

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

ADDRESS (number and street) PO Box 70980  
 Check if different than previously reported. (ACC)  
Washington DC 20024

2. **FEC IDENTIFICATION NUMBER** C00394163  
**3. IS THIS REPORT**  NEW (N) **OR**  AMENDED (A)

4. **TYPE OF REPORT** (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report(Q1)  
 July 15 Quarterly Report(Q2)  
 October 15 Quarterly Report(Q3)  
 January 31 Quarterly Report(YE)  
 July 31 Mid-Year Report(Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day **PRE-Election** Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12G)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_  
(d) 30-Day **Post -Election** Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_

5. Covering Period 07 01 2007 through 12 31 2007

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.  
Type or Print Name of Treasurer John Richardson  
Signature of Treasurer Electronically Filed by John Richardson Date 06 28 2011

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

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

**SUMMARY PAGE**  
**OF RECEIPTS AND DISBURSEMENTS**

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

Report Covering the Period: From: 

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>X</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	X	Y	Y	Y	2	0	0	7		13684.77
X	Y	Y	Y							
2	0	0	7							
(b) Cash on Hand at Beginning of Reporting Period .....	22014.22									
(c) Total Receipts (from Line 19) .....	321566.84	379006.84								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	343581.06	392691.61								
7. Total Disbursements (from Line 31) .....	153405.00	202515.55								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	190176.06	190176.06								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

Write or Type Committee Name

PHYSICIAN HOSPITALS OF AMERICA POLITICAL ACTION COMMITTEE

Report Covering the Period: From: 

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	7

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) .....	316141.84	367381.84
(ii) Unitemized .....	5425.00	6625.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	321566.84	374006.84
(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) .....	321566.84	374006.84
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	5000.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	321566.84	379006.84
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	321566.84	379006.84

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	905.00	1015.55
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	905.00	1015.55
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	144500.00	193500.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	8000.00	8000.00
(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)) .....	8000.00	8000.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	153405.00	202515.55
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	153405.00	202515.55

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) .....	321566.84	374006.84
34. Total Contribution Refunds (from Line 28(d)) .....	8000.00	8000.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	313566.84	366006.84
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	905.00	1015.55
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	905.00	1015.55

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

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

FOR LINE NUMBER: PAGE 6 / 121  
(check only one)  
 11a    11b    11c    12  
 13    14    15    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

**A.** Full Name (Last, First, Middle Initial)  
Eustaquio Abay

Mailing Address 3333 North Webb Road

City State Zip Code  
Wichita KS 67226

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

Name of Employer Occupation  
Kansas Spine Hospital Surgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 24 / 2007

**Transaction ID:** SA11AI.5276

Amount of Each Receipt this Period  
5000.00

Contribution

**B.** Full Name (Last, First, Middle Initial)  
David Abbott

Mailing Address 2402 Burleigh

City State Zip Code  
Yankton SD 57078

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

Name of Employer Occupation  
Ear Nose & Throat Associates Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 09 / 2007

**Transaction ID:** SA11AI.5157

Amount of Each Receipt this Period  
500.00

Contribution

**C.** Full Name (Last, First, Middle Initial)  
Samir Abu-Ghazaleh

Mailing Address 1000 E. 21st Street #3000

City State Zip Code  
Sioux Falls SD 57105

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

Name of Employer Occupation  
OB/GYN & GYN Oncology, PC Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 24 / 2007

**Transaction ID:** SA11AI.5134

Amount of Each Receipt this Period  
3500.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **9000.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 121  
(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)  
Stephen Ackerman

Mailing Address 7500 South 91st Street

City Lincoln State NE Zip Code 68526

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

Name of Employer Nebraska Heart Institute Occupation Cardiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1600.00

Date of Receipt 08 / 25 / 2007  
Transaction ID: SA11AI.5173  
Amount of Each Receipt this Period 1600.00  
Contribution

**B.** Full Name (Last, First, Middle Initial)  
Louisa Adelung

Mailing Address 5420 West Loop S. Suite 3200

City Bellaire State TX Zip Code 77401

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

Name of Employer Foundation Surgical Hospital Occupation CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 04 / 2007  
Transaction ID: SA11AI.5237  
Amount of Each Receipt this Period 1000.00  
Contribution

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

Mailing Address 5000 South Minnesota

City Sioux Falls State SD Zip Code 57108

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

Name of Employer Sinus Specialty Clinics Occupation Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5179.23

Date of Receipt 07 / 18 / 2007  
Transaction ID: SA11AI.5127  
Amount of Each Receipt this Period 5000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 7600.00

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

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

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

FOR LINE NUMBER: PAGE 8 / 121

(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)  
John Alexander

Mailing Address 8 Medical Parkway  
#310

City State Zip Code  
Dallas TX 75234

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

Name of Employer Occupation  
Alexander Ctr of Obesity Surgeon

Receipt For:  Primary  General  
 Other (specify) ▼ Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 25 / 2007

Transaction ID: SA11AI.5175

Amount of Each Receipt this Period  
1000.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)  
Joseph Cladius Allen

Mailing Address 333 North Texas Avenue

City State Zip Code  
Webster TX 77598

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

Name of Employer Occupation  
Houston Physicians Hospital Physician

Receipt For:  Primary  General  
 Other (specify) ▼ Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 24 / 2007

Transaction ID: SA11AI.5274

Amount of Each Receipt this Period  
1000.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)  
Dale Anderson

Mailing Address 101 E. Minnesota Ave. #210

City State Zip Code  
Rapid City SD 57701

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

Name of Employer Occupation  
Anderson Orthopaedics Orthopaedic Surgeon

Receipt For:  Primary  General  
 Other (specify) ▼ Aggregate Year-to-Date ▼  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 25 / 2007

Transaction ID: SA11AI.5176

Amount of Each Receipt this Period  
2000.00

Contribution

**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: PAGE 9 / 121  
(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
							17

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NAME OF COMMITTEE (In Full)  
PHYSICIAN HOSPITALS OF AMERICA POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
Glenn Anderson

Mailing Address 10101 Park Rowe Ave.  
Suite 200

City State Zip Code  
Baton Rouge LA 70801

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

Name of Employer Occupation  
The NeuroMedical Center Physician  
Clinic

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1350.00

Date of Receipt  
MM / DD / YYYY  
10 / 12 / 2007

Transaction ID: SA11AI.5301

Amount of Each Receipt this Period  
1350.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)  
Robert Anderson

Mailing Address 705 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 ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
08 / 25 / 2007

Transaction ID: SA11AI.5177

Amount of Each Receipt this Period  
500.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)  
Scott Ashton

Mailing Address 11613 North Central Expressway  
Suite 121

City State Zip Code  
Dallas TX 75243

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

Name of Employer Occupation  
Ashton Podiatry Associates Surgeon

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3000.00

Date of Receipt  
MM / DD / YYYY  
08 / 21 / 2007

Transaction ID: SA11AI.5170

Amount of Each Receipt this Period  
3000.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► **4850.00**

**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 10 / 121

(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)  
Kaliprasad Ayala

Mailing Address 7500 South 91st Street

City State Zip Code  
Lincoln NE 68526

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

Name of Employer Occupation  
Nebraska Heart Institute Cardiologist

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1600.00

Date of Receipt

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

Transaction ID: SA11AI.5179

Amount of Each Receipt this Period

1600.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)  
Harpaul Bajwa

Mailing Address 7500 South 91st Street

City State Zip Code  
Lincoln NE 68526

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

Name of Employer Occupation  
Nebraska Heart Institute Surgeon

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1600.00

Date of Receipt

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

Transaction ID: SA11AI.5180

Amount of Each Receipt this Period

1600.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)  
Mark Ballard

Mailing Address 2820 Mt. Rushmore Road

City State Zip Code  
Rapid City SD 57701

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

Name of Employer Occupation  
Rapid City Medical Center Gynecologist

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt

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

Transaction ID: SA11AI.5181

Amount of Each Receipt this Period

1000.00

Contribution

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

4200.00

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

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 121  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
PHYSICIAN HOSPITALS OF AMERICA POLITICAL ACTION COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Brian Barnett

Mailing Address 6124 West Parker Road  
MOB3, #334

City State Zip Code  
Plano TX 75093

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

Name of Employer Occupation  
Dallas IVF Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 25 / 2007

Transaction ID: SA11AI.5182

Amount of Each Receipt this Period  
500.00

Contribution

**B.** Full Name (Last, First, Middle Initial)  
Mark Barre

Mailing Address 333 North Texas Avenue

City State Zip Code  
Webster TX 77598

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

Name of Employer Occupation  
Houston Physicians Hospital Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
10 / 15 / 2007

Transaction ID: SA11AI.5311

Amount of Each Receipt this Period  
1000.00

Contribution

**C.** Full Name (Last, First, Middle Initial)  
Keith Baumgarten

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  
Orthopaedic Institute Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1022.92

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 27 / 2007

Transaction ID: SA11AI.5137

Amount of Each Receipt this Period  
960.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2460.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 121  
(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 Beck

Mailing Address 1905 Donnybrook

City State Zip Code  
Tyler TX 75701

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

Name of Employer Occupation  
Azalea Orthopedics Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt  
MM / DD / YYYY  
12 / 07 / 2007

**Transaction ID:** SA11AI.5352

Amount of Each Receipt this Period  
2000.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)  
Jeff L. Bendt

Mailing Address 2820 Mt. Rushmore Rd.

City State Zip Code  
Rapid City SD 57701

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

Name of Employer Occupation  
Rapid City Medical Center Gynecologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 3000.00

Date of Receipt  
MM / DD / YYYY  
09 / 19 / 2007

**Transaction ID:** SA11AI.5243

Amount of Each Receipt this Period  
3000.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)  
Gail Benson

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 ▼ 5000.00

Date of Receipt  
MM / DD / YYYY  
11 / 23 / 2007

**Transaction ID:** SA11AI.5346

Amount of Each Receipt this Period  
5000.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► **10000.00**

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

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

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

FOR LINE NUMBER: PAGE 13 / 121  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
PHYSICIAN HOSPITALS OF AMERICA POLITICAL ACTION COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Gail A. Bernard

Mailing Address 2820 Mt. Rushmore Rd.

City State Zip Code  
Rapid City SD 57701

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

Name of Employer Occupation  
Rapid City Medical Center Opthamologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
08 / 25 / 2007

**Transaction ID:** SA11AI.5183

Amount of Each Receipt this Period  
500.00

Contribution

**B.** Full Name (Last, First, Middle Initial)  
Mark Bernhardt

Mailing Address 3651 College Blvd.

City State Zip Code  
Leawood KS 66211

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

Name of Employer Occupation  
Dickson-Dively Midwest Orthop. Surgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
10 / 15 / 2007

**Transaction ID:** SA11AI.5312

Amount of Each Receipt this Period  
1000.00

Contribution

**C.** Full Name (Last, First, Middle Initial)  
Carlos Berrios

Mailing Address 8450 Northwest Blvd.

City State Zip Code  
Indianapolis IN 46278

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

Name of Employer Occupation  
Indiana Orthopaedic Hospital Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
11 / 10 / 2007

**Transaction ID:** SA11AI.5325

Amount of Each Receipt this Period  
500.00

Contribution

**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: PAGE 14 / 121  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
PHYSICIAN HOSPITALS OF AMERICA POLITICAL ACTION COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Marcia Beshara

Mailing Address 2820 Mt. Rushmore Rd.

