

**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="2007"/>		13684.77
(b) Cash on Hand at Beginning of Reporting Period.....	13684.77	
(c) Total Receipts (from Line 19)	57440.00	57440.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	71124.77	71124.77
7. Total Disbursements (from Line 31).....	49110.55	49110.55
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	22014.22	22014.22
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)

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).....	51240.00	51240.00
(ii) Unitemized	1200.00	1200.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	52440.00	52440.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	52440.00	52440.00
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	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))..... ▶	57440.00	57440.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	57440.00	57440.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

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	110.55	110.55
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	110.55	110.55
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	49000.00	49000.00
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	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) 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)) ..	49110.55	49110.55
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	49110.55	49110.55

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)	52440.00	52440.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	52440.00	52440.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	110.55	110.55
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	110.55	110.55

**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 40
<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

Full Name (Last, First, Middle Initial) A. Samir Abu-Ghazaleh		Date of Receipt MM / DD / YYYY 06 / 04 / 2007 Transaction ID : C157
Mailing Address 1315 S Cliff Ave Ste 3000		Amount of Each Receipt this Period 1500.00
City Sioux Falls	State Zip Code SD 57105-1061	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 1500.00
Name of Employer OB/GYN & GYN Oncology, PC	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Carlos Acosta MD		Date of Receipt MM / DD / YYYY 03 / 21 / 2007 Transaction ID : C141
Mailing Address 6929 Calender Rd		Amount of Each Receipt this Period 2000.00
City Arlington	State Zip Code TX 76001-6609	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 2000.00
Name of Employer Arlington Neurosurgical Association	Occupation Neurosurgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Arlington Association of Neurological Surgeons, PA		Date of Receipt MM / DD / YYYY 03 / 16 / 2007 Transaction ID : C138
Mailing Address 1001 N Waldrop Dr Ste 801		Amount of Each Receipt this Period 1000.00
City Arlington	State Zip Code TX 76012-4706	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 1000.00
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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

4500.00

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 7 OF 40
<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. Scott Becker
Full Name (Last, First, Middle Initial)

Mailing Address 77 W Wacker Dr
Ste 4100

City Chicago State IL Zip Code 60601-1683

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

Name of Employer McGuire Woods Occupation Attorney

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
05 / 23 / 2007
Transaction ID : C156

Amount of Each Receipt this Period
500.00

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

Mailing Address 575 Sioux Point Road

City Dakota Dunes State SD Zip Code 57049

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

Name of Employer Ctr for Neuroscience Orthopaed Occupation Neurosurgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt
04 / 30 / 2007
Transaction ID : C151

Amount of Each Receipt this Period
750.00

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

Mailing Address 575 Sioux Point Road

City Dakota Dunes State SD Zip Code 57049

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

Name of Employer CNOS Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
03 / 23 / 2007
Transaction ID : C143

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 8 OF 40
<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. Mark Fox
Full Name (Last, First, Middle Initial)

Mailing Address 1210 West 18th Street #204

City Sioux Falls State SD Zip Code 57104

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

Name of Employer North Center Occupation Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 3557.67

Date of Receipt 06 / 29 / 2007

Transaction ID : C164

Amount of Each Receipt this Period 3500.00

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

Mailing Address 409 Rivervalley Ct

City Arlington State TX Zip Code 76006-3646

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

Name of Employer Urology Associates of North Texas (UAN) Occupation Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 28 / 2007

Transaction ID : C144

Amount of Each Receipt this Period 500.00

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

Mailing Address 600 S. Cliff Ave. Suite 106

City Sioux Falls State SD Zip Code 57104-5355

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

Name of Employer Surgical Mgmt. Professionals Occupation President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 04 / 30 / 2007

Transaction ID : C150

Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 5000.00

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 40
	<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. J. Daniel Johnson
Full Name (Last, First, Middle Initial)

Mailing Address 1300 West Terrell Avenue #405

City	State	Zip Code
Fort Worth	TX	76104

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

Name of Employer	Occupation
Urology Associates of N.Texas	Urologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	12	/	2007

Transaction ID : C135

Amount of Each Receipt this Period
2000.00

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

Mailing Address 705 North Sioux Point Road Suite 100

City	State	Zip Code
Dakota Dunes	SD	57049

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

Name of Employer	Occupation
Midlands Clinic	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
06	/	04	/	2007

Transaction ID : C158

Amount of Each Receipt this Period
1000.00

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

Mailing Address 1200 S Euclid Ave

City	State	Zip Code
Sioux Falls	SD	57105-7703

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

Name of Employer	Occupation
Urology Associates	Urologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	15	/	2007

