06/28/2011 12:48

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FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example: If typing, type COMMITTEE (in full) OR TYPE OR PRINT over the lines PHYSICIAN HOSPITALS OF AMERICA POLITICAL ACTION COMMITTEE PO Box 70980 ADDRESS (number and street) Check if different than previously DC 20024 Washington reported. (ACC) FEC IDENTIFICATION NUMBER **STATE** ZIPCODE A CITY A IS THIS NEW **AMENDED** C00394163 Χ REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) 12-Day (c) Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year Х (d) 30-Day Report(Non-election Year Only) (MY) Runoff (30R) Post -Election General (30G) Special (30S) Report for the: Termination Report (TER) in the Election on State of 0 1 0 1 2007 06 30 2007 through Covering Period I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. John Richardson Type or Print Name of Treasurer John Richardson Electronically Filed by 06 28 2011 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** Use (Rev. 12/2004) Only

FE6AN026

FEC Form 3X (Rev. 02/2003)

SUMMARY PAGE OF RECEIPTS AND DISRUPSEMENTS

OF RECEIPTS AND DISBURSEMENTS

Page 2

Write or Type Committee Name
PHYSICIAN HOSPITALS OF AMERICA POLITICAL ACTION COMMITTEE

D D [®]D 0 1 0 1 2007 0.6 3 0 2007 Report Covering the Period: From: To: **COLUMN A COLUMN B This Period** Calendar Year-to-Date (a) Cash on Hand 2007^Y 13684.77 January 1 (b) Cash on Hand at 13684.77 Begining of Reporting Period 57440.00 57440.00 (c) Total Receipts (from Line 19) (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 71124.77 71124.77 6(a) and 6(c) for Column B) 49110.55 49110.55 Total Disbursements (from Line 31) Cash on Hand at Close of Reporting Period 22014.22 22014.22 (subtract Line 7 from Line 6(d)) 9. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D)

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) Page 3

Write or Type Committee Name

PHYSICIAN HOSPITALS OF AMERICA POLITICAL ACTION COMMITTEE

м м 0 1 0 1 м°м 06 3 0 2007 2007 Report Covering the Period: From: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 51240.00 51240.00 (i) Itemized (use Schedule A) 1200.00 1200.00 (ii) Unitemized (iii) TOTAL (add 52440.00 52440.00 Lines 11(a)(i) and (ii) 0.00 0.00 (b) Political Party Committees (c) Other Political Committees 0.00 0.00 (such as PACs) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry 52440.00 52440.00 Totals to Line 33, page 5) 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees 0.00 0.00 13. All Loans Received 0.00 0.00 14. Loan Repayments Received 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 0.00 0.00 (Carry Totals to Line 37, page 5) 16. Refunds of Contributions Made to Federal candidates and Other 5000.00 5000.00 Political Committees 17. Other Federal Receipts 0.00 0.00 (Dividends, Interest, etc.) 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 0.00 (from Schedule H3) 0.00 0.00 (b) Levin Funds (from Schedule H5) 0.00 0.00 (c) Total Transfer (add 18(a) and 18(b)). 19. Total Receipts (add Lines 11(d), 57440.00 57440.00 12, 13, 14, 15, 16, 17, and 18(c)) 20. Total Federal Receipts 57440.00 57440.00 (subtract Line 18(c) from Line 19)

FE6AN026

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4 **COLUMN A COLUMN B II. DISBURSEMENTS Total This Period** Calendar Year-to-Date 21. Operating Expenditures:
(a) Shared Federal/Non-Federal Activity (from Schedule H4) 0.00 0.00 (i) Federal Share..... 0.00 0.00 (ii) Non-Federal Share..... (b) Other Federal Operating 110.55 110.55 Expenditures..... (c) Total Operating Expenditures 110.55 110.55 (add 21(a)(i), (a)(ii) and (b))........... 22. Transfers to Affiliated/Other Party 0.00 0.00 Committees..... Contributions to Federal Candidates/Committees.....and Other Political Committees..... 49000.00 49000.00 24. Independent Expenditure 0.00 0.00 (use Schedule E) 25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)..... 0.00 0.00 0.00 0.00 26. Loan Repayments Made..... 0.00 0.00 27. Loans Made..... 28. Refunds of Contributions To: Individuals/Persons Other 0.00 0.00 Than Political Committees 0.00 0.00 (b) Political Party Committees (c) Other Political Committees 0.00 0.00 (such as PACs) Total Contribution Refunds 0.00 0.00 (add Lines 28(a), (b), and (c)) 0.00 0.00 29. Other Disbursements..... 30. Federal Election Activity (2 U.S.C 431(20)) (a) Shared Federal Election Activity (from Schedule H6) 0.00 0.00 (i) Federal Share 0.00 0.00 (ii) "Levin" Share (b) Federal Election Activity Paid Entirely 0.00 0.00 With Federal Funds (c) Total Federal Election Activity (add 0.00 0.00 Lines 30(a)(i), 30(a)(ii) and 30(b)).... 31. Total Disbursements (add Lines 21(c), 22, 49110.55 49110.55 23, 24, 25, 26, 27, 28(d), 29 and 30(c)).. 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	

FE6AN026

SCHEDULE A	(FEC Form 3X) CEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE N (check only only only only only only only only	
Any information copie or for commercial pur	poses, other than using the na	ements may me and add	not be sold or used by any pers ress of any political committee to	on for the purpos solicit contribut	se of soliciting contributions ions from such committee.
1 \	OSPITALS OF AMERICA	POLITICA	L ACTION COMMITTEE		
Full Name (Last, F Samir Abu-Ghazale	h ,			Date of R	•
	1000 E. 21st Street #3000			0 6	0 4 2 0 0 7
City Sioux Falls		State SD	Zip Code 57105		on ID: SA11AI.4701 of Each Receipt this Period
FEC ID number of federal political co		C		- Alloune	1500.00
Name of Employe OB/GYN & GYN	Oncology, PC	Occupation Physician			
Receipt For: Primary Other (spec	General fy) ▼	Aggregate	Year-to-Date ▼ 1500.00		
Full Name (Last, F Carlos Acosta				Date of R	•
Mailing Address	811 W I-20 Suite 132			03	21 2007
City Arlington		State TX	Zip Code 76017		on ID: SA11AI.4675
FEC ID number of federal political co		C	70017	Amount	of Each Receipt this Period 2000.00
Name of Employe Arlington Neurosu Assoc	rgical	Occupation Neurosurg			
Receipt For: Primary Other (spec	General fy) ▼	Aggregate	Year-to-Date ▼ 2000.00		
Full Name (Last, F	rirst, Middle Initial) on of Neurological Surgeons, PA			Date of R	eceipt
					16 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Arlington		State TX	Zip Code 76012		on ID: SA11AI.4670 If Each Receipt this Period
FEC ID number of federal political co		C	70012	Amount	1000.00
Name of Employe	,	Occupation		See Refu	nd Mid Year 2011
Receipt For: Primary Other (spec	General (fy) ▼	Aggregate	Year-to-Date ▼ 1000.00		
SUBTOTAL of Rece	eipts This Page (optional)				4500.00
	(last page this line number onli				

