18(b)) 0.00 9. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))			
(such as PACs)	(b) Political Party Committees	0.00	0.00
(a) Total Contributions (add Lines 111(d), (ii), (b), and (c)) (Carry Totals to Line 33, page 5)		0.00	5000.00
11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)		0.00	5000.00
Totals to Line 33, page 5) 30588.70 82888.70 2. Transfers From Affiliated/Other 0.00 0.00 Party Committees 0.00 0.00 3. All Loans Received 0.00 0.00 4. Loan Repayments Received 0.00 0.00 5. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) 0.00 0.00 6. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account (from Schedule H3) 0.00 5000.00 (b) Levin Funds (from Schedule H5) 0.00 0.00 0.00 9. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) 30588.70 87888.70 9. Total Federal Receipts 0.00 0.00 0.00 9. Total Federal Receipts 0.00 0.00 0.00			
Data of Life 35, page 5)		20590 70	<u>8</u> 2000 70
Party Committees		30588.70	02000.70
3. All Loans Received 0.00 0.00 4. Loan Repayments Received 0.00 0.00 5. Offsets To Operating Expenditures 0.00 0.00 6. Refunds, Rebates, etc.) 0.00 0.00 9. Total S to Line 37, page 5) 0.00 0.00 6. Refunds, Rebates, etc.) 0.00 0.00 7. Other Federal Receipts 0.00 5000.00 10. Other Schedule H3) 0.00 0.00 8. Transfers from Non-Federal and Levin Funds 0.00 0.00 9. Dotal Transfers (add 18(a) and 18(b)). 0.00 0.00 9. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))			
Air Loans Repayments Received 0.00 0.00 4. Loan Repayments Received 0.00 0.00 5. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) 0.00 0.00 6. Refunds of Contributions Made to Federal Candidates and Other Political Committees 0.00 0.00 7. Other Federal Receipts (Dividends, Interest, etc.) 0.00 5000.00 8. 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 0.00 (c) Total Transfers (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) 30588.70 87888.70 0. Total Federal Receipts 30588.70 87888.70	Party Committees	0.00	0.00
Air Loans Repayments Received 0.00 0.00 4. Loan Repayments Received 0.00 0.00 5. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) 0.00 0.00 6. Refunds of Contributions Made to Federal Candidates and Other Political Committees 0.00 0.00 7. Other Federal Receipts (Dividends, Interest, etc.) 0.00 5000.00 8. 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 0.00 (c) Total Transfers (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) 30588.70 87888.70 0. Total Federal Receipts 30588.70 87888.70		0.00	0.00
Discrete To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) S. Refunds of Contributions Made to Federal Candidates and Other Political Committees	3. All Loans Received		0.00
Discrete To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) S. Refunds of Contributions Made to Federal Candidates and Other Political Committees			
(Refunds, Rebates, etc.) 0.00 0.00 (Carry Totals to Line 37, page 5)		0.00	0.00
(Carry Totals to Line 37, page 5)			
(a) Y Iotals to Line of, page 0,		0.00	
to Federal Candidates and Other Political Committees		0.00	0.00
Political Committees			
7. Other Federal Receipts 0.00 (Dividends, Interest, etc.)		0.00	5000.00
(Dividends, Interest, etc.)		0.00	5000.00
3. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account (from Schedule H3) 0.00 (b) Levin Funds (from Schedule H5) 0.00 (c) Total Transfers (add 18(a) and 18(b)) 0.00 9. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))			0.00
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(from Schedule H3) 0.00 0.00 (b) Levin Funds (from Schedule H5) 0.00 0.00 (c) Total Transfers (add 18(a) and 18(b)) 0.00 0.00 9. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))			
(b) Levin Funds (from Schedule H5) 0.00 0.00 (c) Total Transfers (add 18(a) and 18(b)) 0.00 0.00 9. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))		0.00	0.00
(b) Levin Funds (nom ochedule Fis)			
(b) Levin Funds (nom ochedule Fis)	(b) Louis Funds (from Only 11, 11, 115)	0.00	0.00
9. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	(D) Levin Funds (from Schedule H5)		0.00
9. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	(c) Total Transfore (add 19(c) and 19(b))	0.00	0.00
12, 13, 14, 15, 16, 17, and 18(c))		7 7	
12, 13, 14, 15, 16, 17, and 18(c))	7 Total Receipts (add Lines 11(d)		
D. Total Federal Receipts		30588.70	87888.70
	, .o,, .o,, and .o(o))	7 7 7	
). Total Federal Receipts		
	(subtract Line 18(c) from Line 19)▶	30588.70	87888.70