Transaction ID : C120

Amount of Each Receipt this Period
2000.00

SUBTOTAL of Receipts This Page (optional).....▶	5000.00
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 10 OF 40
<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. William Katzenmeyer
 Full Name (Last, First, Middle Initial)
 Mailing Address 3964 S. Ramsey
 City Baton Rouge State LA Zip Code 70808
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Baton Rouge Ear, Nose & Throat Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **02 / 12 / 2007**
Transaction ID : C127
 Amount of Each Receipt this Period **250.00**

B. Thomas Kenny
 Full Name (Last, First, Middle Initial)
 Mailing Address 101 Tower Road Suite 120
 City Dakota Dunes State SD Zip Code 57049
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Ear Nose & Throat Consultants Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **04 / 30 / 2007**
Transaction ID : C152
 Amount of Each Receipt this Period **1000.00**

C. Peter Looby
 Full Name (Last, First, Middle Initial)
 Mailing Address 810 East 23rd Street
 City Sioux Falls State SD Zip Code 57105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Orthopedic Institute Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1179.23**

Date of Receipt **05 / 23 / 2007**
Transaction ID : C155
 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 11 OF 40
	<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. Marius Maxwell
Full Name (Last, First, Middle Initial)

Mailing Address 4141 5th Street

City Rapid City State SD Zip Code 57701

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

Name of Employer The Spine Center Occupation Neurosurgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 16 / 2007

Transaction ID : C139

Amount of Each Receipt this Period
 2000.00

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

Mailing Address 900 Karen Drive

City Yankton State SD Zip Code 57078

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

Name of Employer Yankton Bone & Joint 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
 06 / 04 / 2007

Transaction ID : C161

Amount of Each Receipt this Period
 1000.00

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

Mailing Address 575 Sioux Point Road

City Dakota Dunes State SD Zip Code 57049

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

Name of Employer CNOS 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
 06 / 04 / 2007

Transaction ID : C159

Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional).....▶	4000.00
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 12 OF 40
<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. Richard M. Ratino
Full Name (Last, First, Middle Initial)

Mailing Address 1583 Plum Creek Road

City State Zip Code
Sioux City IA 51103

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

Name of Employer Occupation
Siouxland Women's Healthcare 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
04 / 04 / 2007

Transaction ID : C146

Amount of Each Receipt this Period
1000.00

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

Mailing Address 575 Sioux Point Road

City State Zip Code
Dakota Dunes SD 57049

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

Name of Employer Occupation
CNOS 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
03 / 23 / 2007

Transaction ID : C142

Amount of Each Receipt this Period
1000.00

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

Mailing Address 4141 Fifth Street

City State Zip Code
Rapid City SD 57701

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

Name of Employer Occupation
The Spine Center Neurosurgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
03 / 16 / 2007

Transaction ID : C140

Amount of Each Receipt this Period
2000.00

SUBTOTAL of Receipts This Page (optional).....▶	4000.00
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 13 OF 40
<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. William Rizk
Full Name (Last, First, Middle Initial)

Mailing Address 705 North Sioux Point Road
Suite 100

City State Zip Code
Dakota Dunes SD 57049

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

Name of Employer Occupation
Midlands Clinic Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2007

Transaction ID : C153

Amount of Each Receipt this Period
750.00

B. Jacob Rosenstein MD, FACS
Full Name (Last, First, Middle Initial)

Mailing Address 800 W Arbrook Blvd Suite 150

City State Zip Code
Arlington TX 76015-4327

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

Name of Employer Occupation
North Texas Neurosurgical Consultants, Neurosurgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
03 / 12 / 2007

Transaction ID : C136

Amount of Each Receipt this Period
2000.00

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

Mailing Address 2233 Pueblo Court

City State Zip Code
Sioux City IA 51104

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

Name of Employer Occupation
Siouxland Women's Healthcare OB/GYN

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
04 / 04 / 2007

Transaction ID : C148

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional).....▶	3750.00
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 40
<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. Stephen Sessums
Full Name (Last, First, Middle Initial)

Mailing Address 7763 Copperfield Court

City Baton Rouge State LA Zip Code 70808

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

Name of Employer Children's Eye Center Occupation Ophthalmologist

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
 02 / 12 / 2007

Transaction ID : C130

Amount of Each Receipt this Period
 1000.00

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

Mailing Address 2945 Tradition Avenue

City Baton Rouge State LA Zip Code 70810

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

Name of Employer Louisiana Urology Occupation Urologist

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
 02 / 12 / 2007

Transaction ID : C131

Amount of Each Receipt this Period
 250.00

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

Mailing Address 1000 Jackson Street

City Sioux City State IA Zip Code 51105

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

Name of Employer Siouxland Women's Healthcare Occupation OB/GYN

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
 04 / 04 / 2007

Transaction ID : C145

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 15 OF 40
	<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. Keith A. Vollstedt
 Full Name (Last, First, Middle Initial)
 Mailing Address 612 North Sioux Point Road
 City State Zip Code
 Dakota Dunes SD 57049
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 General Surgery & Diagnostics Surgeon
 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
 04 / 04 / 2007
Transaction ID : C147
 Amount of Each Receipt this Period
 1000.00