City State Zip Code  
Rapid City SD 57701

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

Name of Employer Occupation  
Rapid City Medical Center Ophthalmologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: MM / DD / YYYY  
08 / 25 / 2007

**Transaction ID:** SA11AI.5184

Amount of Each Receipt this Period: 500.00

Contribution

**B.** Full Name (Last, First, Middle Initial)  
Jonathan Blau

Mailing Address 1814 Roseland Blvd.  
Suite 200

City State Zip Code  
Tyler TX 75701

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

Name of Employer Occupation  
Texas Spine & Joint Hospital Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt: MM / DD / YYYY  
12 / 07 / 2007

**Transaction ID:** SA11AI.5353

Amount of Each Receipt this Period: 2000.00

Contribution

**C.** Full Name (Last, First, Middle Initial)  
Field Blevins

Mailing Address 575 Rivergate Lane  
Suite 105

City State Zip Code  
Durango CO 81301

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

Name of Employer Occupation  
Animas Orthopedic Associates Orthopedic Surgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt: MM / DD / YYYY  
08 / 25 / 2007

**Transaction ID:** SA11AI.5185

Amount of Each Receipt this Period: 400.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2900.00

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

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

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

FOR LINE NUMBER: PAGE 15 / 121  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
PHYSICIAN HOSPITALS OF AMERICA POLITICAL ACTION COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Scott Blumenthal

Mailing Address 6020 West Parker Road

City State Zip Code  
Plano TX 75093

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

Name of Employer Texas Back Institute      Occupation Surgeon

Receipt For:  Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 09 / 19 / 2007  
Transaction ID: SA11AI.5244  
Amount of Each Receipt this Period 1500.00  
Contribution

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

Mailing Address 333 North Texas Avenue

City State Zip Code  
Webster TX 77598

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

Name of Employer Houston Physicians Hospital      Occupation Physician

Receipt For:  Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 24 / 2007  
Transaction ID: SA11AI.5277  
Amount of Each Receipt this Period 1000.00  
Contribution

**C.** Full Name (Last, First, Middle Initial)  
Barry Boone

Mailing Address 333 North Texas Avenue

City State Zip Code  
Webster TX 77598

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

Name of Employer Houston Physicians Hospital      Occupation Physician

Receipt For:  Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 08 / 13 / 2007  
Transaction ID: SA11AI.5167  
Amount of Each Receipt this Period 1000.00  
Contribution

**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 / 121
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Renato Bosita		Date of Receipt
	Mailing Address 6300 W. Parker Rd.		<input type="text" value="08"/> / <input type="text" value="25"/> / <input type="text" value="2007"/>
	City	State	Zip Code
	Plano	TX	75093
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.5186
Name of Employer Texas Back Institute		Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="1500.00"/>
			Contribution

<b>B.</b>	Full Name (Last, First, Middle Initial) Joseph Boudreau		Date of Receipt
	Mailing Address 2308 Burleigh		<input type="text" value="08"/> / <input type="text" value="09"/> / <input type="text" value="2007"/>
	City	State	Zip Code
	Yankton	SD	57078
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.5158
Name of Employer Yankton Urological Surgery		Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="500.00"/>
			Contribution

<b>C.</b>	Full Name (Last, First, Middle Initial) W. Scott Bowen		Date of Receipt
	Mailing Address 5 St. Vincent Circle Suite 100		<input type="text" value="09"/> / <input type="text" value="24"/> / <input type="text" value="2007"/>
	City	State	Zip Code
	Little Rock	AR	72205
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.5278
Name of Employer Martin Bowen Hefley Knee Sport		Occupation Surgeon	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="500.00"/>
			Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="2500.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 17 / 121  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
PHYSICIAN HOSPITALS OF AMERICA POLITICAL ACTION COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
David Boyer  
 Mailing Address P.O. Box 6850  
 City State Zip Code  
 Rapid City SD 57709  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Black Hills Orthopedics Orthopedic Surgeon  
 Receipt For:  Primary  General  
 Other (specify) ▼ Aggregate Year-to-Date ▼  
 500.00  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 8 / 2 5 / 2 0 0 7  
**Transaction ID:** SA11AI.5187  
 Amount of Each Receipt this Period  
 500.00  
 Contribution

**B.** Full Name (Last, First, Middle Initial)  
William Bradley  
 Mailing Address 6020 West Parker Road  
 City State Zip Code  
 Plano TX 75093  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Texas Back Institute Surgeon  
 Receipt For:  Primary  General  
 Other (specify) ▼ Aggregate Year-to-Date ▼  
 1500.00  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 9 / 1 9 / 2 0 0 7  
**Transaction ID:** SA11AI.5245  
 Amount of Each Receipt this Period  
 1500.00  
 Contribution

**C.** Full Name (Last, First, Middle Initial)  
David Brokaw  
 Mailing Address 8450 Northwest Blvd.  
 City State Zip Code  
 Indianapolis IN 46278  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Ortholndy Orthopaedic Surgeon  
 Receipt For:  Primary  General  
 Other (specify) ▼ Aggregate Year-to-Date ▼  
 500.00  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 1 / 2 6 / 2 0 0 7  
**Transaction ID:** SA11AI.5349  
 Amount of Each Receipt this Period  
 500.00  
 Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2500.00**  
**TOTAL** This Period (last page this line number only) ..... ►

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

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

FOR LINE NUMBER: PAGE 18 / 121  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
PHYSICIAN HOSPITALS OF AMERICA POLITICAL ACTION COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Gerald Butz

Mailing Address 710 St. Anne St.

City State Zip Code  
Rapid City SD 57701

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

Name of Employer: Black Hills Urology   Occupation: Urologist

Receipt For:  Primary    General    Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 09 / 19 / 2007  
Transaction ID: SA11AI.5246  
Amount of Each Receipt this Period: 500.00  
Contribution

**B.** Full Name (Last, First, Middle Initial)  
Troy Callender

Mailing Address 3413 Golden Rd.

City State Zip Code  
Tyler TX 75701

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

Name of Employer: ENT Associates of East TX   Occupation: Physician

Receipt For:  Primary    General    Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt: 12 / 07 / 2007  
Transaction ID: SA11AI.5355  
Amount of Each Receipt this Period: 2000.00  
Contribution

**C.** Full Name (Last, First, Middle Initial)  
Aaron Calodney

Mailing Address 1814 Roseland Blvd.  
Suite 200

City State Zip Code  
Tyler TX 75701

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

Name of Employer: Self Employed   Occupation: Physician

Receipt For:  Primary    General    Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt: 12 / 07 / 2007  
Transaction ID: SA11AI.5354  
Amount of Each Receipt this Period: 2000.00  
Contribution

**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: PAGE 19 / 121  
(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)  
John Camp

Mailing Address 1905 Donnybrook

City State Zip Code  
Tyler TX 75701

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

Name of Employer Occupation  
Azalea Orthopedics Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt  
MM / DD / YYYY  
12 / 07 / 2007

Transaction ID: SA11AI.5356

Amount of Each Receipt this Period  
2000.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)  
Pradipta Chaudhuri

Mailing Address 7500 South 91st Street

City State Zip Code  
Lincoln NE 68526

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

Name of Employer Occupation  
Cardiologist Nebraska Heart Institute

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1600.00

Date of Receipt  
MM / DD / YYYY  
08 / 25 / 2007

Transaction ID: SA11AI.5188

Amount of Each Receipt this Period  
1600.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)  
Pallavi Chavda

Mailing Address 1261 Record Crossing

City State Zip Code  
Dallas TX 75235

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

Name of Employer Occupation  
Dallas Spine Care Surgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
08 / 25 / 2007

Transaction ID: SA11AI.5189

Amount of Each Receipt this Period  
1000.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► **4600.00**

**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 20 / 121  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
PHYSICIAN HOSPITALS OF AMERICA POLITICAL ACTION COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Asim Chohan

Mailing Address 8121 National Avenue  
Suite 300

City State Zip Code  
Midwest City OK 73110

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

Name of Employer Heart Consultants      Occupation Physician

Receipt For:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      500.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	3	1	/	2	0	0	7

**Transaction ID:** SA11AI.5224

Amount of Each Receipt this Period  
500.00

Contribution

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

Mailing Address 8450 Northwest Blvd.

City State Zip Code  
Indianapolis IN 46278

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

Name of Employer Ortholndy      Occupation Physician

Receipt For:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      500.00

Date of Receipt  

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

**Transaction ID:** SA11AI.5326

Amount of Each Receipt this Period  
500.00

Contribution

**C.** Full Name (Last, First, Middle Initial)  
John Cook

Mailing Address 600 N. Sioux Point Road

City State Zip Code  
Dakota Dunes SD 57049

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

Name of Employer Siouxland Anesthesiology      Occupation Anesthesiologist

Receipt For:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      1000.00

Date of Receipt  

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

**Transaction ID:** SA11AI.5190

Amount of Each Receipt this Period  
1000.00

Contribution

**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: PAGE 21 / 121  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
PHYSICIAN HOSPITALS OF AMERICA POLITICAL ACTION COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Luke Corsten

Mailing Address 10105 Park Rowe Circle

City State Zip Code  
Baton Rouge LA 70810

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

Name of Employer Occupation  
Neuromedical Center Clinic Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1350.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 2 / 2 0 0 7

**Transaction ID:** SA11AI.5302

Amount of Each Receipt this Period  
1350.00

Contribution

**B.** Full Name (Last, First, Middle Initial)  
Michael Coscia

Mailing Address 8450 Northwest Blvd.

City State Zip Code  
Indianapolis IN 46278

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

Name of Employer Occupation  
Ortholndy Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 1 0 / 2 0 0 7

**Transaction ID:** SA11AI.5327

Amount of Each Receipt this Period  
500.00

Contribution

**C.** Full Name (Last, First, Middle Initial)  
Eric Crimmins

Mailing Address 7500 South 91st Street

City State Zip Code  
Lincoln NE 68526

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

Name of Employer Occupation  
Nebraska Heart Hospital Anesthesiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 8 / 2 5 / 2 0 0 7

**Transaction ID:** SA11AI.5191

Amount of Each Receipt this Period  
500.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2350.00**

**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 22 / 121  
(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) Guy Danielson		Date of Receipt MM / DD / YYYY 12 / 07 / 2007
Mailing Address 1814 Roseland Blvd. Suite 200		Transaction ID: SA11AI.5357
City Tyler	State TX	Zip Code 75701
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 2000.00
Name of Employer Texas Spine & Joint Hospital	Occupation Physician	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

**B.**

Full Name (Last, First, Middle Initial) Bryan Denhartog		Date of Receipt MM / DD / YYYY 08 / 25 / 2007
Mailing Address PO Box 6850		Transaction ID: SA11AI.5192
City Rapid City	State SD	Zip Code 57709
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 2000.00
Name of Employer Black Hills Orthopedics	Occupation Orthopedic Surgeon	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

**C.**

Full Name (Last, First, Middle Initial) Timothy M. Dettmer		Date of Receipt MM / DD / YYYY 07 / 23 / 2007
Mailing Address 250 South Crescent Drive		Transaction ID: SA11AI.5133
City Mason City	State IA	Zip Code 50402
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 400.00
Name of Employer Mason City Clinic	Occupation Physician	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	4400.00
<b>TOTAL</b> 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 23 / 121

(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)

Alex Detwiler

Mailing Address 700 Olympic Plaza  
Suite 850

City State Zip Code  
Tyler TX 75701

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

Name of Employer Occupation  
Tyler Neurosurgical Associates Physician

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 2000.00

Date of Receipt

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

Transaction ID: SA11AI.5358

Amount of Each Receipt this Period

2000.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

Timothy Dicke

Mailing Address 8450 Northwest Blvd.