DETAILED SUMMARY PAGE

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Operating Expenditures: (a) Allocated 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	7 7	
(add 21(a)(i), (a)(ii), and (b)) ►	0.00	0.00
Transfers to Affiliated/Other Party Committees	0.00	0.00
Contributions to Federal Candidates/Committees and Other Political Committees	20500.00	63500.00
Independent Expenditures		
(use Schedule E) Coordinated Party Expenditures	0.00	0.00
(2 U.S.C. §441a(d)) (use Schedule F)	0.00	, 0.00
Loan Repayments Made	0.00	0.00
Loans Made	0.00	0.00
Refunds of Contributions To: (a) Individuals/Persons Other Than Political Committees	300.00	23987.23
(b) Political Party Committees(c) Other Political Committees	0.00	0.00
(such as PACs)	0.00	0.00
(d) Total Contribution Refunds		
(add Lines 28(a), (b), and (c))►	300.00	23987.23
Other Disbursements	0.00	0.00
Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity		
(from Schedule H6) (i) Federal Share	0.00	0.00
(ii) "Levin" Share(b) Federal Election Activity Paid Entirely	0.00	0.00
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
Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	20800.00	87487.2
Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii)	20800.00	87487.23
from Line 31)	20000.00	01401.23

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DETAILED SUMMARY PAGE

of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
 Total Contributions (other than loans) (from Line 11(d), page 3) 	30588.70	82888.70
 Total Contribution Refunds (from Line 28(d)) 	300.00	23987.23
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	30288.70	58901.47
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))►	0.00	0.00
 Offsets to Operating Expenditures (from Line 15, page 3) 	0.00	0.00
8. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

SCHEDULE A (FEC Form 3X) _ _ _ _

FOR LINE NUMBER:

PAGE 6 OF

ITEMIZED RECEIPTS		Use separate schedule(s)			(check only one)							
		for each category of the Detailed Summary Page		11a		11b	11c	12	Г	47		
Any information copied from such Reports and or for commercial purposes, other than using												
NAME OF COMMITTEE (In Full) Physician Hospitals of Americ	a Political	Action Committee										
Full Name (Last, First, Middle Initial) A. Harrison Mitchell Abrahams MD				Date of	f Re	ceipt						
Mailing Address 3001 Edgewood Ln				м м 12	/	D D D	/ Y	у у 2011	Y	1		
City Colleyville	State TX	Zip Code 76034-5155	A				C616300 eceipt th	07	d			
FEC ID number of contributing federal political committee.	С					7		25	50.00)		
Name of Employer Urology Associates of North Texas (UAN	Occupation Physician											
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.00]									
Full Name (Last, First, Middle Initial) B. Carlos Acosta MD				Date of	f Re	ceipt						
Mailing Address 6929 Calender Rd				м м 09		02	/ Y	2011	Y]		
City Arlington	State TX	Zip Code 76001-6609					C569297 eceipt th		d			
FEC ID number of contributing federal political committee.	С			anoun		1			00.00			
Name of Employer Arlington Neurosurgical Association	Occupation Neurosurge											
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00]									
Full Name (Last, First, Middle Initial) C. Jeffrey C. Applewhite MD				Date of	f Re	ceipt						
Mailing Address 6333 Warwick Hills Drive				м м 12	/	30	/ Y	2011	Y	1		
City Fort Worth	State TX	Zip Code 76132-4487				-	C616301 eceipt th		d	-		
FEC ID number of contributing federal political committee.	С					3	7	25	50.00)		
Name of Employer Urology Associates of North Texas (UAN	Occupation Physician											
Receipt For: Primary General Other (specify) v	Aggregate	Year-to-Date ▼ 250.00]									
SUBTOTAL of Receipts This Page (optional).						7		100	0.00			
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SCHEDULE A (FEC Form 3X) ITEMIZED DECEIDTS