B. Kirke Wheeler
 Full Name (Last, First, Middle Initial)
 Mailing Address 1201 East Euclid #104
 City State Zip Code
 Sioux Falls SD 57105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Surgical Associates Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1634.42

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 12 / 2007
Transaction ID : C163
 Amount of Each Receipt this Period
 1500.00

C. Mark E. Wheeler
 Full Name (Last, First, Middle Initial)
 Mailing Address 32788 K22
 City State Zip Code
 Sioux City IA 51108
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Center for Neuroscience Neurosurgeon
 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
 04 / 10 / 2007
Transaction ID : C149
 Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional).....▶	3500.00
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 40
<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. Carey Winder
Full Name (Last, First, Middle Initial)

Mailing Address 866 Woodgate Boulevard

City Baton Rouge State LA Zip Code 70808

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

Name of Employer Baton Rouge Orthopaedic Clinic Occupation Orthopaedist

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
 02 / 27 / 2007

Transaction ID : C134

Amount of Each Receipt this Period
 250.00

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

Mailing Address 600 Sioux Point Road

City Dakota Dunes State SD Zip Code 57049

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

Name of Employer Dunes Anesthesia Occupation 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
 04 / 30 / 2007

Transaction ID : C154

Amount of Each Receipt this Period
 1500.00

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

Mailing Address 810 East 23rd Street

City Sioux Falls State SD Zip Code 57105

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

Name of Employer Orthopedic Institute Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1047.67

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 04 / 2007

Transaction ID : C160

Amount of Each Receipt this Period
 990.00

SUBTOTAL of Receipts This Page (optional).....▶	2740.00
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 17 OF 40
<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. McIntodd Partners LP		Date of Receipt MM / DD / YYYY 03 / 16 / 2007
Mailing Address 1335 Cecile Drive		Transaction ID : C137
City Cedar Hill	State TX	Zip Code 75104-1535
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 2000.00	
Name of Employer	Occupation	PARTNERSHIP--partners below if itemized
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) B. Frederick McIntodd		Date of Receipt MM / DD / YYYY 03 / 16 / 2007
Mailing Address 1335 Cecile Drive		Transaction ID : C5683204
City Cedar Hill	State TX	Zip Code 75104
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00	
Name of Employer McIntodd Partners LP	Occupation Partner	[MEMO ITEM] *
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Linda McIntodd		Date of Receipt MM / DD / YYYY 03 / 16 / 2007
Mailing Address 1335 Cecile Drive		Transaction ID : C5683208
City Cedar Hill	State TX	Zip Code 75104
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00	
Name of Employer McIntodd Partners LP	Occupation Partner	[MEMO ITEM] *
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional).....▶	2000.00
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 18 OF 40
<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. Sioux Falls Surgical Physicians, LLC
 Full Name (Last, First, Middle Initial)
 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 ▼ 10000.00

Date of Receipt 02 / 12 / 2007
Transaction ID : C121
 Amount of Each Receipt this Period 10000.00
 PARTNERSHIP--partners below if itemized

B. Mark Fox
 Full Name (Last, First, Middle Initial)
 Mailing Address 1210 West 18th Street #204
 City Sioux Falls State SD Zip Code 57104
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation North Center Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3557.67

Date of Receipt 02 / 12 / 2007
Transaction ID : C1010
 Amount of Each Receipt this Period 57.67
[MEMO ITEM]
 *

C. Peter Looby
 Full Name (Last, First, Middle Initial)
 Mailing Address 810 East 23rd Street
 City Sioux Falls State SD Zip Code 57105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation Orthopedic Institute Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1179.23

Date of Receipt 02 / 12 / 2007
Transaction ID : C1017
 Amount of Each Receipt this Period 179.23
[MEMO ITEM]
 *

SUBTOTAL of Receipts This Page (optional).....▶ 10000.00
TOTAL This Period (last page this line number only).....▶

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : C121

Please see the Year End 2007 report for a partial refund to Sioux Falls Surgical Physicians, LLC.