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7/37 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and St or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) PHYSICIAN HOSPITALS OF AMERICA	name and address of any political committee t	son for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Scott Becker Mailing Address 77 W. Wacker Dr., Suit City Chicago FEC ID number of contributing federal political committee. Name of Employer McGuire Woods Receipt For: Primary General Other (specify)	te 4100 State Zip Code IL 60601 C Occupation Attorney Aggregate Year-to-Date ▼	Date of Receipt M M D D 2 3 2 0 0 7
Full Name (Last, First, Middle Initial) James Case Mailing Address 575 Sioux Point Road City Dakota Dunes FEC ID number of contributing federal political committee.	State Zip Code SD 57049 C	Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer Ctr for Neuroscience Orthopaed Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Paula Formasa Mailing Address 575 Sioux Point Road	Neurosurgeon Aggregate Year-to-Date ▼ 750.00	Date of Receipt
City Dakota Dunes FEC ID number of contributing federal political committee. Name of Employer CNOS	State Zip Code SD 57049 C Occupation Physician	Transaction ID: SA11AI.4677 Amount of Each Receipt this Period 1000.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (optional)		2250.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 37 (check only one) X 11a 11b 11c 12 13 14 15 16 1
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any perso the name and address of any political committee to RICA POLITICAL ACTION COMMITTEE	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mark Fox Mailing Address 1210 West 18th Stre	eet	Date of Receipt
#204		06 29 2007
City Sioux Falls	State Zip Code SD 57104	Transaction ID: SA11AI.4714
FEC ID number of contributing federal political committee.	C 37104	Amount of Each Receipt this Period 3500.00
Name of Employer North Center	Occupation Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 3557.67	
Full Name (Last, First, Middle Initial) Tom Hall	Date of Receipt	
Mailing Address 409 Rivervalley Cou	ırt	03 28 2007
City	State Zip Code	Transaction ID: SA11Al.4679
Arlington FEC ID number of contributing federal political committee.	TX 76006	Amount of Each Receipt this Period 500.00
Name of Employer Urology Associates of N. Texas Receipt For:	Occupation Chief Executive Officer Aggregate Year-to-Date ▼	_
Primary General Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) Douglas Johnson		Date of Receipt
Mailing Address 600 S. Cliff Ave. Suite 106		04 30 7 2007
City <u>Sioux Falls</u>	State Zip Code SD 57104-5355	Transaction ID: SA11AI.4689 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Surgical Mgmt. Profession- als	Occupation President	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (optional)	5000.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s for each category of the Detailed Summary Page	(check only one)
Any information copied from such Reports a or for commercial purposes, other than usir	and Statements may not be sold or used by any g the name and address of any political commit	person for the purpose of soliciting contributions tee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)	ERICA POLITICAL ACTION COMMITTE	
Full Name (Last, First, Middle Initial) J. Daniel Johnson		Date of Receipt
Mailing Address 1300 West Terrell	0 3 1 2 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
City	State Zip Code	Transaction ID: SA11AI.4664
Fort Worth	TX 76104	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	2000.00
Name of Employer Urology Associates of N.T-	Occupation	
exas	Urologist	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	2000.00	
Full Name (Last, First, Middle Initial) Paul Johnson	Date of Receipt	
Mailing Address 705 North Sioux P Suite 100	06 04 2007	
City	State Zip Code	Transaction ID: SA11AI.4703
Dakota Dunes	SD 57049	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Midlands Clinic	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Robert C. Johnson		Date of Receipt
Mailing Address 1200 S. Euclid		0 1 1 5 Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.4632
Sioux Falls	SD 57105	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	2000.00
Name of Employer Urology Associates	Occupation Urologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	2000.00	0
		5000.00

