

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT ▼** Example: If typing, type over the lines. 12FE4M5

Physician Hospitals of America Political Action Committee

ADDRESS (number and street) PO Box 70980

Check if different than previously reported. (ACC) Washington DC 20024

2. **FEC IDENTIFICATION NUMBER ▼** C C00394163 **CITY ▲** **STATE ▲** **ZIP CODE ▲**

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 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

(b) Monthly Report Due On:

- Feb 20 (M2)
- Mar 20 (M3)
- Apr 20 (M4)
- May 20 (M5)
- Jun 20 (M6)
- Jul 20 (M7)
- Aug 20 (M8)
- Sep 20 (M9)
- Oct 20 (M10)
- Nov 20 (M11) (Non-Election Year Only)
- Dec 20 (M12) (Non-Election Year Only)
- Jan 31 (YE)

(c) 12-Day **PRE-Election** Report for the:

- Primary (12P)
- Convention (12C)
- General (12G)
- Special (12S)
- Runoff (12R)

Election on M M M / D D D / Y Y Y Y Y Y in the State of

(d) 30-Day **POST-Election** Report for the:

- General (30G)
- Runoff (30R)
- Special (30S)

Election on M M M / D D D / Y Y Y Y Y Y in the State of

5. Covering Period M M M / D D D / Y Y Y Y Y Y 07 / 01 / 2011 through M M M / D D D / Y Y Y Y Y Y 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

Signature of Treasurer John Richardson *[Electronically Filed]* Date M M M / D D D / Y Y Y Y Y Y 03 / 16 / 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.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

Physician Hospitals of America Political Action Committee

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

Physician Hospitals of America Political Action Committee

Report Covering the Period: From: / / To: / /

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).....	25250.00	72550.00
(ii) Unitemized	5338.70	5338.70
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	30588.70	77888.70
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	5000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	30588.70	82888.70
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.....	0.00	5000.00
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 Transfers (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))..... ▶	30588.70	87888.70
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	30588.70	87888.70

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. 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 (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.....	20500.00	63500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (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	300.00	23987.23
(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)).....	300.00	23987.23
29. Other Disbursements	0.00	0.00
30. 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.....	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)) ..	20800.00	87487.23
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	20800.00	87487.23

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

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)	30588.70	82888.70
34. Total Contribution Refunds (from Line 28(d))	300.00	23987.23
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	30288.70	58901.47
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: (check only one)	PAGE 6 OF 24
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. Harrison Mitchell Abrahams MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3001 Edgewood Ln
 City Colleyville State TX Zip Code 76034-5155
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Urology Associates of North Texas (UAN) Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 30 / 2011
Transaction ID : C6163007
 Amount of Each Receipt this Period
 250.00

B. Carlos Acosta MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 6929 Calender Rd
 City Arlington State TX Zip Code 76001-6609
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Arlington Neurosurgical Association Occupation Neurosurgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 02 / 2011
Transaction ID : C5692974
 Amount of Each Receipt this Period
 500.00

C. Jeffrey C. Applewhite MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 6333 Warwick Hills Drive
 City Fort Worth State TX Zip Code 76132-4487
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Urology Associates of North Texas (UAN) Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 30 / 2011
Transaction ID : C6163011
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....▶	1000.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 24
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Physician Hospitals of America Political Action Committee

A. Baron Charles Atkins MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3609 Wooded Creek Cir
 City State Zip Code
 Arlington TX 76016-6026
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 MCNT Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 29 / 2011
Transaction ID : C5793731
 Amount of Each Receipt this Period
 500.00

B. Thomas V. Bertuccini MD, FACS.
 Full Name (Last, First, Middle Initial)
 Mailing Address 216 Kings Rd
 City State Zip Code
 Lafayette LA 70503-3620
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Lafayette Surgical Specialty Hospital Physician/Medical Director
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2011
Transaction ID : C5793697
 Amount of Each Receipt this Period
 1000.00

C. Steven D. Brock MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1211 Greenbriar Ln
 City State Zip Code
 Arlington TX 76013-1015
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Medical Clinic North Texas (MCNT) Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 02 / 2011
Transaction ID : C5727965
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1750.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 24
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Physician Hospitals of America Political Action Committee

A. John H. Broocks IV, MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3900 Woodburn Street
 City Ruston State LA Zip Code 71270-8515
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Green Clinic Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 12 / 2011
Transaction ID : C6040011
 Amount of Each Receipt this Period
 1000.00