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PAGE 7 OF

Statements may not be sold or used by any political committee	13 14 15 16 17 verson for the purpose of soliciting contributions e to solicit contributions from such committee.
a Political Action Committee	
	Date of Receipt
State Zin Code	09 29 2011
TX 76016-6026	Transaction ID : C5793731 Amount of Each Receipt this Period
C	
Occupation Physician	
Aggregate Year-to-Date ▼ 500.00]
	Date of Receipt
	10 31 2011
	Transaction ID : C5793697
LA 70503-3620	Amount of Each Receipt this Period
С	1000.00
Occupation Physician/Medical Director	
Aggregate Year-to-Date ▼ 1000.00]
	Date of Receipt
	M M / D D / Y Y Y Y Y 09 02 2011
StateZip CodeTX76013-1015	Transaction ID : C5727965 Amount of Each Receipt this Period
C	250.00
Occupation	
Physician	
Aggregate Year-to-Date ▼ 250.00	
	a Political Action Committee State Zip Code TX 76016-6026 C Occupation Physician Aggregate Year-to-Date ▼ State Zip Code LA 70503-3620 C Occupation Physician/Medical Director Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ Occupation Physician/Medical Director Aggregate Year-to-Date ▼ Occupation Physician/Medical Director Aggregate Year-to-Date ▼ Image: C Image: C Occupation TX Physician/Medical Director Aggregate Year-to-Date Aggregate Year-to-Date ▼ Image: C Image: C Occupation TX Physician Image: C

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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PAGE 8 OF

			Detailed Summary Page		11a 13	-	11b 14	11c	12	17				
	y information copied from such Reports and S for commercial purposes, other than using the				for the		pose of	soliciting	g contribu	itions				
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) Physician Hospitals of America													
A.					Date of	f Re	eceipt							
	Mailing Address 3900 Woodburn Street				^M M	/	D D D		2011	Y				
	City Ruston	State LA	Zip Code 71270-8515		Transaction ID : C6040011 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С			Amoun				1000 1000	_				
	Name of Employer Green Clinic	Occupation Physician												
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1000.00											
в.	Full Name (Last, First, Middle Initial) Breaux B. Castleman				Date of	f Re	eceipt							
	Mailing Address 727 Bunker Hill Road #42				M M 12	/	30		2011	Y				
	City Houston	State TX	Zip Code 77024-4420					C61630)9 nis Period	 				
	FEC ID number of contributing federal political committee.	C			hioun				250	_				
	Name of Employer Syntiro Healthcare Services, Inc.	Occupation President &												
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00											
с.	Full Name (Last, First, Middle Initial) Samuel Chacon MD, FACOG				Date of	f Re	eceipt							
	Mailing Address 5650 Marlowe Dr				м м 09	/	08		20 <u>1</u> 1	Y				
	City Washoe Valley	State NV	Zip Code 89704-9563		Trans		ion ID :	C57279						
	FEC ID number of contributing federal political committee.	С					,		1000	0.00				
	Name of Employer	Occupation												
	Carson Medical Group Receipt For:	Physician	Veer te Dete 🗮											
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00											
	UBTOTAL of Receipts This Page (optional)			•		-	y		2250	.00				
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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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PAGE 9 OF