Form/Schedule:

Transaction ID:

**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 20 OF 40
	<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. Peter K. Rodman
Full Name (Last, First, Middle Initial)

Mailing Address 910 E 20th St

City State Zip Code
Sioux Falls SD 57105

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

Name of Employer Occupation
Sioux Falls Surgical Physician Partner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
242.19

Date of Receipt
M M / D D / Y Y Y Y Y
02 / 12 / 2007

Transaction ID : C1113

Amount of Each Receipt this Period
242.19

[MEMO ITEM]
*

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

Mailing Address 1100 East 26th Street

City State Zip Code
Sioux Falls SD 57105

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

Name of Employer Occupation
Anesthesiology Associates Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
537.71

Date of Receipt
M M / D D / Y Y Y Y Y
02 / 12 / 2007

Transaction ID : C1026

Amount of Each Receipt this Period
537.71

[MEMO ITEM]
*

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

Mailing Address 1201 East Euclid #104

City State Zip Code
Sioux Falls SD 57105

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

Name of Employer Occupation
Surgical Associates Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1634.42

Date of Receipt
M M / D D / Y Y Y Y Y
02 / 12 / 2007

Transaction ID : C1036

Amount of Each Receipt this Period
134.42

[MEMO ITEM]
*

SUBTOTAL of Receipts This Page (optional).....▶	0.00
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 21 OF 40
(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)
Timothy Zoellner

Mailing Address 810 East 23rd Street

City State Zip Code
Sioux Falls SD 57105

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

Name of Employer Occupation
Orthopedic Institute Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1047.67

Date of Receipt
MM / DD / YYYY
02 / 12 / 2007

Transaction ID : C1039

Amount of Each Receipt this Period
57.67

[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
MM / DD / YYYY

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
MM / DD / YYYY

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	0.00
TOTAL This Period (last page this line number only).....▶	51240.00

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

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

FOR LINE NUMBER: PAGE 22 OF 40
(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
------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	--	-----------------------------

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

A. CONGRESSIONAL MAJORITY COMMITTEE

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 746

City Bakersfield State CA Zip Code 93302-0746

FEC ID number of contributing federal political committee. **C** C00117721

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
MM / DD / YYYY
06 / 12 / 2007

Transaction ID : C162

Amount of Each Receipt this Period
5000.00

Refund

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
MM / DD / YYYY

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
MM / DD / YYYY

Amount of Each Receipt this Period

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 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. ABERCROMBIE FOR CONGRESS

Mailing Address 1357 Kapiolani Blvd
Ste 1005

City Honolulu State HI Zip Code 96814-4537

Purpose of Disbursement
Contribution

Candidate Name
NEIL ABERCROMBIE

Office Sought: House Senate President
Disbursement For: 2008 Primary General Other (specify) ▼
State: HI District: 01

Date of Disbursement

MM / DD / YYYY
06 / 21 / 2007

Transaction ID : D136

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. BASS VICTORY COMMITTEE

Mailing Address PO BOX 3451

City CONCORD State NH Zip Code 03302

Purpose of Disbursement
Voided 11/3/2006 Contribution

Candidate Name
CHARLES BASS

Office Sought: House Senate President
Disbursement For: 2006 Primary General Other (specify) ▼
State: NH District: 02

Date of Disbursement

MM / DD / YYYY
03 / 15 / 2007

Transaction ID : D103

Amount of Each Disbursement this Period

-2000.00

Full Name (Last, First, Middle Initial)

C. BEN CHANDLER FOR CONGRESS

Mailing Address PO Box 12678

City Lexington State KY Zip Code 40583-2678

Purpose of Disbursement
Contribution

Candidate Name
BEN CHANDLER III

Office Sought: House Senate President
Disbursement For: 2008 Primary General Other (specify) ▼
State: KY District: 06

Date of Disbursement

MM / DD / YYYY
04 / 19 / 2007

Transaction ID : D121

Amount of Each Disbursement this Period

1000.00

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

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

0.00

**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. BLUE DOG POLITICAL ACTION COMMITTEE

Mailing Address 6849 Old Dominion Drive
Suite 222

City McLean State VA Zip Code 22101

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
0	1		2	5		2	0	0	7

Transaction ID : D88

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

B. CARDOZA FOR CONGRESS

Mailing Address 555 Capitol Mall
Ste 1425

City Sacramento State CA Zip Code 95814-4602

Purpose of Disbursement
Contribution

Candidate Name

DENNIS CARDOZA

Office Sought: House
 Senate
 President
State: CA District: 18

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	1		2	0	0	7

Transaction ID : D123

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

C. CATHY MCMORRIS FOR CONGRESS

Mailing Address PO Box 137

City Spokane State WA Zip Code 99210

Purpose of Disbursement
Voided 11/3/2006 Contribution

Candidate Name

CATHY MCMORRIS

Office Sought: House
 Senate
 President
State: WA District: 05

Disbursement For: 2006
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	5		2	0	0	7

Transaction ID : D104

Amount of Each Disbursement this Period

2	0	0	0	0	0	0	0	0	0

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

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

4	0	0	0	0	0	0	0	0	0

0	0	0	0	0	0	0	0	0	0

**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. CHARLES BOUSTANY JR MD FOR CONGRESS INC

Mailing Address PO BOX 80126

City LAFAYETTE State LA Zip Code 70598

Purpose of Disbursement
Contribution

Candidate Name

CHARLES BOUSTANY JR.