Mailing Address 3964 S. Ramsey City State Zip Code Baton Rouge LA 70808 FEC ID number of contributing federal political committee. Name of Employer Baton Rouge Ear, Nose & Physician Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) State Zip Code Transaction ID: SA11AI.4650 Amount of Each Receipt this Period 250.00 Agregate Year-to-Date ▼ Full Name (Last, First, Middle Initial)		LE A (FEC Form 3X) RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NI (check only o X 11a 13	
Full Name (Last, First, Middle Initial) Milliam Katzenomeyer Mailing Address 3964 S. Ramsey City State Zip Code Baton Rouge LA 79898 FEC ID number of contributing tederal political committee. Primary General Other (specify) ▼ State Zip Code Amount of Each Receipt this Period C 250.00 Date of Receipt Transaction ID: SA11Al.4650 Amount of Each Receipt this Period Physician Physician Full Name (Last, First, Middle Initial) Thomas Konry Mailing Address 101 Tower Road Suite 120 City State Zip Code Suite 120 State Zip Code Transaction ID: SA11Al.4693 Amount of Each Receipt Transaction ID: SA11Al.4693 Amount of Each Receipt this Period Full Name (Last, First, Middle Initial) Transaction ID: SA11Al.4693 Amount of Each Receipt this Period Full Name (Last, First, Middle Initial) Physician Receipt For: Other (specify) ▼ 1000.00 Date of Receipt Transaction ID: SA11Al.4698 Amount of Each Receipt this Period Full Name (Last, First, Middle Initial) Date of Receipt Transaction ID: SA11Al.4698 Amount of Each Receipt this Period Full Name (Last, First, Middle Initial) Physician Receipt For: Other (specify) ▼ 1000.00 Date of Receipt Transaction ID: SA11Al.4698 Amount of Each Receipt this Period Transaction ID: SA11Al.4698 Amount of Each Receipt this Period Transaction ID: SA11Al.4698 Amount of Each Receipt this Period	or for commerc	ial purposes, other than using the COMMITTEE (In Full)	name and add	dress of any political committee to	on for the purpos o solicit contributi	e of soliciting contributions ons from such committee.
Name of Employer Batton Rouge Ear, Nose & Throat City	Full Name (William Katz Mailing Add City Baton Rou	Last, First, Middle Initial) enmeyer ress 3964 S. Ramsey uge	State LA	Zip Code	0 2	1 2 2 0 0 7 on ID: SA11AI.4650 f Each Receipt this Period
Mailing Address 101 Tower Road Suite 120 City Dakota Dunes FEC ID number of contributing federal political committee. Name of Employer Address 810 East 23rd Street City State Zip Code SD 57049 Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) Peter Looby Mailing Address 810 East 23rd Street City State Zip Code SD 57049 Aggregate Year-to-Date ▼ Lull Name (Last, First, Middle Initial) Peter Looby Mailing Address 810 East 23rd Street City State Zip Code Sioux Falls Sioux Falls FEC ID number of contributing federal political committee. Name of Employer Orthopedic Institute Name of Employer Orthopedic Institute Name of Employer Orthopedic Institute Aggregate Year-to-Date ▼ 1179.23 Date of Receipt M M M / D D A D O O O O O O O O O O O O O O O O	Name of En Baton Roug Throat Receipt For	nployer e Ear, Nose & : ry General	Occupation Physician	o Year-to-Date ▼ 250.00]	
Name of Employer Ear Nose & Throat Consultants Physician	Thomas Ken Mailing Add City	ress 101 Tower Road Suite 120		•	0 4	3 0 2 0 0 7 on ID: SA11AI.4693
Date of Receipt Mailing Address 810 East 23rd Street City State Zip Code Sioux Falls SD 57105 FEC ID number of contributing federal political committee. Name of Employer Orthopedic Institute Receipt For: Primary General Other (specify) ▼ Date of Receipt M M M / D D / 2 3 / 2 0 0 7 Transaction ID: SA11Al.4698 Amount of Each Receipt this Period 1000.00	Name of En Ear Nose & ants Receipt For	cal committee. nployer Throat Consult- : ry General	Occupation Physician	1 Year-to-Date ▼		1000.00
City State Zip Code SD 57105 FEC ID number of contributing federal political committee. Name of Employer Orthopedic Institute Receipt For: Primary General Other (specify) ▼ State Zip Code SD 57105 Amount of Each Receipt this Period 1000.00 Amount of Each Receipt this Period 11000.00	Peter Looby				M M /	D D / Y Y Y Y
Other (specify) •	Sioux Fall FEC ID nun federal politi Name of En Orthopedic Receipt For	nber of contributing cal committee. nployer Institute	SD C Occupation Physician	57105 n 1 2 Year-to-Date ▼	Transaction	on ID: SA11AI.4698 f Each Receipt this Period
					<u> </u>	2250.00

	Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) PHYSICIAN HOSPITALS OF AMERIC	name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Marius Maxwell Mailing Address 4141 5th Street City Rapid City FEC ID number of contributing federal political committee. Name of Employer The Spine Center Receipt For: Primary General Other (specify)	State Zip Code SD 57701 C Occupation Neurosurgeon Aggregate Year-to-Date 2000.00	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: SA11AI.4671 Amount of Each Receipt this Period 2000.00
Full Name (Last, First, Middle Initial) McIntodd Partners LP Mailing Address 1335 Cecile Drive City Cedar Hill FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify)	State Zip Code TX 75104 C Occupation Aggregate Year-to-Date 2000.00	Date of Receipt M M
Full Name (Last, First, Middle Initial) Douglas Neilson Mailing Address 900 Karen Drive City Yankton FEC ID number of contributing federal political committee. Name of Employer Yankton Bone & Joint Receipt For: Primary General Other (specify)	State Zip Code SD 57078 C Occupation Physician Aggregate Year-to-Date 1000.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		5000.00

SCHEDULE A (FEC Form 3X)