City State Zip Code  
Indianapolis IN 46278

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

Name of Employer Occupation  
Ortholndy Physician

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 500.00

Date of Receipt

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

Transaction ID: SA11AI.5328

Amount of Each Receipt this Period

500.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)

Christopher Dietrich

Mailing Address 1136 Jackson Blvd., Suite 3

City State Zip Code  
Rapid City SD 57702

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

Name of Employer Occupation  
The Rehab Doctors Physiatrist

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 1 9 / 2 0 0 7

Transaction ID: SA11AI.5247

Amount of Each Receipt this Period

500.00

Contribution

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

3000.00

**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 24 / 121  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
PHYSICIAN HOSPITALS OF AMERICA POLITICAL ACTION COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
John Dietz  
 Mailing Address 8450 Northwest Blvd.  
 City State Zip Code  
 Indianapolis IN 46278  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Indiana Orthopaedic Hospital Physician  
 Receipt For:  Primary  General  
 Other (specify) ▼ Aggregate Year-to-Date ▼  
 750.00  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 1 / 1 0 / 2 0 0 7  
**Transaction ID:** SA11AI.5329  
 Amount of Each Receipt this Period  
 750.00  
 Contribution

**B.** Full Name (Last, First, Middle Initial)  
Mark Dilella  
 Mailing Address 8450 Northwest Blvd.  
 City State Zip Code  
 Indianapolis IN 46278  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Ortholndy Orthopaedic Surgeon  
 Receipt For:  Primary  General  
 Other (specify) ▼ Aggregate Year-to-Date ▼  
 500.00  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 1 / 2 6 / 2 0 0 7  
**Transaction ID:** SA11AI.5350  
 Amount of Each Receipt this Period  
 500.00  
 Contribution

**C.** Full Name (Last, First, Middle Initial)  
Brian Divelbiss  
 Mailing Address 4520 West 140th St.  
 City State Zip Code  
 Leawood KS 66224  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Dickson-Dively Midwest Orthop. Physician  
 Receipt For:  Primary  General  
 Other (specify) ▼ Aggregate Year-to-Date ▼  
 1000.00  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 0 / 1 5 / 2 0 0 7  
**Transaction ID:** SA11AI.5313  
 Amount of Each Receipt this Period  
 1000.00  
 Contribution

**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: PAGE 25 / 121  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
**PHYSICIAN HOSPITALS OF AMERICA POLITICAL ACTION COMMITTEE**

<p><b>A.</b> Full Name (Last, First, Middle Initial) Stephe Doran</p> <p>Mailing Address 8005 Farnam Drive</p> <p>City State Zip Code  <b>Omaha NE 68114</b></p> <p>FEC ID number of contributing federal political committee.    <b>C</b></p> <p>Name of Employer: Midwest Neurosurgery &amp; Spine                  Occupation: Surgeon</p> <p>Receipt For:  <input type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">1000.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">08 / 25 / 2007</span></p> <p><b>Transaction ID: SA11AI.5193</b></p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">1000.00</span></p> <p>Contribution</p>
---	---

<p><b>B.</b> Full Name (Last, First, Middle Initial) Wade Dosch</p> <p>Mailing Address 1200 South 7th Avenue</p> <p>City State Zip Code  <b>Sioux Falls SD 57105</b></p> <p>FEC ID number of contributing federal political committee.    <b>C</b></p> <p>Name of Employer: McGreevy Clinic Avera                  Occupation: Physician</p> <p>Receipt For:  <input type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">767.25</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">07 / 17 / 2007</span></p> <p><b>Transaction ID: SA11AI.5125</b></p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">750.00</span></p> <p>Contribution</p>
---	--

<p><b>C.</b> Full Name (Last, First, Middle Initial) Clark Duchene</p> <p>Mailing Address PO Box 6850</p> <p>City State Zip Code  <b>Rapid City SD 57709</b></p> <p>FEC ID number of contributing federal political committee.    <b>C</b></p> <p>Name of Employer: Black Hills Orthopedics                  Occupation: Orthopedic Surgeon</p> <p>Receipt For:  <input type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">3000.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">08 / 25 / 2007</span></p> <p><b>Transaction ID: SA11AI.5194</b></p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">3000.00</span></p> <p>Contribution</p>
---	---

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;"><b>4750.00</b></span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 2px;"> </span>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 26 / 121

(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)  
Candace Dunn

Mailing Address 10101 Park Rowe Ave.  
Suite 200

City State Zip Code  
Baton Rouge LA 70801

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

Name of Employer Occupation  
The NeuroMedical Center Physician  
Clinic

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 400.00

Date of Receipt

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

Transaction ID: SA11AI.5303

Amount of Each Receipt this Period

400.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)  
Paul Dvirnak

Mailing Address 575 Rivergate Lane  
Suite 209

City State Zip Code  
Durango CO 81301

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

Name of Employer Occupation  
Animas Surgical Hospital Physician

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 800.00

Date of Receipt

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

Transaction ID: SA11AI.5143

Amount of Each Receipt this Period

800.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)  
Lynn Eckrich

Mailing Address PO Box 6850

City State Zip Code  
Rapid City SD 57709

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

Name of Employer Occupation  
Black Hills Orthopedics Orthopedic Surgeon

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 4000.00

Date of Receipt

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

Transaction ID: SA11AI.5195

Amount of Each Receipt this Period

4000.00

Contribution

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

5200.00

**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 27 / 121

(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)

Stephen G. Eckrich

Mailing Address PO Box 6850

City State Zip Code  
Rapid City SD 57709

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

Name of Employer Occupation  
Black Hills Orthopedics Orthopedic Surgeon

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 2000.00

Date of Receipt

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

Transaction ID: SA11AI.5196

Amount of Each Receipt this Period

2000.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

Mark S. Edmiston

Mailing Address 575 Rivergate Lane

City State Zip Code  
Durango CO 81301

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

Name of Employer Occupation  
Edmiston Anesthesia Surgeon

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 480.00

Date of Receipt

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

Transaction ID: SA11AI.5144

Amount of Each Receipt this Period

480.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)

Jack Farr

Mailing Address 8450 Northwest Blvd.

City State Zip Code  
Indianapolis IN 46278

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

Name of Employer Occupation  
Ortholndy Physician

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

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

Transaction ID: SA11AI.5330

Amount of Each Receipt this Period

500.00

Contribution

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

2980.00

**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 28 / 121  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
PHYSICIAN HOSPITALS OF AMERICA POLITICAL ACTION COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
David Fisher

Mailing Address 8450 Northwest Blvd.

City Indianapolis State IN Zip Code 46278

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

Name of Employer Ortholndy Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 10 / 2007

Transaction ID: SA11AI.5331

Amount of Each Receipt this Period 500.00

Contribution

**B.** Full Name (Last, First, Middle Initial)  
Timothy Fitzgibbons

Mailing Address 8005 Farnam Drive Suite 305

City Omaha State NE Zip Code 68114

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

Name of Employer Midwest Neurosurg. Spine Spec. Occupation Neurosurgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 19 / 2007

Transaction ID: SA11AI.5248

Amount of Each Receipt this Period 1000.00

Contribution

**C.** Full Name (Last, First, Middle Initial)  
Berry Fleming

Mailing Address 3108 Midway Trail #201

City Plano State TX Zip Code 75098

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

Name of Employer Personalized Women's Hlth Care Occupation Surgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 08 / 25 / 2007

Transaction ID: SA11AI.5197

Amount of Each Receipt this Period 1000.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2500.00

**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 29 / 121  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
PHYSICIAN HOSPITALS OF AMERICA POLITICAL ACTION COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
David Fletcher

Mailing Address 816 S. Fleishel

City State Zip Code  
Tyler TX 75701

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

Name of Employer Back to Balance      Occupation Physician

Receipt For:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      2000.00

Date of Receipt  

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

**Transaction ID:** SA11AI.5359

Amount of Each Receipt this Period  
2000.00

Contribution

**B.** Full Name (Last, First, Middle Initial)  
Thomas Flynn

Mailing Address 10106 Park Rowe Circle

City State Zip Code  
Baton Rouge LA 70811

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

Name of Employer Neuromedical Center Clinic      Occupation Physician

Receipt For:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      1100.00

Date of Receipt  

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

**Transaction ID:** SA11AI.5304

Amount of Each Receipt this Period  
1100.00

Contribution

**C.** Full Name (Last, First, Middle Initial)  
Mark Forrest

Mailing Address 575 Rivergate Lane Suite 209

City State Zip Code  
Durango CO 81301

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

Name of Employer Durango Urological      Occupation Surgeon

Receipt For:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      800.00

Date of Receipt  

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

**Transaction ID:** SA11AI.5145

Amount of Each Receipt this Period  
800.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► **3900.00**

**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 30 / 121  
(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) Earl Foster		Date of Receipt MM / DD / YYYY 09 / 24 / 2007
Mailing Address 2828 1st Avenue Suite 400		Transaction ID: SA11AI.5279
City Huntington	State WV	Zip Code 25702
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Scott Orthopedic Center	Occupation Surgeon	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

**B.**

Full Name (Last, First, Middle Initial) Constatine Fotopoulos		Date of Receipt MM / DD / YYYY 10 / 15 / 2007
Mailing Address 14070 West 148t Street		Transaction ID: SA11AI.5314
City Leawood	State KS	Zip Code 66224
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00
Name of Employer Dickson-Dively Midwest Or- thop.	Occupation Physician	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

**C.**

Full Name (Last, First, Middle Initial) Vincent Fragomeni		Date of Receipt MM / DD / YYYY 11 / 10 / 2007
Mailing Address 8450 Northwest Blvd.		Transaction ID: SA11AI.5332
City Indianapolis	State IN	Zip Code 46278
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Ortholndy	Occupation Physician	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	3500.00
<b>TOTAL</b> 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 31 / 121  
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<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)  
Richard Francis

Mailing Address 40 Burton Hills Blvd.  
Suite 500

City Nashville State TN Zip Code 37215

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

Name of Employer Symbion Occupation CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
08 / 05 / 2007

Transaction ID: SA11AI.5146

Amount of Each Receipt this Period  
250.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)  
Donald Frisco

Mailing Address 701 8th Avenue NW

City Aberdeen State SD Zip Code 57401

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

Name of Employer Orthopedic Surgery Specialists Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
09 / 02 / 2007

Transaction ID: SA11AI.5227

Amount of Each Receipt this Period  
1000.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)  
Stuart E. Fromm

Mailing Address PO Box 6850

City Rapid City State SD Zip Code 57709

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

Name of Employer Black Hills Orthopedics Occupation Orthopedic Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2000.00

Date of Receipt  
MM / DD / YYYY  
08 / 25 / 2007

Transaction ID: SA11AI.5198

Amount of Each Receipt this Period  
2000.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **3250.00**

**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 32 / 121  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
PHYSICIAN HOSPITALS OF AMERICA POLITICAL ACTION COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Deepak Gangahar

Mailing Address 7500 South 91st Street

City Lincoln State NE Zip Code 68526

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

Name of Employer Nebraska Heart Institute Occupation Surgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1600.00

Date of Receipt 08 / 25 / 2007

Transaction ID: SA11AI.5199

Amount of Each Receipt this Period 1600.00

Contribution

**B.** Full Name (Last, First, Middle Initial)  
Howard Garb

Mailing Address 3413 Golden Rd.

City Tyler State TX Zip Code 75701

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

Name of Employer ENT Associates of East TX Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 12 / 07 / 2007

Transaction ID: SA11AI.5360

Amount of Each Receipt this Period 2000.00

Contribution

**C.** Full Name (Last, First, Middle Initial)  
Euardo Garcia

Mailing Address 333 North Texas Avenue

City Webster State TX Zip Code 77598

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

Name of Employer Houston Physicians Hospital Occupation Surgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 24 / 2007

Transaction ID: SA11AI.5280

Amount of Each Receipt this Period 1000.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► 4600.00

**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 33 / 121  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
PHYSICIAN HOSPITALS OF AMERICA POLITICAL ACTION COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Joseph Gard  
 Mailing Address 7500 South 91st Street  
 City Lincoln State NE Zip Code 68526  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Nebraska Heart Institute Occupation Cardiologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1600.00  
 Date of Receipt 08 / 25 / 2007  
**Transaction ID:** SA11AI.5200  
 Amount of Each Receipt this Period 1600.00  
 Contribution

**B.** Full Name (Last, First, Middle Initial)  
Thomas Garrison  
 Mailing Address 333 North Texas Avenue  
 City Webster State TX Zip Code 77598  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Houston Physicians Hospital Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00  
 Date of Receipt 09 / 24 / 2007  
**Transaction ID:** SA11AI.5281  
 Amount of Each Receipt this Period 1000.00  
 Contribution

**C.** Full Name (Last, First, Middle Initial)  
Terry Gemas  
 Mailing Address 9219 Garland Road 32107  
 City Dallas State TX Zip Code 75218  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Lakewood Orthop. Sports Medic. Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00  
 Date of Receipt 09 / 02 / 2007  
**Transaction ID:** SA11AI.5228  
 Amount of Each Receipt this Period 1000.00  
 Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► 3600.00  
**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 34 / 121

(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)  
Ronald Gill

Mailing Address Parkway

City State Zip Code  
Dana Point CA 92629

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

Name of Employer Occupation  
Surgical Care Solutions CEO

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 2000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 1 / 2 0 0 7

Transaction ID: SA11AI.5171

Amount of Each Receipt this Period

2000.00

Contribution

B.

Full Name (Last, First, Middle Initial)  
Gary Goodfried

Mailing Address 1814 Roseland Blvd.  
Suite 200

City State Zip Code  
Tyler TX 75701

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

Name of Employer Occupation  
Azalea Orthopedics Physician

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 2000.00

Date of Receipt

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

Transaction ID: SA11AI.5361

Amount of Each Receipt this Period

2000.00

Contribution

C.