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: LA District: 07

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	5		2	0	0	7

Transaction ID : D118

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

B. CHARLIE DENT FOR CONGRESS

Mailing Address PO Box 442

City Allentown State PA Zip Code 18105

Purpose of Disbursement
Contribution

Candidate Name

CHARLES DENT

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: PA District: 15

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	2		2	0	0	7

Transaction ID : D98

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

C. CITIZENS FOR HARKIN

Mailing Address PO Box 811

City Des Moines State IA Zip Code 50304-0811

Purpose of Disbursement
Contribution

Candidate Name

THOMAS RICHARD HARKIN

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: IA District: 00

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	4		2	0	0	7

Transaction ID : D122

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

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

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

3	0	0	0	0	0	0	0	0	0

1	0	0	0	0	0	0	0	0	0

**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. COBURN FOR SENATE 2010

Mailing Address PO Box 977

City State Zip Code
Muskogee OK 74402-0977

Purpose of Disbursement
Contribution

Candidate Name
THOMAS COBURN

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼
State: OK District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 05 / 2007

Transaction ID : D94

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. THE CONGRESSMAN JOE BARTON COMMITTEE

Mailing Address PO Box 1444

City State Zip Code
Ennis TX 75120-1444

Purpose of Disbursement
Contribution

Candidate Name
JOE LINUS BARTON

Office Sought: House Senate President
Disbursement For: 2008 Primary General Other (specify) ▼
State: TX District: 06

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 / 11 / 2007

Transaction ID : D119

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. DAVE CAMP FOR CONGRESS 2008

Mailing Address 5915 Eastman Ave
Ste 100

City State Zip Code
Midland MI 48640-6824

Purpose of Disbursement
Contribution

Candidate Name
DAVE CAMP

Office Sought: House Senate President
Disbursement For: 2008 Primary General Other (specify) ▼
State: MI District: 04

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 16 / 2007

Transaction ID : D115

Amount of Each Disbursement this Period

5000.00

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

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

11000.00

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. EARL POMEROY FOR CONGRESS

Mailing Address PO Box 9336

City Fargo State ND Zip Code 58106-9336

Purpose of Disbursement
Contribution

Candidate Name

EARL POMEROY

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: ND District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	22	/	2007

Transaction ID : D93

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. EARL POMEROY FOR CONGRESS

Mailing Address PO Box 9336

City Fargo State ND Zip Code 58106-9336

Purpose of Disbursement
Contribution

Candidate Name

EARL POMEROY

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: ND District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	06	/	2007

Transaction ID : D97

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. FREEDOM FUND

Mailing Address 1155 21st Street NW
Suite 300

City Washington State DC Zip Code 20036

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
03	/	12	/	2007

Transaction ID : D99

Amount of Each Disbursement this Period

5000.00

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

7000.00

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. FRIENDS OF BARBARA BOXER

Mailing Address PO Box 641751

City Los Angeles State CA Zip Code 90064-6751

Purpose of Disbursement
Contribution

Candidate Name
BARBARA BOXER

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼
State: CA District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	13	/	2007

Transaction ID : D120

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. FRIENDS OF CLAY SHAW

Mailing Address 2140 Three M Trl

City Deland State FL Zip Code 32720-1615

Purpose of Disbursement
Voided 11/3/2006 Contribution

Candidate Name
E CLAY SHAW JR

Office Sought: House Senate President
Disbursement For: 2006 Primary General Other (specify) ▼
State: FL District: 22

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	15	/	2007

Transaction ID : D106

Amount of Each Disbursement this Period

-2000.00

Full Name (Last, First, Middle Initial)

C. FRIENDS OF GORDON SMITH

Mailing Address 228 S Washington St
Ste 115

City Alexandria State VA Zip Code 22314-5404

Purpose of Disbursement
Contribution

Candidate Name
GORDON SMITH

Office Sought: House Senate President
Disbursement For: 2008 Primary General Other (specify) ▼
State: OR District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	15	/	2007

Transaction ID : D134

Amount of Each Disbursement this Period

1000.00

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

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

0.00

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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. FRIENDS OF MAX BURNS