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 37 (check only one) X 11a
0	ny information copied from such Reports and r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	ne name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	PHYSICIAN HOSPITALS OF AMER	ICA POLITICA	AL ACTION COMMITTEE	
	Full Name (Last, First, Middle Initial) Thorir Ragnarsson			Date of Receipt
	Mailing Address 575 Sioux Point Road	d		06 04 2007
	City	State	Zip Code	Transaction ID: SA11AI.4705
	Dakota Dunes	SD	57049	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer CNOS	Occupation Physician		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	
_	Full Name (Last, First, Middle Initial) Richard M. Ratino	Date of Receipt		
	Mailing Address 1583 Plum Creek Ro	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	City	State	Zip Code	Transaction ID: SA11AI.4683
	Sioux City	IA	51103	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Siouxland Women's Healthc- are	Occupation Physician		
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	_
	Other (specify) ▼		1000.00	
	Full Name (Last, First, Middle Initial) Ralph Reeder			Date of Receipt
	Mailing Address 575 Sioux Point Roa	03 23 2007		
	City	State	Zip Code	Transaction ID: SA11AI.4676
	Dakota Dunes	SD	57049	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer CNOS	Occupation Physician		
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	_
	Other (specify) ▼		1000.00	
	SUBTOTAL of Receipts This Page (optional)			3000.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	3X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13/3/ (check only one) X
Any information copied from such Reports or for commercial purposes, other than using	and Statements may	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) PHYSICIAN HOSPITALS OF AM	ERICA POLITICA	AL ACTION COMMITTEE	
Full Name (Last, First, Middle Initial) Stuart Rice			Date of Receipt
Mailing Address 4141 Fifth Street			03 16 2007
City Rapid City	State SD	Zip Code	Transaction ID: SA11AI.4672
FEC ID number of contributing federal political committee.	C	57701	Amount of Each Receipt this Period 2000.00
Name of Employer The Spine Center	Occupation Neurosur		
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 2000.00	
Full Name (Last, First, Middle Initial) William Rizk	Date of Receipt		
Mailing Address 705 North Sioux F Suite 100	04 30 7 2007		
City Dakota Dunes	State SD	Zip Code 57049	Transaction ID: SA11AI.4695 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	37043	750.00
Name of Employer Midlands Clinic	Occupation Physician		
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 750.00	
Full Name (Last, First, Middle Initial) Jacob Rosenstein	<u> </u>		Date of Receipt
Mailing Address 800 W. Arbrook E No. 150	03 12 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
City Arlington	State TX	Zip Code	Transaction ID: SA11AI.4666
FEC ID number of contributing federal political committee.	C	76015	Amount of Each Receipt this Period 2000.00
Name of Employer N. Tex. Neurosurgical Con- sult.	Occupation Neurosur		
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 2000.00	
			4750.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 37 (check only one) X 11a
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)			
Full Name (Last, First, Middle Initial) Mary Schneider Mailing Address 2233 Pueblo Court City Sioux City FEC ID number of contributing federal political committee. Name of Employer Siouxland Women's Healthcare Receipt For: Primary General Other (specify)	State IA C Occupation OB/GYN	Zip Code 51104 Year-to-Date 1000.00	Date of Receipt M M M O 4 2007 Transaction ID: SA11AI.4686 Amount of Each Receipt this Period 1000.00
Full Name (Last, First, Middle Initial) Stephen Sessums Mailing Address 7763 Copperfield Co City Baton Rouge FEC ID number of contributing federal political committee. Name of Employer Children's Eye Center Receipt For: Primary General Other (specify)	State LA C Occupation Opthalmol	Zip Code 70808 logist //ear-to-Date 1000.00	Date of Receipt M
Full Name (Last, First, Middle Initial) Sioux Falls Surgical Physicians, LLC Mailing Address 910 E. 20th Street City Sioux Falls FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify)	State SD C Occupation Aggregate \	Zip Code 57105 Year-to-Date ▼	Date of Receipt M M M D D 2 2007 Transaction ID: SA11AI.4634 Amount of Each Receipt this Period 10000.00 Partnership/ Attribution Below/ Partial Refund YE 2007
SUBTOTAL of Receipts This Page (optional))		12000.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 / 37 (check only one) X 11a
or for commercial purposes, other than using the	Statements may not be sold or used by any personen name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) PHYSICIAN HOSPITALS OF AMERI	CA POLITICAL ACTION COMMITTEE	
Full Name (Last, First, Middle Initial) Donald Schellpfeffer		Date of Receipt
Mailing Address 1100 East 26th Stree		0 2 1 2 2 0 0 7 2 0 0 7
City Sioux Falls	State Zip Code SD 57105	Transaction ID: SA11AI.4634.22 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	537.71
Name of Employer Anesthesiology Associates	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 537.71	[MEMO ITEM]
Full Name (Last, First, Middle Initial) Peter K. Rodman		Date of Receipt
Mailing Address 910 E 20th St		02 12 2007
City	State Zip Code	Transaction ID: SA11AI.4634.36
Sioux Falls	SD 57105	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	242.19
Name of Employer Sioux Falls Surgical Phys- ician	Occupation Partner	
Receipt For:	Aggregate Year-to-Date ▼	[MEMO ITEM]
Primary General Other (specify) ▼	242.19	
Full Name (Last, First, Middle Initial) Anna Smither		Date of Receipt
Mailing Address 2945 Tradition Avenu	le	02 12 2007
City	State Zip Code	Transaction ID: SA11Al.4656
Baton Rouge	LA 70810	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Louisiana Urology	Occupation Urologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (optional)		250.00
TOTAL This Period (last page this line number	•	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 37 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) PHYSICIAN HOSPITALS OF AMERIC	e name and ad	dress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Dean Spartz Mailing Address 1000 Jackson Street City Sioux City FEC ID number of contributing federal political committee. Name of Employer Siouxland Women's Healthcare Receipt For:	State IA C Occupatio OB/GYN		Date of Receipt M M M O 4
Primary General Other (specify) Full Name (Last, First, Middle Initial) Keith A. Vollstedt Mailing Address 612 North Sioux Point		1000.00	Date of Receipt
City Dakota Dunes FEC ID number of contributing federal political committee. Name of Employer General Surgery & Diagnostics Receipt For: Primary General Other (specify)	State SD C Occupatio Surgeon		Transaction ID: SA11AI.4684 Amount of Each Receipt this Period 1000.00
Full Name (Last, First, Middle Initial) Kirke Wheeler Mailing Address 1201 East Euclid #104 City Sioux Falls FEC ID number of contributing federal political committee. Name of Employer Surgical Associates Receipt For: Primary General Other (specify)	State SD C Occupation Surgeon Aggregate	Zip Code 57105	Date of Receipt M M M D D D 2 2 0 0 7 Transaction ID: SA11AI.4713 Amount of Each Receipt this Period 1500.00
SUBTOTAL of Receipts This Page (optional) .			3500.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17 / 37 (check only one) X
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Full Name (Last, First, Middle Initial) Mark E. Wheeler Mailing Address 32788 K22 City	State	Zip Code	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Sioux City FEC ID number of contributing federal political committee.	IA C	51108	Amount of Each Receipt this Period 1000.00
Name of Employer Center for Neuroscience Receipt For: Primary General Other (specify) ▼	Occupation Neurosur Aggregate		
Full Name (Last, First, Middle Initial) Carey Winder Mailing Address 866 Woodgate Bo	ulevard		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Baton Rouge FEC ID number of contributing federal political committee.	State LA	Zip Code 70808	Transaction ID: SA11AI.4662 Amount of Each Receipt this Period 250.00
Name of Employer Baton Rouge Orthopaedic Clinic Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation Orthopae Aggregate]
Full Name (Last, First, Middle Initial) Robert Zimmerman Mailing Address 600 Sioux Point Ro	oad		Date of Receipt
City <u>Dakota Dunes</u> FEC ID number of contributing federal political committee.	State SD	Zip Code 57049	Transaction ID: SA11AI.4697 Amount of Each Receipt this Period 1500.00
Name of Employer Dunes Anesthesia Receipt For: Primary General Other (specify) ▼	Occupation Physician Aggregate		
SUBTOTAL of Receipts This Page (option	nal)		2750.00