Full Name (Last, First, Middle Initial)  
Charles Gordon

Mailing Address 1814 Roseland Blvd.  
Suite 200

City State Zip Code  
Tyler TX 75701

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

Name of Employer Occupation  
Gordon Spine Associates Physician

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 2000.00

Date of Receipt

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

Transaction ID: SA11AI.5369

Amount of Each Receipt this Period

2000.00

Contribution

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

6000.00

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

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

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

FOR LINE NUMBER: PAGE 35 / 121  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
PHYSICIAN HOSPITALS OF AMERICA POLITICAL ACTION COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Brett Gosney

Mailing Address 5900 South Western Avenue  
Suite #102

City State Zip Code  
Sioux Falls SD 57108

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

Name of Employer: Animas Surgical Hospital   Occupation: CEO

Receipt For:  Primary    General    Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt: 08 / 05 / 2007  
Transaction ID: SA11AI.5147  
Amount of Each Receipt this Period: 240.00  
Contribution

**B.** Full Name (Last, First, Middle Initial)  
Thomas Graham

Mailing Address 700 Olympic Plaza  
Suite 850

City State Zip Code  
Tyler TX 75701

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

Name of Employer: Tyler Neurosurgical Associates   Occupation: Physician

Receipt For:  Primary    General    Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt: 12 / 07 / 2007  
Transaction ID: SA11AI.5362  
Amount of Each Receipt this Period: 2000.00  
Contribution

**C.** Full Name (Last, First, Middle Initial)  
Michael Gross

Mailing Address 6230 Norway Road

City State Zip Code  
Dallas TX 75230

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

Name of Employer: Urology Clinics of North Texas   Occupation: Urologist

Receipt For:  Primary    General    Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 09 / 04 / 2007  
Transaction ID: SA11AI.5238  
Amount of Each Receipt this Period: 1000.00  
Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► 3240.00

**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 36 / 121  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
PHYSICIAN HOSPITALS OF AMERICA POLITICAL ACTION COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Richard Gross

Mailing Address 8005 Farnam Drive  
Suite 305

City State Zip Code  
Omaha NE 68114

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

Name of Employer Occupation  
Midwest Neurosurg. Spine Neurosurgeon  
Spec.

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 19 / 2007

**Transaction ID:** SA11AI.5249

Amount of Each Receipt this Period  
1000.00

Contribution

**B.** Full Name (Last, First, Middle Initial)  
Scott Gudeman

Mailing Address 8450 Northwest Blvd.

City State Zip Code  
Indianapolis IN 46278

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

Name of Employer Occupation  
Ortholndy Orthopaedic Surgeon

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
11 / 26 / 2007

**Transaction ID:** SA11AI.5347

Amount of Each Receipt this Period  
500.00

Contribution

**C.** Full Name (Last, First, Middle Initial)  
Jack Gunter

Mailing Address 8144 Walnut Hill Lane  
#170

City State Zip Code  
Dallas TX 75231

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

Name of Employer Occupation  
Gunter Center Plastic Surgeon

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 25 / 2007

**Transaction ID:** SA11AI.5201

Amount of Each Receipt this Period  
500.00

Contribution

**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: PAGE 37 / 121  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
PHYSICIAN HOSPITALS OF AMERICA POLITICAL ACTION COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Danny Gurba

Mailing Address 3651 College Blvd.

City State Zip Code  
Leawood KS 66211

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

Name of Employer Occupation  
Dickson-Dively Midwest Orthop. Physician

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
10 / 15 / 2007

**Transaction ID:** SA11AI.5315

Amount of Each Receipt this Period  
1000.00

Contribution

**B.** Full Name (Last, First, Middle Initial)  
Harald Gutsell

Mailing Address 222 South Summit Avenue  
Suite 3

City State Zip Code  
Prescott AZ 86303

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

Name of Employer Occupation  
Prescott Doctors Anesthesiologist

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
09 / 24 / 2007

**Transaction ID:** SA11AI.5282

Amount of Each Receipt this Period  
500.00

Contribution

**C.** Full Name (Last, First, Middle Initial)  
Richard Guyer

Mailing Address 6020 West Parker Road

City State Zip Code  
Plano TX 75093

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

Name of Employer Occupation  
Texas Back Institute Surgeon

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 1500.00

Date of Receipt  
MM / DD / YYYY  
09 / 19 / 2007

**Transaction ID:** SA11AI.5250

Amount of Each Receipt this Period  
1500.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► 3000.00

**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 38 / 121

(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)  
Stewart Heaton

Mailing Address 3413 Golden Rd.

City State Zip Code  
Tyler TX 75701

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

Name of Employer Occupation  
ENT Associates of East TX Physician

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 2000.00

Date of Receipt

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

Transaction ID: SA11AI.5368

Amount of Each Receipt this Period

2000.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)  
Craig Hedges

Mailing Address 2315 W. 57th St.

City State Zip Code  
Sioux Falls SD 57108

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

Name of Employer Occupation  
Midwest Ear, Nose & Throat Physician

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 3179.23

Date of Receipt

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

Transaction ID: SA11AI.5300

Amount of Each Receipt this Period

3000.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)  
William Hefley

Mailing Address 5 St. Vincent Circle  
Suite 100

City State Zip Code  
Little Rock AR 72205

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

Name of Employer Occupation  
Martin Bowen Hefley Knee Sport Surgeon

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 4 / 2 0 0 7

Transaction ID: SA11AI.5283

Amount of Each Receipt this Period

500.00

Contribution

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

5500.00

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

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

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

FOR LINE NUMBER: PAGE 39 / 121  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
PHYSICIAN HOSPITALS OF AMERICA POLITICAL ACTION COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Kyle Hegg

Mailing Address 2828 1st Avenue  
Suite 400

City State Zip Code  
Huntington WV 25702

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

Name of Employer Scott Orthopedic Center Occupation Surgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt MM / DD / YYYY  
09 / 24 / 2007

**Transaction ID:** SA11AI.5284

Amount of Each Receipt this Period 1000.00

Contribution

**B.** Full Name (Last, First, Middle Initial)  
Leslie Hellbusch

Mailing Address 8005 Farnam Drive  
Suite 305

City State Zip Code  
Omaha NE 68114

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

Name of Employer Midwest Neurosurg. Spine Spec. Occupation Neurosurgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt MM / DD / YYYY  
09 / 19 / 2007

**Transaction ID:** SA11AI.5251

Amount of Each Receipt this Period 1000.00

Contribution

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

Mailing Address 9032 Harry Hines Blvd.

City State Zip Code  
Dallas TX 75235

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

Name of Employer Pine Creek Medical Center Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt MM / DD / YYYY  
08 / 25 / 2007

**Transaction ID:** SA11AI.5202

Amount of Each Receipt this Period 1000.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► 3000.00

**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 40 / 121  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
PHYSICIAN HOSPITALS OF AMERICA POLITICAL ACTION COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Shawn Henry

Mailing Address 6020 West Parker Road

City State Zip Code  
Plano TX 75093

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

Name of Employer Texas Back Institute      Occupation Surgeon

Receipt For:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      750.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 19 / 2007

**Transaction ID:** SA11AI.5252

Amount of Each Receipt this Period  
750.00

Contribution

**B.** Full Name (Last, First, Middle Initial)  
John Herhlihy

Mailing Address 2820 Mt. Rushmore Rd.

City State Zip Code  
Rapid City SD 57701

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

Name of Employer Rapid City Medical Center      Occupation Ophthalmologist

Receipt For:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 19 / 2007

**Transaction ID:** SA11AI.5254

Amount of Each Receipt this Period  
500.00

Contribution

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

Mailing Address 2300 Burleigh Street

City State Zip Code  
Yankton SD 57078

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

Name of Employer Wilcockson Eye Associates      Occupation Physician

Receipt For:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 09 / 2007

**Transaction ID:** SA11AI.5159

Amount of Each Receipt this Period  
500.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1750.00**

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

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

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

FOR LINE NUMBER: PAGE 41 / 121  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
PHYSICIAN HOSPITALS OF AMERICA POLITICAL ACTION COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Daniel Hinkin  
 Mailing Address 1600 Charles  
 City State Zip Code  
 Manhattan KS 66502  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Orthopedic Sports Medicine Orthopedic Surgeon  
 Ctr  
 Receipt For:  Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1000.00  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 8 / 2 5 / 2 0 0 7  
**Transaction ID:** SA11AI.5203  
 Amount of Each Receipt this Period  
 1000.00  
 Contribution

**B.** Full Name (Last, First, Middle Initial)  
Michael Hisey  
 Mailing Address 6020 West Parker Road  
 City State Zip Code  
 Plano TX 75093  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Texas Back Insitute Surgeon  
 Receipt For:  Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1500.00  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 9 / 1 9 / 2 0 0 7  
**Transaction ID:** SA11AI.5255  
 Amount of Each Receipt this Period  
 1500.00  
 Contribution

**C.** Full Name (Last, First, Middle Initial)  
Stephen Hochschuler  
 Mailing Address 1820 West Maryland  
 City State Zip Code  
 Phoenix AZ 85015  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Texas Back Institute Physician  
 Receipt For:  Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1000.00  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 1 / 0 1 / 2 0 0 7  
**Transaction ID:** SA11AI.5322  
 Amount of Each Receipt this Period  
 1000.00  
 Contribution

**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: PAGE 42 / 121  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
PHYSICIAN HOSPITALS OF AMERICA POLITICAL ACTION COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Peter Hodges  
Mailing Address 1600 Charles Pl.  
City Manhattan State KS Zip Code 66502  
FEC ID number of contributing federal political committee. **C**  
Name of Employer OSMC Occupation Orthopedic Surgeon  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00  
Date of Receipt 08 / 05 / 2007  
Transaction ID: SA11AI.5148  
Amount of Each Receipt this Period 1000.00  
Contribution

**B.** Full Name (Last, First, Middle Initial)  
Darlys Hofer  
Mailing Address 1200 South Euclid Avenue #212  
City Sioux Falls State SD Zip Code 57105  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Urology Specialists Occupation Surgeon  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 5179.23  
Date of Receipt 07 / 18 / 2007  
Transaction ID: SA11AI.5128  
Amount of Each Receipt this Period 5000.00  
Contribution

**C.** Full Name (Last, First, Middle Initial)  
John Hughes  
Mailing Address 6124 West Parker Road MOB3, #131  
City Plano State TX Zip Code 75093  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Southwest Pulmonary Associates Occupation Physician  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00  
Date of Receipt 08 / 25 / 2007  
Transaction ID: SA11AI.5204  
Amount of Each Receipt this Period 500.00  
Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► 6500.00  
**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 43 / 121

(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

<b>A.</b>	Full Name (Last, First, Middle Initial) John Hughes		Date of Receipt MM / DD / YYYY 11 / 10 / 2007		
	Mailing Address 6124 West Parker Road MOB3, #131		<b>Transaction ID:</b> SA11AI.5333		
	City Plano	State TX	Zip Code 75093	Amount of Each Receipt this Period 350.00	
	FEC ID number of contributing federal political committee. <b>C</b>		Contribution		
	Name of Employer Southwest Pulmonary Associates		Occupation Physician	Aggregate Year-to-Date 850.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Timothy Hupfer		Date of Receipt MM / DD / YYYY 11 / 10 / 2007		
	Mailing Address 8450 Northwest Blvd.		<b>Transaction ID:</b> SA11AI.5334		
	City Indianapolis	State IN	Zip Code 46278	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. <b>C</b>		Contribution		
	Name of Employer Ortholndy		Occupation Physician	Aggregate Year-to-Date 500.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) David Inda		Date of Receipt MM / DD / YYYY 09 / 19 / 2007		
	Mailing Address 8005 Farnam Drive Suite 305		<b>Transaction ID:</b> SA11AI.5256		
	City Omaha	State NE	Zip Code 68114	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. <b>C</b>		Contribution		
	Name of Employer Midwest Neurosurg. Spine Spec.		Occupation Neurosurgeon	Aggregate Year-to-Date 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1850.00</b>
<b>TOTAL</b> 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 44 / 121  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
PHYSICIAN HOSPITALS OF AMERICA POLITICAL ACTION COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
R. Kent Jex  
 Mailing Address 7500 South 91st Street  
 City Lincoln State NE Zip Code 68526  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Nebraska Heart Insitute Occupation Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1600.00  
 Date of Receipt 08 / 25 / 2007  
**Transaction ID:** SA11AI.5205  
 Amount of Each Receipt this Period 1600.00  
 Contribution

**B.** Full Name (Last, First, Middle Initial)  
Daniel Johnson  
 Mailing Address 136 Heritage Drive  
 City Yankton State SD Zip Code 57078  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Yankton Bone and Joint Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00  
 Date of Receipt 08 / 09 / 2007  
**Transaction ID:** SA11AI.5160  
 Amount of Each Receipt this Period 500.00  
 Contribution