B. Breaux B. Castleman
 Full Name (Last, First, Middle Initial)
 Mailing Address 727 Bunker Hill Road #42
 City Houston State TX Zip Code 77024-4420
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Syntiro Healthcare Services, Inc. Occupation President & CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 30 / 2011
Transaction ID : C6163009
 Amount of Each Receipt this Period
 250.00

C. Samuel Chacon MD, FACOG
 Full Name (Last, First, Middle Initial)
 Mailing Address 5650 Marlowe Dr
 City Washoe Valley State NV Zip Code 89704-9563
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Carson Medical Group Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 08 / 2011
Transaction ID : C5727966
 Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 2250.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 9 OF 24
<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

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NAME OF COMMITTEE (In Full)
Physician Hospitals of America Political Action Committee

Full Name (Last, First, Middle Initial) A. Timothy M. Dettmer MD		Date of Receipt
Mailing Address 662 E State St		<input type="text" value="11"/> / <input type="text" value="09"/> / <input type="text" value="2011"/>
City	State	Zip Code
Mason City	IA	50401-4171
FEC ID number of contributing federal political committee.		Transaction ID : C5793695
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="250.00"/>
Name of Employer	Occupation	
Mason City Clinic	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="500.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Russell Dickey MD		Date of Receipt
Mailing Address 405 Bayou Vista		<input type="text" value="09"/> / <input type="text" value="08"/> / <input type="text" value="2011"/>
City	State	Zip Code
Southlake	TX	76092
FEC ID number of contributing federal political committee.		Transaction ID : C5793733
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="1000.00"/>
Name of Employer	Occupation	
USMD Hospital Arlington	Chief of Staff	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="2000.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Russell Dickey MD		Date of Receipt
Mailing Address 405 Bayou Vista		<input type="text" value="09"/> / <input type="text" value="29"/> / <input type="text" value="2011"/>
City	State	Zip Code
Southlake	TX	76092
FEC ID number of contributing federal political committee.		Transaction ID : C5793734
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="1000.00"/>
Name of Employer	Occupation	
USMD Hospital Arlington	Chief of Staff	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="2000.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="2250.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 10 OF 24
(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

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NAME OF COMMITTEE (In Full)
Physician Hospitals of America Political Action Committee

A. David Hunter MD
Full Name (Last, First, Middle Initial)
Mailing Address 2908 Chancel Ct
City Arlington State TX Zip Code 76017-3560
FEC ID number of contributing federal political committee. **C**
Name of Employer Medical Clinic North Texas (MCNT) Occupation Physician
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **500.00**

Date of Receipt **10 / 31 / 2011**
Transaction ID : C5793729
Amount of Each Receipt this Period **250.00**

B. David Hunter MD
Full Name (Last, First, Middle Initial)
Mailing Address 2908 Chancel Ct
City Arlington State TX Zip Code 76017-3560
FEC ID number of contributing federal political committee. **C**
Name of Employer Medical Clinic North Texas (MCNT) Occupation Physician
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **500.00**

Date of Receipt **12 / 16 / 2011**
Transaction ID : C6040014
Amount of Each Receipt this Period **250.00**

C. Milla Perry Jones
Full Name (Last, First, Middle Initial)
Mailing Address 3621 Trevolle Place
City Dallas State TX Zip Code 75204
FEC ID number of contributing federal political committee. **C**
Name of Employer United Surgical Partners International Occupation Vice President, Government Relations
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **500.00**

Date of Receipt **07 / 20 / 2011**
Transaction ID : C5670694
Amount of Each Receipt this Period **500.00**

SUBTOTAL of Receipts This Page (optional)..... **1000.00**
TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 11 OF 24
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Physician Hospitals of America Political Action Committee

A. G. Byron Kallam MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2117 N Fielder Rd
 City State Zip Code
 Arlington TX 76012-1731
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Medical Clinic North Texas Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2011
Transaction ID : C5793728
 Amount of Each Receipt this Period
 500.00

B. Peter LaNasa MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 6816 Oak Hill Drive
 City State Zip Code
 Fort Worth TX 76132-4544
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Urology Associates of North Texas (UAN) Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 30 / 2011
Transaction ID : C6163004
 Amount of Each Receipt this Period
 250.00