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SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: PAGE 18/37 Use separate schedule(s) (check only one) for each category of the **ITEMIZED RECEIPTS** 11a 11b 11c **Detailed Summary Page** 13 14 16 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) Date of Receipt Timothy Zoellner Mailing Address 810 East 23rd Street 06 04 2007 City State Zip Code Transaction ID: SA11AI.4707 Sioux Falls SD 57105 Amount of Each Receipt this Period FEC ID number of contributing C 990.00 federal political committee. Name of Employer Orthopedic Institute Occupation Physician Receipt For: Aggregate Year-to-Date Primary General 1047.67 Other (specify)

SUBTOTAL of Receipts This Page (optional)	•	990.00
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SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 19 / 37 (check only one) 11a 11b 11c 12 13 14 15 X 16 17
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SCHEDULE B (FEC Form 3X)	Use sepa	arate schedule(s)			FOR LIN		-	R:		F	AGE	20 /	37	
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Full Name (Last, First, Middle Initial) ABERCROMBIE FOR CONGRESS							Date o		isburse				Y	
Mailing Address 1357 Kapiolani Blvd. Ste. 1005							0 6		[/] 2			Σοŏ		
City Honolulu	State HI	Zip Code 96814					Amou	nt o	f Each	Disburs				od
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City Concord	State NH	Zip Code 03302					Amou	nt o	f Each	Disburs	emer	nt this	Perio	od
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Mailing Address PO Box 12678							0 4		1	9 /	2	δοδ	7	
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<u>/</u>	Full Name (Last, First, Middle Initial) BLUE DOG POLITICAL ACTION COMMI	TTEE			Transaction ID: SB23.4852 Date of Disbursement
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_	State: District: Full Name (Last, First, Middle Initial)				
	CARDOZA FOR CONGRESS				Transaction ID: SB23.4889 Date of Disbursement
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	City Sacramento	State Zip C CA 9581			Amount of Each Disbursement this Perio
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					Transaction ID: SB23.4868
	Full Name (Last, First, Middle Initial) CATHY MCMORRIS FOR CONGRESS				Date of Disbursement
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	CATHY MCMORRIS FOR CONGRESS Mailing Address PO Box 137 City Spokane Purpose of Disbursement Voided 11/3/2006 Contribution Candidate Name CATHY ANN MCMORRIS	WA 9921 ement For: 2	0 0006 General		Date of Disbursement M 3 M / D 1 5 / Y Y Y O 7 7 Amount of Each Disbursement this Period