**C.** Full Name (Last, First, Middle Initial)  
Robert C. Johnson  
 Mailing Address 1200 S. Euclid  
 City Sioux Falls State SD Zip Code 57105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Urology Associates Occupation Urologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 6000.00  
 Date of Receipt 07 / 12 / 2007  
**Transaction ID:** SA11AI.5120  
 Amount of Each Receipt this Period 4000.00  
 See Partial Refund Mid Year 2011

**SUBTOTAL** of Receipts This Page (optional) ..... ► 6100.00  
**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 45 / 121  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
PHYSICIAN HOSPITALS OF AMERICA POLITICAL ACTION COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Lowry Jones

Mailing Address 4520 West 140th Street

City State Zip Code  
Leawood KS 66224

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

Name of Employer Occupation  
Dickson-Dively Midwest Orthop. Physician

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 1000.00

Date of Receipt  

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

**Transaction ID:** SA11AI.5316

Amount of Each Receipt this Period  
1000.00

Contribution

**B.** Full Name (Last, First, Middle Initial)  
Leanne Jordan

Mailing Address 1 Mercado Street Suite 105

City State Zip Code  
Durango CO 83101

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

Name of Employer Occupation  
Four Corners OBGYN Physician

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 400.00

Date of Receipt  

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

**Transaction ID:** SA11AI.5206

Amount of Each Receipt this Period  
400.00

Contribution

**C.** Full Name (Last, First, Middle Initial)  
Michael Kadrmias

Mailing Address PO Box 6850

City State Zip Code  
Rapid City SD 57709

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

Name of Employer Occupation  
Black Hills Orthopedics Orthopedic Surgeon

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 1500.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	1	9	/	2	0	0	7

**Transaction ID:** SA11AI.5257

Amount of Each Receipt this Period  
1500.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2900.00**

**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 46 / 121  
(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) David Kaehler		Date of Receipt MM / DD / YYYY 11 / 10 / 2007
Mailing Address 8450 Northwest Blvd.		<b>Transaction ID:</b> SA11AI.5335
City Indianapolis	State IN	Zip Code 46278
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Indiana Orthopaedic Hospital	Occupation Physician	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

**B.**

Full Name (Last, First, Middle Initial) Ellison Kalda		Date of Receipt MM / DD / YYYY 07 / 24 / 2007
Mailing Address 911 East 20th Street		<b>Transaction ID:</b> SA11AI.5135
City Sioux Falls	State SD	Zip Code 57105
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 5000.00
Name of Employer Surgical Institute	Occupation Surgeon	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

**C.**

Full Name (Last, First, Middle Initial) Jack J. Kaup		Date of Receipt MM / DD / YYYY 09 / 19 / 2007
Mailing Address 1868 Lombardy Dr.		<b>Transaction ID:</b> SA11AI.5258
City Rapid City	State SD	Zip Code 57703
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Black Hills Surgery Center	Occupation Chief Financial Officer	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	6000.00
<b>TOTAL</b> 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 47 / 121  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
PHYSICIAN HOSPITALS OF AMERICA POLITICAL ACTION COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Charles Kelly

Mailing Address 8005 Farnam Dr.  
Suite 305

City Omaha State NE Zip Code 68114

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

Name of Employer Midwest Neurosurg. Spine Spec. Occupation Neurosurgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 19 / 2007

Transaction ID: SA11AI.5259

Amount of Each Receipt this Period 1000.00

Contribution

**B.** Full Name (Last, First, Middle Initial)  
Pam Kircher

Mailing Address 575 Rivergate Lane  
Suite 105

City Durango State CO Zip Code 81301

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

Name of Employer Animas Orthopedic Associates Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt 08 / 05 / 2007

Transaction ID: SA11AI.5149

Amount of Each Receipt this Period 750.00

Contribution

**C.** Full Name (Last, First, Middle Initial)  
Dale Kneller

Mailing Address 555 Rivergate Lane  
B4-180

City Durango State CO Zip Code 81301

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

Name of Employer Genex Construction Occupation Businessman

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 230.00

Date of Receipt 08 / 05 / 2007

Transaction ID: SA11AI.5150

Amount of Each Receipt this Period 230.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1980.00

**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 48 / 121  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
PHYSICIAN HOSPITALS OF AMERICA POLITICAL ACTION COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Donald Knudson

Mailing Address 6110 South Minnesota Avenue

City State Zip Code  
Sioux Falls SD 57108

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

Name of Employer: Sioux Falls Surgical Hospital   Occupation: Physician

Receipt For:  Primary    General    Other (specify) ▼

Aggregate Year-to-Date ▼ 1879.23

Date of Receipt: MM / DD / YYYY  
07 / 18 / 2007

Transaction ID: SA11AI.5129

Amount of Each Receipt this Period: 1700.00

Contribution

**B.** Full Name (Last, First, Middle Initial)  
Kirk Koepsel

Mailing Address 333 North Texas Avenue

City State Zip Code  
Webster TX 77598

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

Name of Employer: Houston Physicians Hospital   Occupation: Surgeon

Receipt For:  Primary    General    Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: MM / DD / YYYY  
09 / 24 / 2007

Transaction ID: SA11AI.5285

Amount of Each Receipt this Period: 1000.00

Contribution

**C.** Full Name (Last, First, Middle Initial)  
Jon Krumerman

Mailing Address 8230 Walnut Hill Lane Suite 220

City State Zip Code  
Dallas TX 75231

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

Name of Employer: Dallas Neurosurgical Associate   Occupation: Neurosurgeon

Receipt For:  Primary    General    Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: MM / DD / YYYY  
08 / 31 / 2007

Transaction ID: SA11AI.5225

Amount of Each Receipt this Period: 500.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► **3200.00**

**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 49 / 121  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
PHYSICIAN HOSPITALS OF AMERICA POLITICAL ACTION COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Sanford Kunkel

Mailing Address 8450 Northwest Blvd.

City Indianapolis State IN Zip Code 46278

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

Name of Employer Ortholndy Occupation Physician

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 10 / 2007  
**Transaction ID:** SA11AI.5336  
 Amount of Each Receipt this Period 500.00  
 Contribution

**B.** Full Name (Last, First, Middle Initial)  
David H. Lang

Mailing Address PO Box 6850

City Rapid City State SD Zip Code 57709

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

Name of Employer Black Hills Orthopedics Occupation Orthopedic Surgeon

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 6000.00

Date of Receipt 09 / 19 / 2007  
**Transaction ID:** SA11AI.5260  
 Amount of Each Receipt this Period 6000.00  
 See Partial Refund 9/21/2-007

**C.** Full Name (Last, First, Middle Initial)  
Laura Larsen

Mailing Address 2315 W 57th Street

City Sioux Falls State SD Zip Code 57108

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

Name of Employer Midwest Ear Nose & Throat Occupation Physician

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5179.23

Date of Receipt 08 / 05 / 2007  
**Transaction ID:** SA11AI.5151  
 Amount of Each Receipt this Period 5000.00  
 Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► 11500.00

**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 50 / 121

(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)  
Brett Lawlor

Mailing Address 1136 Jackson Blvd., Suite 3

City State Zip Code  
Rapid City SD 57702

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

Name of Employer Occupation  
The Rehab Doctors Psychiatrist

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y  
09 / 19 / 2007

Transaction ID: SA11AI.5261

Amount of Each Receipt this Period

1000.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)  
Jon Ledlie

Mailing Address 700 Olympic Plaza Suite 850

City State Zip Code  
Tyler TX 75701

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

Name of Employer Occupation  
Tyler Neurosurgical Associates Physician

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 2000.00

Date of Receipt

M M / D D / Y Y Y Y  
12 / 07 / 2007

Transaction ID: SA11AI.5363

Amount of Each Receipt this Period

2000.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)  
Daniel Lehman

Mailing Address 8450 Northwest Blvd.

City State Zip Code  
Indianapolis IN 46278

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

Name of Employer Occupation  
Ortholndy Physician

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y  
11 / 10 / 2007

Transaction ID: SA11AI.5337

Amount of Each Receipt this Period

500.00

Contribution

**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: PAGE 51 / 121  
 (check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
PHYSICIAN HOSPITALS OF AMERICA POLITICAL ACTION COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Lloyd Lifton

Mailing Address 575 Rivergate Lane  
Suite 207

City Durango State CO Zip Code 81301

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

Name of Employer Animas Surgical Hospital Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt 08 / 05 / 2007  
**Transaction ID:** SA11AI.5152  
 Amount of Each Receipt this Period 750.00  
 Contribution

**B.** Full Name (Last, First, Middle Initial)  
Max Linder

Mailing Address 1710 South 70th Street

City Lincoln State NE Zip Code 68506

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

Name of Employer Eye Surgical Associates Occupation Physican

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 09 / 2007  
**Transaction ID:** SA11AI.5299  
 Amount of Each Receipt this Period 250.00  
 Contribution

**C.** Full Name (Last, First, Middle Initial)  
Jeffrey Liudahl

Mailing Address 409 Summit  
Suite 2800

City Yankton State SD Zip Code 57078

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

Name of Employer Yankton Ear Nose & Throat Occupation Surgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 09 / 2007  
**Transaction ID:** SA11AI.5161  
 Amount of Each Receipt this Period 500.00  
 Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1500.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 52 / 121

(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)

Douglas Long

Mailing Address 8005 Farnam Drive

City State Zip Code  
Omaha NE 68114

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

Name of Employer Occupation  
Midwest Neurosurgery Spine Sp. Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 02 / 2007

Transaction ID: SA11AI.5229

Amount of Each Receipt this Period

1000.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

Dean Maar

Mailing Address 8450 Northwest Blvd.

City State Zip Code  
Indianapolis IN 46278

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

Name of Employer Occupation  
Ortholndy Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 10 / 2007

Transaction ID: SA11AI.5338

Amount of Each Receipt this Period

500.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)

James MacDougall

Mailing Address 7018th Avenue NW

City State Zip Code  
Aberdeen SD 57401

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

Name of Employer Occupation  
Orthopedic Surgery Specialists Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 02 / 2007

Transaction ID: SA11AI.5230

Amount of Each Receipt this Period

1000.00

Contribution

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

2500.00

**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 53 / 121  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
PHYSICIAN HOSPITALS OF AMERICA POLITICAL ACTION COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Sabyasachi Mahapatra  
Mailing Address 7500 South 91st Street  
City Lincoln State NE Zip Code 68526  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Nebraska Heart Insitute Occupation Cardiologist  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1600.00  
Date of Receipt 08 / 25 / 2007  
Transaction ID: SA11AI.5207  
Amount of Each Receipt this Period 1600.00  
Contribution

**B.** Full Name (Last, First, Middle Initial)  
James Mantone  
Mailing Address 701 8th Avenue  
City Aberdeen State SD Zip Code 57401  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Orthopedic Surgery Specialists Occupation Physician  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00  
Date of Receipt 09 / 02 / 2007  
Transaction ID: SA11AI.5231  
Amount of Each Receipt this Period 1000.00  
Contribution

**C.** Full Name (Last, First, Middle Initial)  
Rex Marco  
Mailing Address 6700 West Loop S Suite 110  
City Bellaire State TX Zip Code 77401  
FEC ID number of contributing federal political committee. **C**  
Name of Employer UT Spine & Scoliosis Center Occupation Surgeon  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 2000.00  
Date of Receipt 10 / 05 / 2007  
Transaction ID: SA11AI.5298  
Amount of Each Receipt this Period 2000.00  
Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► 4600.00  
**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 54 / 121  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
PHYSICIAN HOSPITALS OF AMERICA POLITICAL ACTION COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Jeffrey Marrs  
Mailing Address PO Box 6850  
City State Zip Code  
Rapid City SD 57709  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Black Hills Orthopedics Orthopedic Surgeon  
Receipt For: Aggregate Year-to-Date  
 Primary    General  
 Other (specify) ▼ 1500.00  
 Date of Receipt: 09 / 19 / 2007  
**Transaction ID:** SA11AI.5262  
 Amount of Each Receipt this Period: 1500.00  
 Contribution

**B.** Full Name (Last, First, Middle Initial)  
Kenneth Martin  
Mailing Address 5 St. Vincent Circle Suite 100  
City State Zip Code  
Little Rock AR 72205  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Martin Bowen Hefley Knee Sport Surgeon  
Receipt For: Aggregate Year-to-Date  
 Primary    General  
 Other (specify) ▼ 500.00  
 Date of Receipt: 09 / 24 / 2007  
**Transaction ID:** SA11AI.5286  
 Amount of Each Receipt this Period: 500.00  
 Contribution

**C.** Full Name (Last, First, Middle Initial)  
Stephen Martin  
Mailing Address 7500 South 91st Street  
City State Zip Code  
Lincoln NE 68526  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Nebraska Heart Insitute Cardiologist  
Receipt For: Aggregate Year-to-Date  
 Primary    General  
 Other (specify) ▼ 1600.00  
 Date of Receipt: 08 / 25 / 2007  
**Transaction ID:** SA11AI.5208  
 Amount of Each Receipt this Period: 1600.00  
 Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► 3600.00  
**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 55 / 121
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) William A. May	Date of Receipt MM / DD / YYYY 09 / 19 / 2007
	Mailing Address 1868 Lombardy Dr.	<b>Transaction ID:</b> SA11AI.5263
	City State Zip Code Rapid City SD 57703	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	Contribution
	Name of Employer Black Hills Surgical Hospital Occupation CEO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Frank J. Mayer	Date of Receipt MM / DD / YYYY 08 / 25 / 2007
	Mailing Address 575 Rivergate Lane #209	<b>Transaction ID:</b> SA11AI.5209
	City State Zip Code Durango CO 81301	Amount of Each Receipt this Period 240.00
	FEC ID number of contributing federal political committee. C	Contribution
	Name of Employer Durango Urological Associates Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 240.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Chester Mayo	Date of Receipt MM / DD / YYYY 09 / 02 / 2007
	Mailing Address 701 8th Avenue, NW	<b>Transaction ID:</b> SA11AI.5232
	City State Zip Code Aberdeen SD 57401	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	Contribution
	Name of Employer Orthopedic Surgery Specialists Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1740.00
<b>TOTAL</b> 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 56 / 121

(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)  
James McAfee

Mailing Address 1600 Charles Pl.