C. Wade L. Lowry MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1604 Hospital Pkwy
 Ste 201
 City State Zip Code
 Bedford TX 76022-6930
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Urology Associates of North Texas (UAN) Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 30 / 2011
Transaction ID : C6163006
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1000.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 12 OF 24
(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
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NAME OF COMMITTEE (In Full)
Physician Hospitals of America Political Action Committee

A. Barney T. Maddox MD
Full Name (Last, First, Middle Initial)
Mailing Address 612 Rockdale Rd
City Cleburne State TX Zip Code 76033-4550
FEC ID number of contributing federal political committee. **C**
Name of Employer Urology Associates of North Texas (UAN) Occupation Physician
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt 12 / 30 / 2011
Transaction ID : C6163012
Amount of Each Receipt this Period 250.00

B. Michael R. McCullough M.D.
Full Name (Last, First, Middle Initial)
Mailing Address 2908 Forestwood Drive
City Arlington State TX Zip Code 76006
FEC ID number of contributing federal political committee. **C**
Name of Employer Women's HealthCare Associates Occupation Physician
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1500.00

Date of Receipt 09 / 02 / 2011
Transaction ID : C5692977
Amount of Each Receipt this Period 500.00

c. Michael R. McCullough M.D.
Full Name (Last, First, Middle Initial)
Mailing Address 2908 Forestwood Drive
City Arlington State TX Zip Code 76006
FEC ID number of contributing federal political committee. **C**
Name of Employer Women's HealthCare Associates Occupation Physician
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1500.00

Date of Receipt 09 / 08 / 2011
Transaction ID : C5727102
Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional)..... 1250.00
TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 13 OF 24
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Physician Hospitals of America Political Action Committee

A. Michael R. McCullough M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 2908 Forestwood Drive
 City State Zip Code
 Arlington TX 76006
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Women's HealthCare Associates Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 29 / 2011
Transaction ID : C5793735
 Amount of Each Receipt this Period
 500.00

B. David W. McGehee MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 540 Audubon Drive
 City State Zip Code
 Ruston LA 71270
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Green Clinic Surgical Hospital Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 09 / 2011
Transaction ID : C5793696
 Amount of Each Receipt this Period
 500.00

C. Vaughn H. Meyer MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2505 E Slaten Park Circle
 City State Zip Code
 Sioux Falls SD 57103-4648
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Plastic Surgery Associates of South Da Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 4820.77

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 04 / 2011
Transaction ID : C5670695
 Amount of Each Receipt this Period
 5000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 6000.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 24
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Physician Hospitals of America Political Action Committee

A. Physicians & Investors LLC
 Full Name (Last, First, Middle Initial)
 Mailing Address 454 Upper Mill Heights Dr
 City Salina State KS Zip Code 67401-3357
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 10000.00

Date of Receipt
 09 / 09 / 2011
Transaction ID : C5727943
 Amount of Each Receipt this Period
 5000.00
 Partnership Contribution/ No Partner Reaches Itemization-See Refund Next Report

B. Eric J. Potthoff MD
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 1815
 250 South Crescent
 City Mason City State IA Zip Code 50402-1815
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Mason City Clinic Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 750.00

Date of Receipt
 09 / 22 / 2011
Transaction ID : C5793739
 Amount of Each Receipt this Period
 250.00

C. Eric J. Potthoff MD
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 1815
 250 South Crescent
 City Mason City State IA Zip Code 50402-1815
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Mason City Clinic Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 750.00

Date of Receipt
 12 / 19 / 2011
Transaction ID : C6040012
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....▶	5500.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 15 OF 24
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Physician Hospitals of America Political Action Committee

A. James G. Saalfield MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 5500 Drane Dr
 City Dallas State TX Zip Code 75209-5506
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Urology Associates of North Texas Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 30 / 2011
Transaction ID : C6163005
 Amount of Each Receipt this Period
 250.00

B. Andrew Sambell MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 601 North Grand
 City Waxahachie State TX Zip Code 75165
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Urology Associates of North Texas Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 08 / 2011
Transaction ID : C5727967
 Amount of Each Receipt this Period
 250.00

C. Paul D. Thompson MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 100 Jenkins Rd
 City Aledo State TX Zip Code 76008-2402
 FEC ID number of contributing federal political committee. **C**
 Name of Employer USMD Occupation Physician, Board of Directors
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 29 / 2011
Transaction ID : C5793732
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 750.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 24
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Physician Hospitals of America Political Action Committee