		Detailed Summary Page		(11a		11b		11c		12		
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	y information copied from such Reports and S for commercial purposes, other than using the											
\backslash	NAME OF COMMITTEE (In Full)											
\sum	Physician Hospitals of America	Political A	Action Committee									
Α.	Full Name (Last, First, Middle Initial) Timothy M. Dettmer MD				Date of	Re	eceipt					
	Mailing Address 662 E State St				M M	/	0		/ Y))11	Y
	City	State	Zip Code			acti			579369			
	Mason City	IA	50401-4171		Amount	t of	Each	Re	ceipt th	is P	eriod	
	FEC ID number of contributing federal political committee.	С					7		7		250	.00
	Name of Employer	Occupation Physician	1									
	Mason City Clinic Receipt For:	,	Veer te Dete =									
	Primary General	Aggregate	Year-to-Date ▼									
	Other (specify)		500.00									
в.	Full Name (Last, First, Middle Initial) Russell Dickey MD				Date of	Re	ceipt					
	Mailing Address 405 Bayou Vista				M M	/	D	D	/ Y	Y	Y	Y
	-				09		0	8	L	20	11	
	City	State TX	Zip Code				-	_	579373	-		
	Southlake		76092		Amount	t of	Each	Re	ceipt th	is P	eriod	
	FEC ID number of contributing federal political committee.	С					,				1000.	00
	Name of Employer USMD Hospital Arlington	Occupation Chief of Sta										
	Receipt For:	Aggregate	Year-to-Date ▼									
	Primary General		2000.00									
	Other (specify) v		, , , , , , , , , , , , , , , , , , , ,									
C.	Full Name (Last, First, Middle Initial) Russell Dickey MD				Date of	Re	eceipt					
	Mailing Address 405 Bayou Vista				м м 09	/	D 2		/ Y		Y 11	Y
	City	State	Zip Code						579373			
	Southlake	ТХ	76092		Amount	t of	Each	Re	ceipt th	is P	eriod	
	FEC ID number of contributing federal political committee.	С					7		,		1000	.00
	Name of Employer	Occupation										
	USMD Hospital Arlington	Chief of Sta	aff									
	Receipt For:	Aggregate	Year-to-Date ▼									
	Other (specify)		2000.00									
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SCHEDULE A (FEC Form 3X)

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PAGE 10 OF

ITEMIZED RECEIPTS	-	Use separate schedule(s)	(cheo	ck onl	y or	ne)			
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Any information copied from such Reports and or for commercial purposes, other than using				or the		pose of	soliciting	g contribu	utions
NAME OF COMMITTEE (In Full) Physician Hospitals of Americ	ca Political /	Action Committee							
Full Name (Last, First, Middle Initial) A. David Hunter MD			D	ate of	f Re	eceipt			
Mailing Address 2908 Chancel Ct				м м 10	/	31) / Y	ү ү 2011	Y
City Arlington	State TX	Zip Code 76017-3560					C579372 Receipt th	29	b
FEC ID number of contributing federal political committee.	С					7		25	0.00
Name of Employer Medical Clinic North Texas (MCNT) Receipt For:	Occupation Physician								
Primary General Other (specify)	Aggregate	Year-to-Date ▼ 500.00]						
Full Name (Last, First, Middle Initial) B. David Hunter MD			D	ate of	f Re	eceipt			
Mailing Address 2908 Chancel Ct				™	/	16		2011	Y
City Arlington	State TX	Zip Code 76017-3560					C604001 Receipt th		d
FEC ID number of contributing federal political committee.	С					7			0.00
Name of Employer Medical Clinic North Texas (MCNT)	Occupation Physician								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00]						
Full Name (Last, First, Middle Initial) C. Milla Perry Jones			D	ate of	f Re	eceipt			
Mailing Address 3621 Trevolle Place			_	м м 07		20		2011	Y
City Dallas	State TX	Zip Code 75204					C567069 Receipt th		d
FEC ID number of contributing federal political committee.	С					7		50	0.00
Name of Employer	Occupation	I							
United Surgical Partners International	Vice Presid	ent, Government Relations							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	1						
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SCHEDULE A (FEC Form 3X) _ _ _