Mailing Address PO Box 1965

City State Zip Code
Sylvania GA 30467-7165

Purpose of Disbursement
Voided 11/3/2006 Contribution

Candidate Name

MAX BURNS

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: GA District: 12

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	5		2	0	0	7

Transaction ID : D107

Amount of Each Disbursement this Period

-	2	0	0	0	0	0	0	0	0
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Full Name (Last, First, Middle Initial)

B. FRIENDS OF MIKE FERGUSON

Mailing Address PO Box 225

City State Zip Code
Colonia NJ 07067

Purpose of Disbursement
Voided 11/3/2006 Contribution

Candidate Name

MIKE FERGUSON

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: NJ District: 07

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	5		2	0	0	7

Transaction ID : D109

Amount of Each Disbursement this Period

-	2	0	0	0	0	0	0	0	0
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Full Name (Last, First, Middle Initial)

C. FRIENDS OF MIKE SODREL

Mailing Address 702 N Shore Dr
Ste 500

City State Zip Code
Jeffersonville IN 47130-3104

Purpose of Disbursement
Voided 11/3/2006 Contribution

Candidate Name

MIKE SODREL

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: IN District: 09

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	5		2	0	0	7

Transaction ID : D108

Amount of Each Disbursement this Period

-	2	0	0	0	0	0	0	0	0
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SUBTOTAL of Disbursements This Page (optional)..... ▶

-	6	0	0	0	0	0	0	0	0
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TOTAL This Period (last page this line number only)..... ▶

-	6	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

**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. GEOFF DAVIS FOR CONGRESS

Mailing Address 3161 Dixie Highway
Suite F

City Erlanger State KY Zip Code 41018

Purpose of Disbursement
Voided 11/3/2006 Contribution

Candidate Name
GEOFF DAVIS

Office Sought: House
 Senate
 President
State: KY District: 04

Disbursement For: 2006
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	15	/	2007

Transaction ID : D105

Amount of Each Disbursement this Period

-2000.00

Full Name (Last, First, Middle Initial)

B. GINGREY FOR CONGRESS

Mailing Address PO Box U

City Marietta State GA Zip Code 30061-1077

Purpose of Disbursement
Contribution

Candidate Name
J. PHILLIP GINGREY

Office Sought: House
 Senate
 President
State: GA District: 11

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	23	/	2007

Transaction ID : D116

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. HEATH SHULER FOR CONGRESS

Mailing Address PO Box 8446

City Asheville State NC Zip Code 28814

Purpose of Disbursement
Contribution

Candidate Name
HEATH SHULER

Office Sought: House
 Senate
 President
State: NC District: 11

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	28	/	2007

Transaction ID : D117

Amount of Each Disbursement this Period

1000.00

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

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

0.00

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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. HEATH SHULER FOR CONGRESS

Mailing Address PO Box 8446

City Asheville State NC Zip Code 28814

Purpose of Disbursement
Contribution

Candidate Name

HEATH SHULER

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: NC District: 11

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		02		2007

Transaction ID : D125

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. HEATHER WILSON FOR CONGRESS

Mailing Address PO Box 14070

City Albuquerque State NM Zip Code 87191-4070

Purpose of Disbursement
Voided 11/3/2006 Contribution

Candidate Name

HEATHER WILSON

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: NM District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		15		2007

Transaction ID : D110

Amount of Each Disbursement this Period

-2000.00

Full Name (Last, First, Middle Initial)

C. HERSETH FOR CONGRESS

Mailing Address PO BOX 2009

City SIOUX FALLS State SD Zip Code 57101

Purpose of Disbursement
Contribution

Candidate Name

STEPHANIE M HERSETH SANDLIN

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: SD District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		12		2007

Transaction ID : D90

Amount of Each Disbursement this Period

1000.00

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

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

0.00

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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. HERSETH FOR CONGRESS

Mailing Address PO BOX 2009

City SIOUX FALLS State SD Zip Code 57101

Purpose of Disbursement Contribution

Candidate Name
STEPHANIE M HERSETH SANDLIN

Office Sought: House Senate President
Disbursement For: 2008 Primary General Other (specify) ▼
State: SD District: 00

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			2	2			2	0	0	7		

Transaction ID : D137

Amount of Each Disbursement this Period

1	0	0	.	0	0
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. JIM COSTA FOR CONGRESS

Mailing Address 2037 W Bullard Avenue #355

City Fresno State CA Zip Code 93711

Purpose of Disbursement Contribution

Candidate Name
JIM COSTA

Office Sought: House Senate President
Disbursement For: 2008 Primary General Other (specify) ▼
State: CA District: 20

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	2			2	0	0	7		

Transaction ID : D91

Amount of Each Disbursement this Period

1	0	0	.	0	0
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. JIM RAMSTAD VOLUNTEER COMMITTEE