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	Mailing Address Post Office Box 80126					0 4		05 /	20	0 0 7	
	City Lafayette	State LA	Zip Code 70598			Amou	unt of Each	n Disburs			od
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	President State: LA District: 07	Other (spec									
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Mailing Address PO BOX 977					0 3		<u> </u>	0 5	5	2	žoŏ	7	
City MUSKOGEE	State Zip Code OK 74402				Amou	ınt c	f Eacl	h D	Disburs	emei	nt this	Peri	od
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Full Name (Last, First, Middle Initial) CONGRESSMAN JOE BARTON COMMI	TEE, THE				Date		ion ID	sen	SB23			V	
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Mailing Address 5915 EASTMAN AVE. S					0 3			ic	0		200		
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Senate President State: ND District: 00 Full Name (Last, First, Middle Initial) EARL POMEROY FOR CONGRESS Mailing Address P.O. Box 9336 City State Zip Code ND 58106 Purpose of Disbursement Candidate Name EARL RALPH POMEROY Office Sought: X House President State: District: 00 Full Name (Last, First, Middle Initial) FREEDOM FUND Mailing Address 1155 21st Street NW Suite 300 City State Zip Code General Other (specify) ▼ Transaction ID: SB23.4861 Date of Disbursement ID: Amount of Each Disbursement this Per (Category/Type) Amount of Each Disbursement this Per (Category/Type) Transaction ID: SB23.4863 Date of Disbursement	Senate President State: ND District: 00 Full Name (Last, First, Middle Initial) EARL POMEROY FOR CONGRESS Mailing Address P.O. Box 9336 City State Zip Code ND 58106 Purpose of Disbursement Contribution Candidate Name EARL RALPH POMEROY Office Sought: X House Senate President State: ND District: 00 Full Name (Last, First, Middle Initial) FREEDOM FUND Mailing Address 1155 21st Street NW Suite 300 City State Zip Code Amount of Each Disbursement this Transaction ID: SB23.4861 Date of Disbursement this Category/ Type Category/ Type Transaction ID: SB23.4863 Date of Disbursement Office Sought: X House Senate Other (specify) ▼ Transaction ID: SB23.4863 Date of Disbursement Mailing Address 1155 21st Street NW Suite 300 City State Zip Code Amount of Each Disbursement this Amount of Each Disbursement Amount of Each Disbursement this	L RALPH POMEROY		
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Suite 300 City State Zip Code Washington DC 20036 Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Senate Primary General Other (specify) ▼ State: District:	Suite 300 City State Zip Code Amount of Each Disbursement this DC 20036	•	Date of Disbursement	
Washington Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Senate Primary General President President State: District: State: District:	Washington DC 20036		03 12 7	ž 0 0 7 [°]
Candidate Name Category/ Type Office Sought: House Senate Primary General President State: District: Category/ Type		hington	Amount of Each Disburser	
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SCHEDULE B (FEC Form 3X)	Use separate schedule(s)		IĘ NUMBEF	R:	P.	AGE 25	/ 37
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NAME OF COMMITTEE (In Full)							
PHYSICIAN HOSPITALS OF AMERICA PO	DLITICAL ACTION COM	MITTEE					
Full Name (Last, First, Middle Initial) FRIENDS OF BARBARA BOXER			Date of	Disburs			
Mailing Address PO BOX 641751			0 4) / D	13 /	žoč	7
•	State Zip Code CA 90064		Amour	t of Eacl	h Disburse	ment this	s Period
Purpose of Disbursement Contribution			<u> </u>			1000.0	00
Candidate Name BARBARA BOXER		Category/ Type					
• 🗎 –	ment For: 2010 Primary General Other (specify)						
State: CA District:	, , , , , , , , , , , , , , , , , , ,						
Full Name (Last, First, Middle Initial) FRIENDS OF CLAY SHAW			Date of	Disburs			
Mailing Address P.O. Box 2188 2600 NE 14th. Street Cau	ıseway		03		15	žoč	7
	State Zip Code FL 33303		Amour	t of Each	h Disburse		
Purpose of Disbursement Voided 11/3/2006 Contribution						-2000.0	00
Candidate Name CLAY SHAW, Jr.		Category/ Type					
Office Sought: X House Disburse Senate President	ment For: 2006 Primary X General Other (specify)						
State: FL District: 22							
Full Name (Last, First, Middle Initial) FRIENDS OF GORDON SMITH			Date of	Disburs			
Mailing Address 228 S WASHINGTON S	E 115		06) / D	15	žοč	7
	State Zip Code VA 22314		Amour	t of Eacl	h Disburse		
Purpose of Disbursement Contribution			L.			1000.0	00
Candidate Name GORDON HAROLD SMITH		Category/ Type					
	ment For: 2008 Primary General Other (specify)						
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NAME OF COMMITTEE (In Full) PHYSICIAN HOSPITALS OF AM												
Full Name (Last, First, Middle Initial) FRIENDS OF MAX BURNS						Dat	e of Dis	burse				
Mailing Address P.O. Box 1965						l o ^M	3 ^M	^D 1	5 /	ž	0 ŏ 7	Y
City Sylvania		State GA	Zip Code 30467			Am	ount of	Each	Disburs	-		eriod
Purpose of Disbursement Voided 11/3/2006 Contribution							•			-200	00.00	
Candidate Name O MAXIE BURNS					ategory/ Type							
Office Sought: X House Senate President		nent For: Primary Other (spe	2006 X General ecify) ▼									
State: GA District: 12 Full Name (Last, First, Middle Initial) FRIENDS OF MIKE FERGUSON	<u> </u> 						nsaction e of Dis		SB23	3.487	4	
Mailing Address PO Box 225						0	3 ^M	^D 1	5 /	Y Ž	0 ŏ 7	Y
City Colonia		State NJ	Zip Code 07067			Am	ount of	Each	Disburs			eriod
Purpose of Disbursement Voided 11/3/2006 Contribution										-200	00.00	
Candidate Name MIKE FERGUSON				С	ategory/ Type							
Office Sought: X House Senate President State: NJ District: 07		ment For: Primary Other (spe	2006 X General ecify) V									
Full Name (Last, First, Middle Initial) FRIENDS OF MIKE SODREL	1					Dat	e of Dis	burse				
Mailing Address 702 North Sho	e Drive Su	ite 500				O ^M	3 ^M	1	5 /	^Y 2	0 ŏ 7	Y
City Jeffersonville		State N	Zip Code 47130			Am	ount of	Each	Disburs	ement	t this P	eriod
Purpose of Disbursement Voided 11/3/2006 Contribution				Γ						-200	00.00	_
Candidate Name MICHAEL E. SODREL					ategory/ Type							
Office Sought: X House Senate President		nent For: Primary Other (spe	2006 X General									
State: IN District: 09												
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l \	OMMITTEE (In Full) N HOSPITALS OF AN	IERICA POLITICAL	. ACTION COM	MITTEE	
,	ast, First, Middle Initial) VIS FOR CONGRES	S			Transaction ID: SB23.4870 Date of Disbursement
Mailing Addre	ess 3161 Dixie Higl Suite F	nway			03
City Erlanger	- Cuito I	State KY	Zip Code 41018		Amount of Each Disbursement this Period
	2006 Contribution				-2000.00
Candidate Na GEOFFRE	Y C DAVIS			Category/ Type	
Office Sough	Senate President	Disbursement For: Primary Other (spe	2006 X General		
State: KY Full Name (L	District: 04 ast, First, Middle Initial)				Transaction ID: SB23.4881
GINGREY	FOR CONGRESS				Date of Disbursement
Mailing Addre	ess PO Box U				03 1 23 7 2007
City Marietta		State GA	Zip Code 30060		Amount of Each Disbursement this Perio
Purpose of D Contribution					1000.00
Candidate Na PHILLIP J.		,		Category/ Type	
Office Sough State: GA	t: X House Senate President District: 11	Disbursement For: X Primary Other (spe	2008 General		
Full Name (L	ast, First, Middle Initial) WILSON FOR CONG	I RESS			Transaction ID: SB23.4875 Date of Disbursement
Mailing Addre	ess P.O. BOX 1407	70			03
City ALBUQUEI	RQUE	State NM	Zip Code 87191		Amount of Each Disbursement this Perio
					-2000.00
Purpose of D Voided 11/3/2				Category/	
Voided 11/3/2 Candidate Na HEATHER	ame A. WILSON			Туре	
Voided 11/3/2 Candidate Na	ame A. WILSON	Disbursement For: Primary Other (spe	2006 X General ecify)		

SCHEDULE B (FEC FOIII 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 28 / 37 (check only one)
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 22 X 23 24 25 27 28a 28b 28c 29
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NAME OF COMMITTEE (In Full) PHYSICIAN HOSPITALS OF AMERICA F	OLITICAL ACTION COMMI	ITTEE
Full Name (Last, First, Middle Initial) HEATH SHULER FOR CONGRESS		Transaction ID: SB23.4882 Date of Disbursement
Mailing Address PO Box 8446		0 3 1 2 8 7 2 0 0 7
City Asheville	State Zip Code NC 28814	Amount of Each Disbursement this Perio
Purpose of Disbursement Contribution		1000.00
Candidate Name JOSEPH H SHULER		Category/ Type
Senate President	ement For: 2008 Primary General Other (specify)	
State: NC District: 11 Full Name (Last, First, Middle Initial) HEATH SHULER FOR CONGRESS		Transaction ID: SB23.4892 Date of Disbursement
Mailing Address PO Box 8446		05
City Asheville	State Zip Code NC 28814	Amount of Each Disbursement this Perio
Purpose of Disbursement Contribution		1000.00
Candidate Name JOSEPH H SHULER		Category/ Type
Senate President	ement For: 2008 Primary General Other (specify)	
State: NC District: 11 Full Name (Last, First, Middle Initial) HERSETH FOR CONGRESS		Transaction ID: SB23.4854 Date of Disbursement
Mailing Address PO Box 2009		02 12 7 2007
City Sioux Falls	State Zip Code SD 57101	Amount of Each Disbursement this Perio
Purpose of Disbursement Contribution		1000.00
Candidate Name STEPHANIE HERSETH		Category/ Type
Senate President	ement For: 2008 Primary General Other (specify)	
State: SD District: 01		
SUBTOTAL of Disbursements This Page (optional)		> 3000.00