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PAGE 11 OF

ITEMIZED RECEIPTS	-	Use separate schedule(s)	(che	eck only	/ on	e)				
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Any information copied from such Reports an or for commercial purposes, other than using	d Statements ma the name and a	L ay not be sold or used by any p ddress of any political committee	erson t e to so	for the	purp ntrib	ose of	soliciting	g contrib	oution	ns
NAME OF COMMITTEE (In Full) Physician Hospitals of Americ	ca Political A	Action Committee								
Full Name (Last, First, Middle Initial) A. G. Byron Kallam MD				Date of	Re	ceipt				
Mailing Address 2117 N Fielder Rd				м м 10	/	31) / Y	2011	Y	1
City Arlington	State TX	Zip Code 76012-1731					C579372 leceipt th		d	
FEC ID number of contributing federal political committee.	С					7		50	00.00)
Name of Employer Medical Clinic North Texas	Occupation Physician									
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 500.00								
Full Name (Last, First, Middle Initial) B. Peter LaNasa MD				Date of	Re	ceipt				
Mailing Address 6816 Oak Hill Drive	Chata	Zie Oste		^M ^M	/	D D D		ү ү 2011	Y	
City Fort Worth	State TX	Zip Code 76132-4544				-	C616300 leceipt th		d	
FEC ID number of contributing federal political committee.	С					7			50.00)
Name of Employer Urology Associates of North Texas (UAN	Occupation Physician									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00								
Full Name (Last, First, Middle Initial) C. Wade L. Lowry MD				Date of	Re	ceipt				
Mailing Address 1604 Hospital Pkwy Ste 201				^M ^M 12	/	D D D) / Y	y y 2011	Y	1
City Bedford	State TX	Zip Code 76022-6930					C616300		d	
FEC ID number of contributing federal political committee.	C					7		25	50.00	D
Name of Employer	Occupation									
Urology Associates of North Texas (UAN Receipt For:	Physician									
Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	1							
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SCHEDULE A (FEC Form 3X) _ _ _ _

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PAGE 12 OF

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			for each category of the Detailed Summary Page		< 11a 13			11c 15	12	17
Any information copie or for commercial pu	ed from such Reports and rposes, other than using t	Statements ma	y not be sold or used by any p ddress of any political committe	berson e to so	for the	purpos	se of s	oliciting	contribut	tions
NAME OF COMM	ITTEE (In Full) ospitals of Americ	a Political A	Action Committee							
A. Barney T. Mac					Date of	Rece	ipt			
Mailing Address 6	312 Rockdale Rd				M M	1	30	/ Y	ү ү 2011	Y
City Cleburne		State TX	Zip Code 76033-4550				n ID : C	616301 ceipt thi		
FEC ID number o federal political co	0	С						9	250	.00
	r s of North Texas (UAN	Occupation Physician								
Receipt For: Primary Other (speci	General ify) ▼	Aggregate	Year-to-Date ▼ 250.00	1						
	First, Middle Initial) cCullough M.D.	·			Date of	Rece	ipt			
	908 Forestwood Drive	21.1			м м 09	/	02	/ Y	2011	Y
City Arlington		State TX	Zip Code 76006				-	569297 ceipt thi	7 is Period	
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Name of Employe Women's HealthCa		Occupation Physician								
Receipt For: Primary Other (speci	General ify) ▼	Aggregate	Year-to-Date ▼ 1500.00	1						
Full Name (Last, I c. Michael R. N	First, Middle Initial) IcCullough M.D.				Date of	Rece	ipt			
	2908 Forestwood Drive	-			м м 09	/	D D D 08	/ Y	2011	Y
City Arlington		State TX	Zip Code 76006					572710 ceipt thi)2 is Period	
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Name of Employe	r	Occupation								
Women's HealthCa Receipt For:	are Associates	Physician	Year-to-Date ▼							
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PAGE 13 OF

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11			for each category of the Detailed Summary Page		✓ 11a 13		11b	11c 15	12	Г	17
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	NAME OF COMMITTEE (In Full) Physician Hospitals of America	Political A	Action Committee								
Α.	Full Name (Last, First, Middle Initial) Michael R. McCullough M.D.				Date of	Ree	ceipt				
	Mailing Address 2908 Forestwood Drive				м м 09	/	29	/ Y	2011		1
	City Arlington	State TX	Zip Code 76006					C579373 eceipt th		bd	
	FEC ID number of contributing federal political committee.	С					,	,	5	00.00	D
	Name of Employer Women's HealthCare Associates	Occupation Physician									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1500.00]							
в.	Full Name (Last, First, Middle Initial) David W. McGehee MD				Date of	Ree	ceipt				
	Mailing Address 540 Audubon Drive	01.1			M M	/	09	/ Y	ү ү 2011	Y	
	City Ruston	State LA	Zip Code 71270					2579369 eceipt th	-	bc	
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	Name of Employer Green Clinic Surgical Hospital	Occupation Physician									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00]							
<u> </u>	Full Name (Last, First, Middle Initial) Vaughn H. Meyer MD				Date of	Red	ceipt				
	Mailing Address 2505 E Slaten Park Circle				м м 08	/	D D 04	/ Y	2011	Y	
	City Sioux Falls	State SD	Zip Code 57103-4648		Trans Amount			C567069 eceipt th		od	
	FEC ID number of contributing federal political committee.	С					,		50	00.0	0
	Name of Employer	Occupation Physician									
	Plastic Surgery Associates of South Da Receipt For: □ Primary □ General Other (specify) ▼	-	Year-to-Date ▼ 4820.77]							
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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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PAGE 14 OF