City State Zip Code  
Manhattan KS 66502

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

Name of Employer Occupation  
OSMC Orthopedic Surgeon

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y  
07 / 27 / 2007

Transaction ID: SA11AI.5138

Amount of Each Receipt this Period

1000.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)  
John McCarthy

Mailing Address 8005 Farnam Dr.  
Suite 305

City State Zip Code  
Omaha NE 68114

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

Name of Employer Occupation  
Midwest Neurosurg. Spine Spec. Neurosurgeon

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y  
09 / 19 / 2007

Transaction ID: SA11AI.5264

Amount of Each Receipt this Period

1000.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)  
Michael McGowan

Mailing Address 2127 South Minnesota Avenue

City State Zip Code  
Sioux Falls SD 57105

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

Name of Employer Occupation  
Self-Employed Physician

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 279.52

Date of Receipt

M M / D D / Y Y Y Y  
07 / 24 / 2007

Transaction ID: SA11AI.5136

Amount of Each Receipt this Period

250.00

Contribution

**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: PAGE 57 / 121  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
PHYSICIAN HOSPITALS OF AMERICA POLITICAL ACTION COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Scott McMullen

Mailing Address 8005 Farnam Dr.  
Suite 305

City Omaha State NE Zip Code 68114

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

Name of Employer Midwest Neurosurg. Spine Spec. Occupation Neurosurgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 19 / 2007

Transaction ID: SA11AI.5265

Amount of Each Receipt this Period 1000.00

Contribution

**B.** Full Name (Last, First, Middle Initial)  
Vaughn Meyer

Mailing Address 911 East 20th Street

City Sioux Falls State SD Zip Code 57105

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

Name of Employer Plastic Surgery Associates Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5179.23

Date of Receipt 08 / 03 / 2007

Transaction ID: SA11AI.5140

Amount of Each Receipt this Period 5000.00

See Partial Refund Mid Year 2011

**C.** Full Name (Last, First, Middle Initial)  
James Michaels

Mailing Address 1814 Roseland Blvd.  
Suite 200

City Tyler State TX Zip Code 75701

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

Name of Employer Texas Spine & Joint Hospital Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 12 / 07 / 2007

Transaction ID: SA11AI.5364

Amount of Each Receipt this Period 2000.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► 8000.00

**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 58 / 121  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
PHYSICIAN HOSPITALS OF AMERICA POLITICAL ACTION COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Deborah Miller

Mailing Address 333 North Texas Avenue

City State Zip Code  
Webster TX 77598

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

Name of Employer Occupation  
Houston Physicians Hospital Surgeon

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 24 / 2007

**Transaction ID:** SA11AI.5287

Amount of Each Receipt this Period  
1000.00

Contribution

**B.** Full Name (Last, First, Middle Initial)  
Nate Miller

Mailing Address 909 Enterprise Drive

City State Zip Code  
Jonesboro AR 72401

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

Name of Employer Occupation  
Surgical Hosp. of Jonesboro CEO

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 24 / 2007

**Transaction ID:** SA11AI.5288

Amount of Each Receipt this Period  
500.00

Contribution

**C.** Full Name (Last, First, Middle Initial)  
Ronald Miller

Mailing Address 8450 Northwest Blvd.

City State Zip Code  
Indianapolis IN 46278

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

Name of Employer Occupation  
Ortholndy Physician

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
11 / 10 / 2007

**Transaction ID:** SA11AI.5339

Amount of Each Receipt this Period  
500.00

Contribution

**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: PAGE 59 / 121  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
PHYSICIAN HOSPITALS OF AMERICA POLITICAL ACTION COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Thomas Mims

Mailing Address 6623 Fannin  
Suite 2340

City State Zip Code  
Houston TX 77030

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

Name of Employer Occupation  
Houston Physicians & Surgeons Physician

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
09 / 04 / 2007

**Transaction ID:** SA11AI.5239

Amount of Each Receipt this Period  
1000.00

Contribution

**B.** Full Name (Last, First, Middle Initial)  
Horace Mitchell

Mailing Address 10101 Park Rowe Circle

City State Zip Code  
Baton Rouge LA 70810

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

Name of Employer Occupation  
The NeuroMedical Center Physician

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1357.00

Date of Receipt  
MM / DD / YYYY  
10 / 12 / 2007

**Transaction ID:** SA11AI.5305

Amount of Each Receipt this Period  
1357.00

Contribution

**C.** Full Name (Last, First, Middle Initial)  
Cynthia Moser

Mailing Address 1128 Historic 4th Street

City State Zip Code  
Sioux City IA 51104

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

Name of Employer Occupation  
Hediman Law Firm Attorney

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
08 / 25 / 2007

**Transaction ID:** SA11AI.5210

Amount of Each Receipt this Period  
500.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2857.00**

**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 60 / 121  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
PHYSICIAN HOSPITALS OF AMERICA POLITICAL ACTION COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Barry Nelms

Mailing Address 5420 West Loop S.  
Suite 2400

City State Zip Code  
Bellaire TX 77401

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

Name of Employer Occupation  
Barry Nelms, MD Physician

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 04 / 2007

**Transaction ID:** SA11AI.5240

Amount of Each Receipt this Period  
1000.00

Contribution

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

Mailing Address 7500 South 91st Street

City State Zip Code  
Lincoln NE 68526

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

Name of Employer Occupation  
Nebraska Heart Insitute Cardiologist

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1600.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 25 / 2007

**Transaction ID:** SA11AI.5211

Amount of Each Receipt this Period  
1600.00

Contribution

**C.** Full Name (Last, First, Middle Initial)  
John Nyboer

Mailing Address 10101 Park Rowe Ave.  
Suite 200

City State Zip Code  
Baton Rouge LA 70801

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

Name of Employer Occupation  
The NeuroMedical Center Clinic Physician

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
10 / 12 / 2007

**Transaction ID:** SA11AI.5307

Amount of Each Receipt this Period  
750.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► **3350.00**

**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 61 / 121  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
PHYSICIAN HOSPITALS OF AMERICA POLITICAL ACTION COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Scott Nyboer

Mailing Address 10114 Park Rowe Circle

City State Zip Code  
Baton Rouge LA 70819

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

Name of Employer Occupation  
Neuromedical Center Clinic Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt  
MM / DD / YYYY  
10 / 12 / 2007

**Transaction ID:** SA11AI.5306

Amount of Each Receipt this Period  
750.00

Contribution

**B.** Full Name (Last, First, Middle Initial)  
T. Kevin O'Malley

Mailing Address 8005 Farnam Drive Suite 305

City State Zip Code  
Omaha NE 68114

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

Name of Employer Occupation  
Midwest Neurosurg. Spine Spec. Neurosurgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
09 / 19 / 2007

**Transaction ID:** SA11AI.5266

Amount of Each Receipt this Period  
1000.00

Contribution

**C.** Full Name (Last, First, Middle Initial)  
Olayinka Ogunro

Mailing Address 7989 West Virginia #105

City State Zip Code  
Dallas TX 75115

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

Name of Employer Occupation  
Hand & Upper Extremity Ce- nter Surgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
08 / 13 / 2007

**Transaction ID:** SA11AI.5168

Amount of Each Receipt this Period  
1000.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2750.00

**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 62 / 121  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
PHYSICIAN HOSPITALS OF AMERICA POLITICAL ACTION COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Robert Olive

Mailing Address 208 Mcauley Court

City State Zip Code  
Hot Springs AR 71913

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

Name of Employer Healthfirst Physicians of Ark. Occupation Orthopedic Surgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt: 08 / 31 / 2007  
Transaction ID: SA11AI.5226  
Amount of Each Receipt this Period: 5000.00  
Contribution

**B.** Full Name (Last, First, Middle Initial)  
Joe Olsen

Mailing Address 3813 Kiwanis Circle

City State Zip Code  
Sioux Falls SD 57105

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

Name of Employer Children's Dental Center Occupation Dentist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1108.53

Date of Receipt: 08 / 03 / 2007  
Transaction ID: SA11AI.5141  
Amount of Each Receipt this Period: 1003.98  
Contribution

**C.** Full Name (Last, First, Middle Initial)  
Erik Otterberg

Mailing Address 8005 Farnam Drive Suite 305

City State Zip Code  
Omaha NE 68114

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

Name of Employer Midwest Neurosurg. Spine Spec. Occupation Neurosurgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 09 / 19 / 2007  
Transaction ID: SA11AI.5267  
Amount of Each Receipt this Period: 1000.00  
Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► **7003.98**

**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 63 / 121  
(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)  
Lew W. Papendick

Mailing Address PO Box 6850

City State Zip Code  
Rapid City SD 57709

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

Name of Employer Occupation  
Black Hills Orthopedics Orthopedic Surgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt  
MM / DD / YYYY  
08 / 25 / 2007

Transaction ID: SA11AI.5212

Amount of Each Receipt this Period  
2000.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)  
John Parkinson

Mailing Address 575 Rivergate Lane Suite 212

City State Zip Code  
Durango CO 81301

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

Name of Employer Occupation  
Four Corners Eye Clinic Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
08 / 05 / 2007

Transaction ID: SA11AI.5153

Amount of Each Receipt this Period  
1000.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)  
Dr. Thomas Parr

Mailing Address 14090 Southwest Freeway Suite #130

City State Zip Code  
Sugar Land TX 77478

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

Name of Employer Occupation  
Self-Employed Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
09 / 04 / 2007

Transaction ID: SA11AI.5241

Amount of Each Receipt this Period  
1000.00

Contribution

**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: PAGE 64 / 121  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
PHYSICIAN HOSPITALS OF AMERICA POLITICAL ACTION COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Nayan Patel

Mailing Address 6020 West Parker Road

City State Zip Code  
Plano TX 75093

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

Name of Employer Occupation  
Texas Back Institute Surgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
09 / 19 / 2007

**Transaction ID:** SA11AI.5268

Amount of Each Receipt this Period  
1000.00

Contribution

**B.** Full Name (Last, First, Middle Initial)  
Benjamin Pease

Mailing Address 4201 Anderson Ave

City State Zip Code  
Manhattan KS 66503

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

Name of Employer Occupation  
Northeast Kansas Facial Surgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
08 / 10 / 2007

**Transaction ID:** SA11AI.5165

Amount of Each Receipt this Period  
300.00

Contribution

**C.** Full Name (Last, First, Middle Initial)  
John Perri

Mailing Address 236 NW 62nd Street

City State Zip Code  
Oklahoma OK 73118

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

Name of Employer Occupation  
Integrated Medical Delivery President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
07 / 12 / 2007

**Transaction ID:** SA11AI.5121

Amount of Each Receipt this Period  
500.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1800.00**

**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 65 / 121

(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)  
Jyoti Pham

Mailing Address 10115 Park Rowe Circle

City State Zip Code  
Baton Rouge LA 70820

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

Name of Employer Occupation  
Neuromedical Center Clinic Physician

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 400.00

Date of Receipt

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

Transaction ID: SA11AI.5308

Amount of Each Receipt this Period

400.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)  
Samuel Phillips

Mailing Address 8005 Farnam Drive  
Suite 305

City State Zip Code  
Omaha NE 68114

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

Name of Employer Occupation  
Midwest Neurosurg. Spine Spec. Neurosurgeon

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 1 9 / 2 0 0 7

Transaction ID: SA11AI.5269

Amount of Each Receipt this Period

1000.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)  
Thomas Phillips

Mailing Address 3651 College Blvd.