Mailing Address 1809 Plymouth Rd Ste 310

City Minnetonka State MN Zip Code 55305-1977

Purpose of Disbursement Contribution

Candidate Name
JIM RAMSTAD

Office Sought: House Senate President
Disbursement For: 2008 Primary General Other (specify) ▼
State: MN District: 03

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			0	5			2	0	0	7		

Transaction ID : D95

Amount of Each Disbursement this Period

1	0	0	.	0	0
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SUBTOTAL of Disbursements This Page (optional)..... ▶

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

3	0	0	.	0	0
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1	0	0	.	0	0
---	---	---	---	---	---

**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. JIM RAMSTAD VOLUNTEER COMMITTEE

Mailing Address 1809 Plymouth Rd
Ste 310

City State Zip Code
Minnetonka MN 55305-1977

Purpose of Disbursement
Contribution

Candidate Name

JIM RAMSTAD

Office Sought: House
 Senate
 President
State: MN District: 03

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 13 / 2007

Transaction ID : D132

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. JOHN D. DINGELL FOR CONGRESS COMMITTEE

Mailing Address 607 14th St NW
Ste 800

City State Zip Code
Washington DC 20005-2005

Purpose of Disbursement
Contribution

Candidate Name

JOHN DINGELL

Office Sought: House
 Senate
 President
State: MI District: 15

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
01 / 05 / 2007

Transaction ID : D87

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. JON PORTER FOR CONGRESS COMMITTEE

Mailing Address 1420 Cypress Creek Rd
Ste 200-320

City State Zip Code
Cedar Park TX 78613-3610

Purpose of Disbursement
Voided 11/3/2006 Contribution

Candidate Name

JON PORTER

Office Sought: House
 Senate
 President
State: TX District: 31

Disbursement For: 2006
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 15 / 2007

Transaction ID : D111

Amount of Each Disbursement this Period

-2000.00

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

1500.00

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)

<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. MAC COLLINS FOR CONGRESS

Mailing Address PO Box 962

City Jackson State GA Zip Code 30233-0021

Purpose of Disbursement
Voided 11/3/2006 Contribution

Candidate Name
MAC COLLINS

Office Sought: House Senate President
Disbursement For: 2006 Primary General Other (specify) ▼
State: GA District: 08

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	3		1	5		2	0	0	7		

Transaction ID : D112

Amount of Each Disbursement this Period

-	2	0	0	0	0	0	0	0	0	0	0
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Full Name (Last, First, Middle Initial)

B. MARION BERRY FOR CONGRESS

Mailing Address PO Box 8084

City Jonesboro State AR Zip Code 72403-8084

Purpose of Disbursement
Contribution

Candidate Name
MARION BERRY

Office Sought: House Senate President
Disbursement For: 2008 Primary General Other (specify) ▼
State: AR District: 01

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	5		0	8		2	0	0	7		

Transaction ID : D126

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. MATHESON FOR CONGRESS

Mailing Address PO Box 521048

City Salt Lake City State UT Zip Code 84152-1048

Purpose of Disbursement
Contribution

Candidate Name
JAMES DAVID MATHESON

Office Sought: House Senate President
Disbursement For: 2008 Primary General Other (specify) ▼
State: UT District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		0	6		2	0	0	7		

Transaction ID : D129

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0	0	0
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SUBTOTAL of Disbursements This Page (optional)..... ▶

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

0	0	0	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---	---	---

0	0	0	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---	---	---

**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. MCCONNELL SENATE COMMITTEE '08

Mailing Address PO Box 1496

City State Zip Code
Louisville KY 40201-1496

Purpose of Disbursement
Contribution

Candidate Name
MITCH MCCONNELL

Office Sought: House Senate President
Disbursement For: 2008 Primary General Other (specify) ▼
State: KY District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			1	2			2	0	0	7		

Transaction ID : D100

Amount of Each Disbursement this Period

5	0	0	.	0	0
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. MCCRERY FOR CONGRESS COMMITTEE

Mailing Address 9674 Calliope Ln

City State Zip Code
Shreveport LA 71115-4600

Purpose of Disbursement
Contribution

Candidate Name
JAMES OTIS MCCRERY III

Office Sought: House Senate President
Disbursement For: 2008 Primary General Other (specify) ▼
State: LA District: 04

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			2	1			2	0	0	7		

Transaction ID : D135

Amount of Each Disbursement this Period

3	0	0	.	0	0
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. MELISSA BEAN FOR CONGRESS

Mailing Address PO Box 3068

City State Zip Code
Barrington IL 60011-3068

Purpose of Disbursement
Contribution

Candidate Name
MELISSA BEAN

Office Sought: House Senate President
Disbursement For: 2008 Primary General Other (specify) ▼
State: IL District: 08