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\geq	Physician Hospitals of America	Political /	Action Committee								
	Full Name (Last, First, Middle Initial) Physicians & Investors LLC				Date of	f Re	eip	ot			
	Mailing Address 454 Upper Mill Heights Dr				м м 09] ′	D	09	/ Y	ү ү 2011	Y
	City Salina	State KS	Zip Code 67401-3357						572794		
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	FEC ID number of contributing federal political committee.	C			L	_	7	_	- 1	500	0.00
	Name of Employer	Occupation									
	Receipt For:	Aggregate	Year-to-Date ▼	1			~			_	_
	Primary General Other (specify) ▼		10000.00							Partner I Report	Reaches
	Full Name (Last, First, Middle Initial) Eric J. Potthoff MD				Date of	f Re) eeip	ot			
	Mailing Address PO Box 1815 250 South Crescent				м м 09		D	22	/ Y	y y 2011	Y
	City	State	Zip Code			acti			579373		
	Mason City	IA	50402-1815	,	Amoun	t of	Eac	h Re	ceipt th	is Period	k
	FEC ID number of contributing federal political committee.	С					,		7	250	0.00
	Name of Employer Mason City Clinic	Occupation Physician									
	Receipt For:	Aggregate	Year-to-Date ▼								
	Other (specify)		750.00	-							
	Full Name (Last, First, Middle Initial) Eric J. Potthoff MD			_	Date of						
	Mailing Address PO Box 1815 250 South Crescent				м м 12	1	D	р 19	/ Y	2011	Y
	City	State	Zip Code		Trans			ID : C	604001	12	
	Mason City	IA	50402-1815		Amoun	t of	Eac	h Re	ceipt th	is Perio	1
	FEC ID number of contributing federal political committee.	С				-	7		7	25	0.00
	Name of Employer	Occupation		\neg							
	Mason City Clinic Receipt For:	Physician									
	Primary General	Aggregate	Year-to-Date ▼								
	Other (specify) ▼		750.00								
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SCHEDULE A (FEC Form 3X)

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PAGE 15 OF

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Any information copied from such Reports and or for commercial purposes, other than using				or the		pose of	soliciting	contribu	tions
NAME OF COMMITTEE (In Full) Physician Hospitals of Ameri	ca Political /	Action Committee							
Full Name (Last, First, Middle Initial) A. James G. Saalfield MD				ate of	Re	ceipt			
Mailing Address 5500 Drane Dr				м м 12	/	30) / Y	2011	Y
City Dallas	State TX	Zip Code 75209-5506	A				C616300 Receipt th		
FEC ID number of contributing federal political committee.	С					7		250	0.00
Name of Employer Urology Associates of North Texas Receipt For: Primary General Other (specify) ▼	Occupation Physician Aggregate	Year-to-Date ▼ 250.00							
Full Name (Last, First, Middle Initial) B. Andrew Sambell MD			C	ate of	Re				
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Full Name (Last, First, Middle Initial) C. Paul D. Thompson MD				ate of	Re	ceipt			
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SCHEDULE A (FEC Form 3X)

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PAGE 16 OF

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	⁻ ull Name (Last, First, Middle Initial) Marian Zinnante MD				Date o	f Re	eceip	ot			
-	Nailing Address 1202 Canterbury Ct				м м 09	/		08	/ Y	y y 2011	Y
	City Arlington	State TX	Zip Code 76013-1001				-		57937	-	
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	Full Name (Last, First, Middle Initial) McIntodd Partners LP				Date o	f Re	eceip	ot			
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	Full Name (Last, First, Middle Initial) Frederick McIntodd	1			Date o	f Re	eceip	ot			
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PAGE 18 OF