City State Zip Code  
Leawood KS 66211

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

Name of Employer Occupation  
Dickson-Dively Midwest Orthop. Physician

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt

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

Transaction ID: SA11AI.5317

Amount of Each Receipt this Period

1000.00

Contribution

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

2400.00

**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 66 / 121  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
PHYSICIAN HOSPITALS OF AMERICA POLITICAL ACTION COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Michael Pisciotta

Mailing Address 1700 Lindberg Drive

City State Zip Code  
Sidwell LA 70458

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

Name of Employer Southern Surgical Hospital      Occupation Chief Executive Officer

Receipt For:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      250.00

Date of Receipt  

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

**Transaction ID:** SA11AI.5131

Amount of Each Receipt this Period  
250.00

Contribution

**B.** Full Name (Last, First, Middle Initial)  
Sarah Powell

Mailing Address 101 Tower Road  
Suite 120

City State Zip Code  
Dakota Dunes SD 57049

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

Name of Employer ENT Consultants      Occupation Physician

Receipt For:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      750.00

Date of Receipt  

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

**Transaction ID:** SA11AI.5213

Amount of Each Receipt this Period  
750.00

Contribution

**C.** Full Name (Last, First, Middle Initial)  
Steve Priddle

Mailing Address 1620 Charles Place

City State Zip Code  
Manhattan KS 66502

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

Name of Employer The Women's Health Group      Occupation OB/GYN

Receipt For:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      500.00

Date of Receipt  

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

**Transaction ID:** SA11AI.5214

Amount of Each Receipt this Period  
500.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1500.00**

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

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

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

FOR LINE NUMBER: PAGE 67 / 121

(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)

Todd Raabe

Mailing Address 1905 Donnybrook

City State Zip Code  
Tyler TX 75701

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

Name of Employer Occupation  
Azalea Orthopedics Physician

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 2000.00

Date of Receipt

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

Transaction ID: SA11AI.5351

Amount of Each Receipt this Period  
2000.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

Ralph Rashbaum

Mailing Address 6020 West Parker Road

City State Zip Code  
Plano TX 75093

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

Name of Employer Occupation  
Texas Back Institute Physician

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1500.00

Date of Receipt

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

Transaction ID: SA11AI.5323

Amount of Each Receipt this Period  
1500.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)

Mark Rasmussen

Mailing Address 3651 College Blvd.

City State Zip Code  
Leawood KS 66211

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

Name of Employer Occupation  
Orthopaedic & Sports Medicine Physician

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt

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

Transaction ID: SA11AI.5318

Amount of Each Receipt this Period  
1000.00

Contribution

**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: PAGE 68 / 121  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
PHYSICIAN HOSPITALS OF AMERICA POLITICAL ACTION COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
T.J. Rasmussen  
 Mailing Address 3651 College Blvd.  
 City Leawood State KS Zip Code 66211  
 Date of Receipt 11 / 01 / 2007  
**Transaction ID:** SA11AI.5324  
 Amount of Each Receipt this Period 1500.00  
 Contribution  
 FEC ID number of contributing federal political committee. C  
 Name of Employer Orthopaedic & Sports Medicine Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date 1500.00

**B.** Full Name (Last, First, Middle Initial)  
Matthew Reynen  
 Mailing Address 701 8th Avenue, NW  
 City Aberdeen State SD Zip Code 57401  
 Date of Receipt 09 / 02 / 2007  
**Transaction ID:** SA11AI.5233  
 Amount of Each Receipt this Period 1000.00  
 Contribution  
 FEC ID number of contributing federal political committee. C  
 Name of Employer Orthopedic Surgery Specialists Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date 1000.00

**C.** Full Name (Last, First, Middle Initial)  
Charles Rhoades  
 Mailing Address 3651 College Blvd.  
 City Leawood State KS Zip Code 66211  
 Date of Receipt 10 / 15 / 2007  
**Transaction ID:** SA11AI.5319  
 Amount of Each Receipt this Period 500.00  
 Contribution  
 FEC ID number of contributing federal political committee. C  
 Name of Employer Dickson-Dively Midwest Orthop. Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date 500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 3000.00  
**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 69 / 121  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
PHYSICIAN HOSPITALS OF AMERICA POLITICAL ACTION COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
David Rhodes

Mailing Address 5 St. Vincent Circle  
Suite 100

City State Zip Code  
Little Rock AR 72205

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

Name of Employer Occupation  
Martin Bowen Hefley Knee Surgeon  
Sport

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 24 / 2007

**Transaction ID:** SA11AI.5289

Amount of Each Receipt this Period  
500.00

Contribution

**B.** Full Name (Last, First, Middle Initial)  
Randall Rice

Mailing Address 575 Rivergate Lane

City State Zip Code  
Durango CO 81301

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

Name of Employer Occupation  
Randall Rice Anesthesia Serv. Surgeon

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
560.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 05 / 2007

**Transaction ID:** SA11AI.5154

Amount of Each Receipt this Period  
560.00

Contribution

**C.** Full Name (Last, First, Middle Initial)  
Joseph Riina

Mailing Address 8450 Northwest Blvd.

City State Zip Code  
Indianapolis IN 46278

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

Name of Employer Occupation  
Ortholndy Physician

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
11 / 10 / 2007

**Transaction ID:** SA11AI.5340

Amount of Each Receipt this Period  
500.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1560.00**

**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 70 / 121

(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

<b>A.</b>	Full Name (Last, First, Middle Initial) R. Arturo Roa		Date of Receipt MM / DD / YYYY 10 / 02 / 2007		
	Mailing Address 96 Township Road #369		<b>Transaction ID:</b> SA11AI.5297		
	City Proctorville	State OH	Zip Code 45669	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. C		Contribution		
	Name of Employer Liberty Circle ENT	Occupation Surgeon	Aggregate Year-to-Date 1000.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) John Robbins		Date of Receipt MM / DD / YYYY 08 / 07 / 2007		
	Mailing Address 1200 S Euclid #212		<b>Transaction ID:</b> SA11AI.5156		
	City Sioux Falls	State SD	Zip Code 57105	Amount of Each Receipt this Period 3500.00	
	FEC ID number of contributing federal political committee. C		Contribution		
	Name of Employer Urology Specialists	Occupation Surgeon	Aggregate Year-to-Date 3679.23		

<b>C.</b>	Full Name (Last, First, Middle Initial) John Roberts		Date of Receipt MM / DD / YYYY 08 / 25 / 2007		
	Mailing Address 6124 West Parker Road MOB3, #134		<b>Transaction ID:</b> SA11AI.5215		
	City Plano	State TX	Zip Code 75093	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. C		Contribution		
	Name of Employer OB/GYN Associates	Occupation Physician	Aggregate Year-to-Date 1000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	5500.00
<b>TOTAL</b> 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 71 / 121

(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)  
Matthew Rockett

Mailing Address 333 North Texas Avenue

City State Zip Code  
Webster TX 77598

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

Name of Employer Occupation  
Houston Physicians Hospital Physician

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 2 4 / 2 0 0 7

Transaction ID: SA11AI.5290

Amount of Each Receipt this Period  
1000.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)  
Bruce Rougraff

Mailing Address 8450 Northwest Blvd.

City State Zip Code  
Indianapolis IN 46278

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

Name of Employer Occupation  
Ortholindy Orthopaedic Surgeon

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

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

Transaction ID: SA11AI.5348

Amount of Each Receipt this Period  
500.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)  
Rebecca Rundlett

Mailing Address 7500 South 91st Street

City State Zip Code  
Lincoln NE 68526

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

Name of Employer Occupation  
Nebraska Heart Institute Cardiologist

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt

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

Transaction ID: SA11AI.5216

Amount of Each Receipt this Period  
1000.00

Contribution

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

2500.00

**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 72 / 121

(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)  
Michael Russell

Mailing Address 1905 Donnybrook

City State Zip Code  
Tyler TX 75701

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Azalea Orthopedics Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt MM / DD / YYYY  
12 / 07 / 2007

**Transaction ID:** SA11AI.5365

Amount of Each Receipt this Period 2000.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)  
Robert Sauers

Mailing Address 2310 Highland Avenue

City State Zip Code  
Bethlehem PA 18020

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Surg Specialty Ctr Coord Hlth. CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt MM / DD / YYYY  
07 / 17 / 2007

**Transaction ID:** SA11AI.5126

Amount of Each Receipt this Period 1500.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)  
James Scherrer

Mailing Address P.O. Box 6850

City State Zip Code  
Rapid City SD 57709

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Black Hills Orthopedics Business Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt MM / DD / YYYY  
08 / 25 / 2007

**Transaction ID:** SA11AI.5217

Amount of Each Receipt this Period 2000.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... 5500.00

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

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

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

FOR LINE NUMBER: PAGE 73 / 121  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
PHYSICIAN HOSPITALS OF AMERICA POLITICAL ACTION COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Brian Schilperoort

Mailing Address 5430 Distinction Way

City State Zip Code  
Prescott AZ 86301

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

Name of Employer Occupation  
Tri City Surgery Center Surgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 24 / 2007

**Transaction ID:** SA11AI.5291

Amount of Each Receipt this Period  
1000.00

Contribution

**B.** Full Name (Last, First, Middle Initial)  
Rand L. Schleusener

Mailing Address PO Box 6850

City State Zip Code  
Rapid City SD 57709

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

Name of Employer Occupation  
Black Hills Orthopedic Orthopedic Surgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 6000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 02 / 2007

**Transaction ID:** SA11AI.5234

Amount of Each Receipt this Period  
6000.00

See Partial Refund 9/19/2-007

**C.** Full Name (Last, First, Middle Initial)  
William Schreiber

Mailing Address 3414 Golden Road

City State Zip Code  
Tyler TX 75701

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

Name of Employer Occupation  
Azalea Orthopedics Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
12 / 07 / 2007

**Transaction ID:** SA11AI.5366

Amount of Each Receipt this Period  
2000.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **9000.00**

**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 74 / 121  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
PHYSICIAN HOSPITALS OF AMERICA POLITICAL ACTION COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Andrew Scott

Mailing Address 4009 West 123rd Street

City Leawood State KS Zip Code 66209

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

Name of Employer Orthopaedic & Sports Medicine Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 15 / 2007

Transaction ID: SA11AI.5320

Amount of Each Receipt this Period 1000.00

Contribution

**B.** Full Name (Last, First, Middle Initial)  
Edward L. Seljeskog

Mailing Address 4141 Fifth 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 ▼ 500.00

Date of Receipt 08 / 25 / 2007

Transaction ID: SA11AI.5218

Amount of Each Receipt this Period 500.00

Contribution

**C.** Full Name (Last, First, Middle Initial)  
Reuben Setliff

Mailing Address 2709 East 26th Street

City Sioux Falls State SD Zip Code 57103

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

Name of Employer Setliff Sinus Insitute Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2179.23

Date of Receipt 10 / 26 / 2007

Transaction ID: SA11AI.5321

Amount of Each Receipt this Period 2000.00

Contribution

**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: PAGE 75 / 121  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
PHYSICIAN HOSPITALS OF AMERICA POLITICAL ACTION COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
James Shea  
 Mailing Address 4141 5th 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 Business Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00  
 Date of Receipt: 09 / 19 / 2007  
**Transaction ID:** SA11AI.5270  
 Amount of Each Receipt this Period: 500.00  
 Contribution

**B.** Full Name (Last, First, Middle Initial)  
Michael Shea  
 Mailing Address 8450 Northwest Blvd.  
 City State Zip Code  
 Indianapolis IN 46278  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Ortholndy Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00  
 Date of Receipt: 11 / 10 / 2007  
**Transaction ID:** SA11AI.5341  
 Amount of Each Receipt this Period: 500.00  
 Contribution

**C.** Full Name (Last, First, Middle Initial)  
Mark Sheridan  
 Mailing Address 2828 1st Avenue Suite 400  
 City State Zip Code  
 Huntington WV 25702  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Scott Orthopedic Center Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00  
 Date of Receipt: 09 / 24 / 2007  
**Transaction ID:** SA11AI.5292  
 Amount of Each Receipt this Period: 1000.00  
 Contribution

**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: PAGE 76 / 121  
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<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)  
Scott Shindler

Mailing Address 115 Broadway Suite 2

City Yankton State SD Zip Code 57078

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

Name of Employer Shindler Foot Clinic Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 09 / 2007

Transaction ID: SA11AI.5162

Amount of Each Receipt this Period 500.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)  
Chandar Singaram

Mailing Address 1905 West 57th Street

City Sioux Falls State SD Zip Code 57108

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

Name of Employer Midwest Ear Nose & Throat Occupation Surgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2061.49

Date of Receipt 07 / 12 / 2007

Transaction ID: SA11AI.5122

Amount of Each Receipt this Period 2000.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)  
Neil Skea

Mailing Address 904 Quincy St.