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	ly Information copied from such Reports and Stater for commercial purposes, other than using the nam			
	NAME OF COMMITTEE (In Full) PHYSICIAN HOSPITALS OF AMERICA F	OLITICAL ACTION CO	MMITTEE	
<u></u>	Full Name (Last, First, Middle Initial) HERSETH FOR CONGRESS Mailing Address PO Box 2009			Transaction ID: SB23.4912 Date of Disbursement M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Sioux Falls	State Zip Code SD 57101		Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution			1000.00
	Candidate Name STEPHANIE HERSETH		Category/ Type	
	X	ement For: 2008 Primary General Other (specify)		
	Full Name (Last, First, Middle Initial) JIM COSTA FOR CONGRESS			Transaction ID: SB23.4855 Date of Disbursement
	Mailing Address 2037 W Bullard Avenue # 355			$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
	City Fresno	State Zip Code CA 93711		Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution			1000.00
	Candidate Name JIM COSTA		Category/ Type	
	X	ement For: 2008 Primary General Other (specify)		
	Full Name (Last, First, Middle Initial) JIM RAMSTAD VOLUNTEER COMMITTE	E		Transaction ID: SB23.4859 Date of Disbursement
	Mailing Address 1809 Plymouth Road Sc	outh #310		03
	City Minnetonka	State Zip Code MN 55305		Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution			1000.00
	Candidate Name		Category/ Type	
	JIM RAMSTAD		I I JPC	
	Office Sought: X House Disburs	ement For: 2008 Primary General Other (specify)	1	