A. James W. Ward
Full Name (Last, First, Middle Initial)

Mailing Address 4012 Shady Valley Dr

City State Zip Code
Arlington TX 76013-2932

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

Name of Employer Occupation
Self-Employed Plastic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
09 / 09 / 2011
Transaction ID : C5727937

Amount of Each Receipt this Period
500.00

B. Ralph T. Wiegman MD
Full Name (Last, First, Middle Initial)

Mailing Address 3525 Racquet Club Drive

City State Zip Code
Grand Prairie TX 75052

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

Name of Employer Occupation
Self-Employed Obstetrician/Gynecologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
09 / 08 / 2011
Transaction ID : C5793752

Amount of Each Receipt this Period
250.00

C. Ralph T. Wiegman MD
Full Name (Last, First, Middle Initial)

Mailing Address 3525 Racquet Club Drive

City State Zip Code
Grand Prairie TX 75052

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

Name of Employer Occupation
Self-Employed Obstetrician/Gynecologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
09 / 29 / 2011
Transaction ID : C5793736

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional).....▶	1000.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 17 OF 24
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Physician Hospitals of America Political Action Committee

Full Name (Last, First, Middle Initial)
A. Marian Zinnante MD

Mailing Address 1202 Canterbury Ct

City State Zip Code
 Arlington TX 76013-1001

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

Name of Employer Occupation
 Medical Clinic North Texas (MCNT) OB/GYN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 08 / 2011
Transaction ID : C5793748

Amount of Each Receipt this Period
 500.00

Full Name (Last, First, Middle Initial)
B. McIntodd Partners LP

Mailing Address 1335 Cecile Drive

City State Zip Code
 Cedar Hill TX 75104-1535

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 02 / 2011
Transaction ID : C5727962

Amount of Each Receipt this Period
 1000.00

PARTNERSHIP--partners below if itemized

Full Name (Last, First, Middle Initial)
C. Frederick McIntodd

Mailing Address 1335 Cecile Drive

City State Zip Code
 Cedar Hill TX 75104

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

Name of Employer Occupation
 McIntodd Partners LP Partner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 02 / 2011
Transaction ID : C5727963

Amount of Each Receipt this Period
 500.00

[MEMO ITEM]
 *

SUBTOTAL of Receipts This Page (optional)..... ▶ 1500.00

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

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 18 OF 24
(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
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NAME OF COMMITTEE (In Full)
Physician Hospitals of America Political Action Committee

A. Full Name (Last, First, Middle Initial)
Linda McIntodd

Mailing Address 1335 Cecile Drive

City Cedar Hill State TX Zip Code 75104

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

Name of Employer McIntodd Partners LP Occupation Partner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 02 / 2011

Transaction ID : **C5727964**

Amount of Each Receipt this Period
500.00

[MEMO ITEM]
*

B. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	0.00
TOTAL This Period (last page this line number only).....▶	25250.00

**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. BILL JOHNSON FOR CONGRESS COMMITTEE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		13		2011

Mailing Address P.O. BOX 14496

Transaction ID : D423231

City POLAND State OH Zip Code 44514

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement
Contribution

--

Candidate Name

BILL JOHNSON

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: OH District: 06

Full Name (Last, First, Middle Initial)

B. BOEHNER FOR SPEAKER

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		21		2011

Mailing Address 320 FIRST ST. SE

Transaction ID : D407651

City WASHINGTON State DC Zip Code 20003

Amount of Each Disbursement this Period

500.00

Purpose of Disbursement
Contribution

011

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C. CHARLES BOUSTANY JR MD FOR CONGRESS INC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		06		2011

Mailing Address PO BOX 80126

Transaction ID : D421447

City LAFAYETTE State LA Zip Code 70598

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement
Contribution

--

Candidate Name

CHARLES BOUSTANY JR.