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			1	3			2	0	0	7		

Transaction ID : D133

Amount of Each Disbursement this Period

2	5	0	.	0	0
---	---	---	---	---	---

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

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

1	0	5	0	0	0
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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. PALLONE FOR CONGRESS

Mailing Address PO Box 3176

City State Zip Code
Long Branch NJ 07740-3176

Purpose of Disbursement
Contribution

Candidate Name

FRANK PALLONE JR

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: NJ District: 06

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 12 / 2007

Transaction ID : D101

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. PALLONE FOR CONGRESS

Mailing Address PO Box 3176

City State Zip Code
Long Branch NJ 07740-3176

Purpose of Disbursement
Contribution

Candidate Name

FRANK PALLONE JR

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: NJ District: 06

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 28 / 2007

Transaction ID : D139

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. PEOPLE WITH HART INC

Mailing Address PO Box 435

City State Zip Code
Wexford PA 15090-0435

Purpose of Disbursement
Voided 11/3/2006 Contribution

Candidate Name

MELISSA A. HART

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: PA District: 04

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 15 / 2007

Transaction ID : D113

Amount of Each Disbursement this Period

-2000.00

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

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

1000.00

**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. PETE STARK RE-ELECTION COMMITTEE

Mailing Address PO Box 8331

City State Zip Code
Fremont CA 94537-8331

Purpose of Disbursement
Contribution

Candidate Name
PETE STARK

Office Sought: House
 Senate
 President
State: CA District: 13

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	2		2	0	0	7

Transaction ID : D124

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

B. RANGEL FOR CONGRESS

Mailing Address PO Box 5577
MANHATTANVILLE STA

City State Zip Code
New York NY 10027-5570

Purpose of Disbursement
Contribution

Candidate Name
CHARLES B. RANGEL

Office Sought: House
 Senate
 President
State: NY District: 15

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		3	1		2	0	0	7

Transaction ID : D89

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

C. RANGEL FOR CONGRESS

Mailing Address PO Box 5577
MANHATTANVILLE STA

City State Zip Code
New York NY 10027-5570

Purpose of Disbursement
Contribution

Candidate Name
CHARLES B. RANGEL

Office Sought: House
 Senate
 President
State: NY District: 15

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	9		2	0	0	7

Transaction ID : D127

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0

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

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

6	0	0	0	0	0	0	0	0	0

6	0	0	0	0	0	0	0	0	0

**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. RANGEL FOR CONGRESS

Mailing Address PO Box 5577
MANHATTANVILLE STA

City New York State NY Zip Code 10027-5570

Purpose of Disbursement
Contribution

Candidate Name
CHARLES B. RANGEL

Office Sought: House Senate President
Disbursement For: 2008 Primary General Other (specify) ▼
State: NY District: 15

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	5		2	9		2	0	0	7		

Transaction ID : D128

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
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Full Name (Last, First, Middle Initial)

B. TEXANS FOR SENATOR JOHN CORNYN INC

Mailing Address 6850 Austin Center Blvd
Ste 180

City Austin State TX Zip Code 78731-3129

Purpose of Disbursement
Contribution

Candidate Name
JOHN CORNYN

Office Sought: House Senate President
Disbursement For: 2008 Primary General Other (specify) ▼
State: TX District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		0	6		2	0	0	7		

Transaction ID : D130

Amount of Each Disbursement this Period

2	0	0	0	.	0	0
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Full Name (Last, First, Middle Initial)

C. WALLY HERGER FOR CONGRESS COMMITTEE

Mailing Address PO Box 1500

City Chico State CA Zip Code 95927-1500

Purpose of Disbursement
Contribution

Candidate Name
WALLY HERGER

Office Sought: House Senate President
Disbursement For: 2008 Primary General Other (specify) ▼
State: CA District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		2	2		2	0	0	7		

Transaction ID : D138

Amount of Each Disbursement this Period

2	0	0	0	.	0	0
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SUBTOTAL of Disbursements This Page (optional)..... ▶

6	5	0	0	.	0	0
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TOTAL This Period (last page this line number only)..... ▶

6	5	0	0	.	0	0
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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. WALSH FOR CONGRESS COMMITTEE

Mailing Address 306 Winkworth Pkwy

City Syracuse State NY Zip Code 13215-1550

Purpose of Disbursement
Voided 11/3/2006 Contribution

Candidate Name
JAMES T. WALSH

Office Sought: House
 Senate
 President
State: NY District: 25

Disbursement For: 2006
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	15	/	2007

Transaction ID : D114

Amount of Each Disbursement this Period

-2000.00

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) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
	/		/	

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) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
	/		/	

Amount of Each Disbursement this Period

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

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

-2000.00

49000.00