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NAME OF COMMITTEE (In Full) PHYSICIAN HOSPITALS OF AMERICA PO														
Full Name (Last, First, Middle Initial) JIM RAMSTAD VOLUNTEER COMMITTE	E					Date o		isburs	en			00 2 0 ŏ	Y	
Mailing Address 1809 Plymouth Road So	uth #310					0 6			1 3	3	- 2	00	/	
,	State Zip Code MN 55305					Amou	nt o	f Each	ı C	isburs	emer	t this	Perio	od
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Candidate Name JIM RAMSTAD			ate Typ	gory/ oe										
9 11	ement For: 2008 Primary General Other (specify)													
Full Name (Last, First, Middle Initial) JOHN D. DINGELL FOR CONGRESS CO	MMITTEE					Date o		isburs	en	D /			Y	
Mailing Address 607 14th Street N.W. Suite 800						0 1		() 5	5	2	o ŏ	7	
,	State Zip Code DC 20005					Amou	nt o	f Each	ı C	isburs	emer	t this	Perio	od
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Candidate Name JOHN D DINGELL		ı	ate Typ	gory/ oe										
v A	ement For: 2008 Primary General Other (specify)													
Full Name (Last, First, Middle Initial)						Trans	acti	on ID	:	SB23	.487	'6		
JON PORTER FOR CONGRESS COMMIT	ΓΤΕΕ 					Date of	of D		en 1 5		Υ <u>`</u> <u>\</u>	o ŏ	_ Y	
Mailing Address 1420 CYRESS CREEK F	RD STE 200-320					0 3	_		1 5		- 2	00	/	
City CEDAR PARK	State Zip Code TX 78613					Amou	nt o	f Each	n D	isburs	-			od
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Candidate Name JON PORTER			ate Typ	gory/ oe										
Office Sought: X House Disburse Senate President	ement For: 2006 Primary X General Other (specify)													
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	(Last, First, Middle Initial) LLINS FOR CONGRESS				Transaction ID: SB23.4877 Date of Disbursement
Mailing Add	dress P.O. Box 962				03
City Jackson		State GA	Zip Code 30233		Amount of Each Disbursement this Period
Voided 11/3	Disbursement 3/2006 Contribution				-2000.00
	ALLEN COLLINS	· -		Category/ Type	
Office Sou	Senate President	Disbursement For: Primary Other (spe	2006 X General ecify)		
	District: 08 (Last, First, Middle Initial) BERRY FOR CONGRESS				Transaction ID: SB23.4893 Date of Disbursement
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City JONESB0	ORO	State AR	Zip Code 72403		Amount of Each Disbursement this Perior
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Purpose of Contribution Candidate I MARION Office Sough State: AR	Disbursement n Name BERRY ght: X House C	AR Disbursement For: X Primary	72403 2008 General		Transaction ID: SB23.4896 Date of Disbursement
Purpose of Contribution Candidate I MARION Office Sough State: AR	Disbursement n Name BERRY ght: X House Senate President District: 01 (Last, First, Middle Initial) ON FOR CONGRESS	AR Disbursement For: X Primary	72403 2008 General		1000.00 Transaction ID: SB23.4896
DONESBO Purpose of Contribution Candidate I MARION Office Soug State: AR Full Name of MATHESI Mailing Add City Salt Lake	Disbursement n Name BERRY ght: X House Senate President District: 01 (Last, First, Middle Initial) ON FOR CONGRESS dress PO Box 521048 Suite A City	AR Disbursement For: X Primary	72403 2008 General		Transaction ID: SB23.4896 Date of Disbursement M M M D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y
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NAME OF COMMITTEE (In Full) PHYSICIAN HOSPITALS OF AMERICA PO							
Full Name (Last, First, Middle Initial) A. MCCONNELL SENATE COMMITTEE '08			Date	saction ID: of Disburser	ment		
Mailing Address PO BOX 1496			0,3	M / D 1	D / Y	ž 0 ŏ 7	, ^Y
	State Zip Code KY 40201		Amou	unt of Each I			
Purpose of Disbursement Contribution]	0 0		5000.00	
Candidate Name MITCH MCCONNELL		Category Type	y /				
Office Sought: House Disburse X Senate President State: KY District:	nent For: 2008 Primary General Other (specify)						
Full Name (Last, First, Middle Initial) MCCRERY FOR CONGRESS COMMITTE	<u> </u>		Date	saction ID: of Disburser	ment		
Mailing Address Post Office Box 52956 333 Texas Street Suite 19	00		0 ^M 6	M / D 2	D / Y	ž 0 ŏ 7	, ^Y
•	State Zip Code _A 71135		Amou	unt of Each [• • • •	
Purpose of Disbursement Contribution			J L.		3	3000.00	
Candidate Name JAMES OTIS MCCRERY, III		Category Type	y/				
Office Sought: X House Senate President State: LA District: 04	nent For: 2008 Primary General Other (specify)						
Full Name (Last, First, Middle Initial) C. MELISSA BEAN FOR CONGRESS			Date	saction ID: of Disburser	ment		
Mailing Address POST OFFICE BOX 3068	3		0 ^M 6	M / D 1	3 / Y	ž 0 ŏ 7	, Y
•	State Zip Code L 60010		Amou	unt of Each I	Disbursem	ent this F	Period
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Candidate Name MELISSA LUBURICH BEAN		Category Type	y/				
Office Sought: X House Senate President State: IL District: 08	nent For: 2008 Primary General Other (specify)						
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Mailing Address	5429 Madison Avenue				03 /	0 5 Y	^y 0 0 7 ^y
City Sacramento		State CA	Zip Code 95841		Amount of E	ach Disbursem	
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Full Name (Last, Firs MOORE FOR CO					Date of Disb		
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City Shawnee Mission		State KS	Zip Code 66285		Amount of E	ach Disbursem	
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	Mailing Address PO	BOX 3176				$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
	City LONG BRANCH		State NJ	Zip Code 07740	_	Amount of Each Disbursement this Perio
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	City Wexford		State PA	Zip Code 15090		Amount of Each Disbursement this Perio
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	Candidate Name MELISSA A. HART	1			Category/ Type	
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ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 23 24 25 26 28a 28b 28c 29 30k
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NAME OF COMMITTEE (In Full) PHYSICIAN HOSPITALS OF AMERICA	A POLITICAL ACTION COM	IMITTEE	
Full Name (Last, First, Middle Initial) PETE STARK RE-ELECTION COMMIT	TEE		Transaction ID: SB23.4891 Date of Disbursement M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address P.O. Box 8331			
City Fremont	State Zip Code CA 94537		Amount of Each Disbursement this Period
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Candidate Name PETE STARK		Category/ Type	
Senate President	ursement For: 2008 X Primary General Other (specify) ▼		
State: CA District: 13 Full Name (Last, First, Middle Initial)			Transaction ID: SB23.4853
RANGEL FOR CONGRESS			Date of Disbursement
Mailing Address PO Box 5577 MANHATTANVILLE S	STA		$\begin{bmatrix} \begin{smallmatrix} M & I & M \\ O & I & M \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} D & I \\ I & I \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ I & I & I \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ I & I & I \end{smallmatrix} \end{bmatrix} $
City New York	State Zip Code NY 10027		Amount of Each Disbursement this Period
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Candidate Name CHARLES B RANGEL		Category/ Type	
Office Sought: X House Senate President State: NY District: 15	ursement For: 2008 X Primary General Other (specify)		
Full Name (Last, First, Middle Initial) RANGEL FOR CONGRESS			Transaction ID: SB23.4894 Date of Disbursement
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Candidate Name CHARLES B RANGEL		Category/ Type	
Senate President	ursement For: 2008 X Primary General Other (specify) ▼		
State: NY District: 15			
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ITEMIZED DISBURSEMENTS Use separate schedule(s) for each category of the Detailed Summary Page Any Information copied from such Reports and Statements may not be sold or used or for commercial purposes, other than using the name and address of any political of the NAME OF COMMITTEE (In Full) PHYSICIAN HOSPITALS OF AMERICA POLITICAL ACTION COMITED IN INC. Full Name (Last, First, Middle Initial) RANGEL FOR CONGRESS Mailing Address PO Box 5577 MANHATTANVILLE STA City State Zip Code New York NY 10027 Purpose of Disbursement Contribution Candidate Name CHARLES B RANGEL Office Sought: Senate President State: NY District: 15 Full Name (Last, First, Middle Initial) TEXANS FOR SENATOR JOHN CORNYN INC Mailing Address 6850 AUSTIN CENTRE BLVD SUITE 180 City AUSTIN State Zip Code TX 78731 Purpose of Disbursement Contribution Candidate Name JOHN CORNYN Office Sought: House X Senate President Disbursement For: 2008 X Primary General Other (specify) ▼	committee to so	22 X 23 24 25 2 28a 28b 28c 29 3 for the purpose of soliciting contributions
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Senate President President Other (specify) ▼ State: NY District: 15 Full Name (Last, First, Middle Initial) TEXANS FOR SENATOR JOHN CORNYN INC Mailing Address 6850 AUSTIN CENTRE BLVD SUITE 180 City State AUSTIN TX 78731 Purpose of Disbursement Contribution Candidate Name JOHN CORNYN Office Sought: House X Senate Primary X General Other (specify) ▼ State TX 78731 Purpose of Disbursement Contribution Candidate Name JOHN CORNYN Office Sought: House X Senate Primary X General Other (specify) ▼ State Tip Code TX 78731 Purpose of Disbursement Contribution Candidate Name JOHN CORNYN Office Sought: House X Primary General		Date of Disbursement M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
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X Senate X Primary General	Category/ Type	
State: TX District: Full Name (Last, First, Middle Initial)		Transaction ID: SB23.4916
WALLY HERGER FOR CONGRESS COMMITTEE		Date of Disbursement
Mailing Address PO Box 1500		$\begin{bmatrix} \begin{smallmatrix} M & G & M \\ 0 & G & M \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 2 & D \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & T \end{smallmatrix} \end{bmatrix}$
City State Zip Code Chico CA 95927		Amount of Each Disbursement this Period
Purpose of Disbursement Contribution		2000.00
Candidate Name WALLY HERGER	Category/ Type	
Office Sought: X House Senate President Disbursement For: 2008 X Primary General Other (specify) ▼		
State: CA District: 02		
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\rangle	NAME OF COMMITTEE (In Full) PHYSICIAN HOSPITALS OF AME	RICA POLITICAL ACTION CO)MMITTEE	
	Full Name (Last, First, Middle Initial) WALSH FOR CONGRESS COMM Mailing Address 306 WINKWORT			Transaction ID: SB23.4879 Date of Disbursement
	City SYRACUSE Purpose of Disbursement Voided 11/3/2006 Contribution	State Zip Code NY 13215		Amount of Each Disbursement this Period -2000.00
	Candidate Name JAMES T WALSH		Category/ Type	
	Office Sought: X House Senate President State: NY District: 25	Disbursement For: 2006 Primary X General Other (specify)	ıl	

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