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: LA District: 07

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

2500.00

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

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**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. DIANE BLACK FOR CONGRESS

Mailing Address PO Box 1437

City Gallatin State TN Zip Code 37066-1437

Purpose of Disbursement Contribution

Candidate Name

DIANE L. BLACK

Office Sought: House Senate President

State: TN District: 06

Disbursement For: 2012 Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 07 / 2011

Transaction ID : **D409661**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. FEINSTEIN FOR SENATE

Mailing Address 1212 S VICTORY BLVD

City BURBANK State CA Zip Code 91502

Purpose of Disbursement Contribution

Candidate Name

Dianne Feinstein

Office Sought: House Senate President

State: CA District:

Disbursement For: 2012 Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
12 / 01 / 2011

Transaction ID : **D421432**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. GARDNER FOR CONGRESS 2012

Mailing Address PO BOX 2408

City LOVELAND State CO Zip Code 80539

Purpose of Disbursement Contribution

Candidate Name

CORY GARDNER

Office Sought: House Senate President

State: CO District: 04

Disbursement For: 2012 Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
12 / 12 / 2011

Transaction ID : **D423232**

Amount of Each Disbursement this Period

2000.00

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

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

5500.00

**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. HATCH ELECTION COMMITTEE INC

Mailing Address 175 S West Temple
Ste 650

City State Zip Code
Salt Lake City UT 84101-1422

Purpose of Disbursement
Contribution

Candidate Name
ORRIN G HATCH

Office Sought: House Senate President
Disbursement For: 2012 Primary General Other (specify) ▼
State: UT District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		30		2011

Transaction ID : D421430

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. JIM GERLACH FOR CONGRESS COMMITTEE

Mailing Address PO Box 87

City State Zip Code
Uwchland PA 19480-0087

Purpose of Disbursement
Contribution

Candidate Name
JIM GERLACH

Office Sought: House Senate President
Disbursement For: 2012 Primary General Other (specify) ▼
State: PA District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		04		2011

Transaction ID : D421445

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. LONE STAR LEADERSHIP PAC

Mailing Address 7315 Wisconsin Avenue
Suite 310 East

City State Zip Code
Bethesda MD 20814

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		01		2011

Transaction ID : D421446

Amount of Each Disbursement this Period

1500.00

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

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

5000.00

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**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. LONE STAR LEADERSHIP PAC

Mailing Address 7315 Wisconsin Avenue
Suite 310 East

City Bethesda State MD Zip Code 20814

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
11 / 17 / 2011

Transaction ID : D421429

Amount of Each Disbursement this Period

1000.00

Category/
Type

Full Name (Last, First, Middle Initial)

B. MARSHA BLACKBURN FOR CONGRESS, INC.

Mailing Address PO Box 3750

City Brentwood State TN Zip Code 37024-3750

Purpose of Disbursement
Contribution

Candidate Name

MARSHA BLACKBURN

Office Sought: House
 Senate
 President
State: TN District: 07

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 12 / 2011

Transaction ID : D419132

Amount of Each Disbursement this Period

1000.00

Category/
Type

Full Name (Last, First, Middle Initial)

C. PETE SESSIONS FOR CONGRESS

Mailing Address PO Box 823047

City Dallas State TX Zip Code 75382

Purpose of Disbursement
Contribution

Candidate Name

PETE SESSIONS

Office Sought: House
 Senate
 President
State: TX District: 32

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
07 / 25 / 2011

Transaction ID : D407652

Amount of Each Disbursement this Period

1500.00

Category/
Type

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

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

3500.00

**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. POMPEO FOR CONGRESS INC

Mailing Address PO BOX 780146

City State Zip Code
WICHITA KS 67212

Purpose of Disbursement
Contribution

Candidate Name

MICHAEL RICHARD POMPEO

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: KS District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12	/	01	/	2011

Transaction ID : D421431

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. STEVE CHABOT FOR CONGRESS

Mailing Address 3339 Harrison Ave.

City State Zip Code
Cincinnati OH 45211

Purpose of Disbursement
Contribution

Candidate Name

STEVE CHABOT

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: OH District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10	/	20	/	2011

Transaction ID : D419133

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. TEXAS FREEDOM FUND

Mailing Address 104 East Hume Avenue

City State Zip Code
Alexandria VA 22301

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	14	/	2011

Transaction ID : D409662

Amount of Each Disbursement this Period

1000.00

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

4000.00

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

20500.00

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 type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" 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. Physician Synergy Group

Mailing Address 9080 Harry Hines Blvd.
Suite 110

City Dallas State TX Zip Code 75235

Purpose of Disbursement
partial refund of 1/2009 contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : D409200

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

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