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Π.	DIANE BLACK FOR CONGRESS									D			V	Y Y	V
	Mailing Address PO Box 1437							09			07			2011	
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в.	Full Name (Last, First, Middle Initial) JIM GERLACH FOR CONGRESS	COMM						Date o	f Di	sburse	əm	ient				
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	,	State MD	Zip Code 20814					Trans	sact	ion ID):	D4214	46			
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Physician Hospitals of America Political Action Committee Full Name (Last, First, Middle Initial) A. POMPEO FOR CONGRESS INC Mailing Address PO BOX 780146 City WiCHITA Kis Zip Code Office Sought: House Persodent Category Office Sought: House Provident Name Other (specify) State: OH Distoursement Controllate Name MichAEL RICHARD POMPEO Category Office Sought: House Persodent Other (specify) State: KS State: Che of Disbursement City State City State City State City State City Disbursement For: 2012 Persodent Disbursement For: 2012 Contribution Category City Disbursement For: 2012 Controlate Name Disbursement For: 2012 Controlate Name Disbursement For: 2012 Contrest Name Disbursement For: 2012																	
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A. POMPEO FOR CONGRESS INC Date of Diabursement Mailing Address PO BOX 780146 Transaction ID : D421431 Oity WICHTA KS 67212 Purpose of Diabursement Category Amount of Each Diabursement bis Period Cardidate Name Category 2000.00 MICHAEL RICHARD POMPEO President Diabursement For: 2012 State: KS Early president Diabursement For: 2012 State: KS Diabursement For: 2012 Category President Disbursement Category 2000.00 State: KS State Zip Code Circinanti OH 45211 Transaction ID : D419133 Purpose of Diabursement Category 100 / 20 / 2011 Transaction ID : D419133 Amount of Each Diabursement Category 1000.00 14 / 2011 Office Sought: Yensident Diabursement For: 2012 General Other (specify) ▼ Office Sought: Yensident Diabursement For: 2012 Category/ Transaction ID : D409662 Mailing Address 104 East Hume Avenue VA 22301 President Diabursement this		, , , , , , , , , , , , , , , , , , ,	litical A	ction Commi	ttee												
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WUCHITA KS 67212 Purpose of Disbursement Amount of Each Disbursement this Period Candidate Name Calegory/ Type MICHAEL RICHARD POMPEO Primary Office Sought: House President Disbursement For: 2012 President District: 04 State: KS B. STEVE CHABOT FOR CONGRESS Mailing Address 3339 Harrison Ave. City State Candidate Name Category/ Type Candidate Name Category/ STEVE CHABOT Office Sought: House President Disbursement For: 2012 Office Sought: House President Disbursement For: 2012 Category/ STEVE CHABOT Primary Office Sought: House Disbursement Disbursement For: 2012 General Other (specify) Full Name (Last, First, Middle Initial) Category/ Type C TEXAS FREEDOM FUND Mailing Address 104 East Hume Avenue Disbursement For: 0016 Sought: Candidate Name Category/ Type Cottribuitoin		Mailing Address PO BOX 780146							12		0)1		20	011		
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SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER PAGE 24 OF 24
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	/ one)
	Detailed Summary Page	21b	22 23 24 25 26 X 28a 28b 28c 29 30b
Any information copied from such Reports and State or for commercial purposes, other than using the nar		d by any pers	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)			
Physician Hospitals of America Po	litical Action Commit	tee	
Full Name (Last, First, Middle Initial)			
A. Physician Synergy Group			Date of Disbursement
Mailing Address 9080 Harry Hines Blvd. Suite 110			09 13 2011
City Dallas	State Zip Code TX 75235		Transaction ID : D409200
Purpose of Disbursement partial refund of 1/2009 contribution			
Candidate Name		010	Amount of Each Disbursement this Period
		Category/ Type	300.00
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Mailing Address			
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Purpose of Disbursement			Amount of Each Disbursement this Period
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Office Sought: House Disburse Senate President	ment For: Primary General Other (specify) ▼		
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