City Rapid City State SD Zip Code 57701

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

Name of Employer Black Hills Podiatry Occupation Podiatrist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt 08 / 25 / 2007

Transaction ID: SA11AI.5219

Amount of Each Receipt this Period 700.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► 3200.00

**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 77 / 121

(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)

Joseph Spinosa

Mailing Address 10101 Park Rowe Ave.  
Suite 200

City State Zip Code  
Baton Rouge LA 70801

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

Name of Employer Occupation  
The NeuroMedical Center Physician  
Clinic

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1500.00

Date of Receipt

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

Transaction ID: SA11AI.5309

Amount of Each Receipt this Period

1500.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

Jason Spring

Mailing Address 1636 Higdon Ferry Road

City State Zip Code  
Hot Springs AZ 71913

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

Name of Employer Occupation  
HealthPark Hospital CEO

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 3 0 / 2 0 0 7

Transaction ID: SA11AI.5223

Amount of Each Receipt this Period

250.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)

Jack Steel

Mailing Address 2828 21st Avenue  
Suite 400

City State Zip Code  
Huntington WV 25702

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

Name of Employer Occupation  
Scott Orthopedic Center Surgeon

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 2 4 / 2 0 0 7

Transaction ID: SA11AI.5293

Amount of Each Receipt this Period

1000.00

Contribution

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

2750.00

**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 78 / 121
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Bruce Stewart		Date of Receipt
	Mailing Address 14131 Midway #1050		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 07 / 12 / 2007
	City	State	Zip Code
	Addison	TX	75001
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.5124
	C		Amount of Each Receipt this Period
		5000.00	
Name of Employer Paragon Health		Occupation President	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		5000.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Joseph Stilwell		Date of Receipt
	Mailing Address 575 Rivergate Lane Suite 95		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 08 / 25 / 2007
	City	State	Zip Code
	Durango	CO	81301
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.5220
	C		Amount of Each Receipt this Period
		480.00	
Name of Employer Stilwell Foot & Ankle, PC		Occupation Physician	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		480.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Chet Strunk		Date of Receipt
	Mailing Address 333 North Texas Avenue		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 24 / 2007
	City	State	Zip Code
	Webster	TX	77598
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.5294
	C		Amount of Each Receipt this Period
		1000.00	
Name of Employer Houston Physicians Hospital		Occupation Surgeon	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	6480.00
<b>TOTAL</b> 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 79 / 121  
(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)  
Don Swift

Mailing Address 142 Katherine Way

City Yankton State SD Zip Code 57078

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

Name of Employer Yankton Bone and Joint Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 09 / 2007

Transaction ID: SA11AI.5163

Amount of Each Receipt this Period 500.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)  
Texas Spine & Joint Hospital

Mailing Address 1814 Roseland Blvd.

City Tyler State TX Zip Code 75701

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 4000.00

Date of Receipt 12 / 07 / 2007

Transaction ID: SA11AI.5548

Amount of Each Receipt this Period 4000.00

Partnership Contribution/  
See Attribution Below

**C.**

Full Name (Last, First, Middle Initial)  
Jonathan Blau

Mailing Address 1814 Roseland Blvd.  
Suite 200

City Tyler State TX Zip Code 75701

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

Name of Employer Texas Spine & Joint Hospital Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2139.32

Date of Receipt 12 / 07 / 2007

Transaction ID: SA11AI.5548.0

Amount of Each Receipt this Period 139.32

[MEMO ITEM]

**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: PAGE 80 / 121  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
PHYSICIAN HOSPITALS OF AMERICA POLITICAL ACTION COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Aaron Calodney

Mailing Address 1814 Roseland Blvd.  
Suite 200

City State Zip Code  
Tyler TX 75701

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

Name of Employer Self Employed      Occupation Physician

Receipt For:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      2150.40

Date of Receipt  

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

**Transaction ID:** SA11AI.5548.1

Amount of Each Receipt this Period  
150.40

**[MEMO ITEM]**

**B.** Full Name (Last, First, Middle Initial)  
Guy Danielson

Mailing Address 1814 Roseland Blvd.  
Suite 200

City State Zip Code  
Tyler TX 75701

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

Name of Employer Texas Spine & Joint Hospital      Occupation Physician

Receipt For:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      2161.16

Date of Receipt  

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

**Transaction ID:** SA11AI.5548.2

Amount of Each Receipt this Period  
161.16

**[MEMO ITEM]**

**C.** Full Name (Last, First, Middle Initial)  
David Fletcher

Mailing Address 816 S. Fleishel

City State Zip Code  
Tyler TX 75701

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

Name of Employer Back to Balance      Occupation Physician

Receipt For:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      2157.20

Date of Receipt  

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

**Transaction ID:** SA11AI.5548.3

Amount of Each Receipt this Period  
157.20

**[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 81 / 121  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
PHYSICIAN HOSPITALS OF AMERICA POLITICAL ACTION COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Charles Gordon

Mailing Address 1814 Roseland Blvd.  
Suite 200

City State Zip Code  
Tyler TX 75701

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

Name of Employer Occupation  
Gordon Spine Associates Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2161.16

Date of Receipt  
MM / DD / YYYY  
12 / 07 / 2007

Transaction ID: SA11AI.5548.4

Amount of Each Receipt this Period  
161.16

**[MEMO ITEM]**

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

Mailing Address 1814 Roseland Blvd.  
Suite 200

City State Zip Code  
Tyler TX 75701

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

Name of Employer Occupation  
Texas Spine & Joint Hospital Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2151.20

Date of Receipt  
MM / DD / YYYY  
12 / 07 / 2007

Transaction ID: SA11AI.5548.5

Amount of Each Receipt this Period  
151.20

**[MEMO ITEM]**

**C.** Full Name (Last, First, Middle Initial)  
Claire Tibiletti

Mailing Address 1814 Roseland Blvd.  
Suite 200

City State Zip Code  
Tyler TX 75701

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

Name of Employer Occupation  
Texas Spine & Joint Hospital Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2158.80

Date of Receipt  
MM / DD / YYYY  
12 / 07 / 2007

Transaction ID: SA11AI.5548.6

Amount of Each Receipt this Period  
158.80

**[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 82 / 121

(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 Beck

Mailing Address 1905 Donnybrook

City State Zip Code  
Tyler TX 75701

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

Name of Employer Occupation  
Azalea Orthopedics Physician

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 2050.80

Date of Receipt

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

Transaction ID: SA11AI.5548.7

Amount of Each Receipt this Period  
50.80

**[MEMO ITEM]**

**B.**

Full Name (Last, First, Middle Initial)  
Gary Goodfried

Mailing Address 1814 Roseland Blvd.  
Suite 200

City State Zip Code  
Tyler TX 75701

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

Name of Employer Occupation  
Azalea Orthopedics Physician

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 2146.80

Date of Receipt

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

Transaction ID: SA11AI.5548.11

Amount of Each Receipt this Period  
146.80

**[MEMO ITEM]**

**C.**

Full Name (Last, First, Middle Initial)  
John Camp

Mailing Address 1905 Donnybrook

City State Zip Code  
Tyler TX 75701

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

Name of Employer Occupation  
Azalea Orthopedics Physician

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 2107.20

Date of Receipt

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

Transaction ID: SA11AI.5548.12

Amount of Each Receipt this Period  
107.20

**[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 83 / 121

(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)  
Troy Callender

Mailing Address 3413 Golden Rd.

City State Zip Code  
Tyler TX 75701

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

Name of Employer Occupation  
ENT Associates of East TX Physician

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 2048.92

Date of Receipt

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

Transaction ID: SA11AI.5548.13

Amount of Each Receipt this Period

48.92

**[MEMO ITEM]**

**B.**

Full Name (Last, First, Middle Initial)  
Howard Garb

Mailing Address 3413 Golden Rd.

City State Zip Code  
Tyler TX 75701

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

Name of Employer Occupation  
ENT Associates of East TX Physician

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 2048.92

Date of Receipt

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

Transaction ID: SA11AI.5548.14

Amount of Each Receipt this Period

48.92

**[MEMO ITEM]**

**C.**

Full Name (Last, First, Middle Initial)  
Stewart Heaton

Mailing Address 3413 Golden Rd.

City State Zip Code  
Tyler TX 75701

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

Name of Employer Occupation  
ENT Associates of East TX Physician

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 2048.92

Date of Receipt

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

Transaction ID: SA11AI.5548.15

Amount of Each Receipt this Period

48.92

**[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 84 / 121

(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

<b>A.</b>	Full Name (Last, First, Middle Initial) Jon Ledlie		Date of Receipt																				
	Mailing Address 700 Olympic Plaza Suite 850		<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>2</td><td>/</td><td>0</td><td>7</td><td>/</td><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2	/	0	7	/	2	0	0	7
	M	M	/	D	D	/	Y	Y	Y	Y													
	1	2	/	0	7	/	2	0	0	7													
	City	State	Zip Code																				
Tyler	TX	75701																					
FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.5548.16																					
Name of Employer Tyler Neurosurgical Associates		Occupation Physician	Amount of Each Receipt this Period																				
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<table border="1"><tr><td>119.80</td></tr></table>	119.80																			
119.80																							
			<b>[MEMO ITEM]</b>																				

<b>B.</b>	Full Name (Last, First, Middle Initial) Todd Raabe		Date of Receipt																				
	Mailing Address 1905 Donnybrook		<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>2</td><td>/</td><td>0</td><td>7</td><td>/</td><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2	/	0	7	/	2	0	0	7
	M	M	/	D	D	/	Y	Y	Y	Y													
	1	2	/	0	7	/	2	0	0	7													
	City	State	Zip Code																				
Tyler	TX	75701																					
FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.5548.17																					
Name of Employer Azalea Orthopedics		Occupation Physician	Amount of Each Receipt this Period																				
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<table border="1"><tr><td>195.68</td></tr></table>	195.68																			
195.68																							
			<b>[MEMO ITEM]</b>																				

<b>C.</b>	Full Name (Last, First, Middle Initial) Michael Russell		Date of Receipt																				
	Mailing Address 1905 Donnybrook		<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>2</td><td>/</td><td>0</td><td>7</td><td>/</td><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2	/	0	7	/	2	0	0	7
	M	M	/	D	D	/	Y	Y	Y	Y													
	1	2	/	0	7	/	2	0	0	7													
	City	State	Zip Code																				
Tyler	TX	75701																					
FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.5548.18																					
Name of Employer Azalea Orthopedics		Occupation Physician	Amount of Each Receipt this Period																				
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<table border="1"><tr><td>150.56</td></tr></table>	150.56																			
150.56																							
			<b>[MEMO ITEM]</b>																				

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<table border="1"><tr><td>0.00</td></tr></table>	0.00
0.00		
<b>TOTAL</b> This Period (last page this line number only) .....	<table border="1"><tr><td></td></tr></table>	

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

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

FOR LINE NUMBER: PAGE 85 / 121

(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)  
William Schreiber

Mailing Address 3414 Golden Road

City State Zip Code  
Tyler TX 75701

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

Name of Employer Occupation  
Azalea Orthopedics Physician

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 2150.56

Date of Receipt

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

Transaction ID: SA11AI.5548.19

Amount of Each Receipt this Period

150.56

**[MEMO ITEM]**

**B.**

Full Name (Last, First, Middle Initial)  
Thomas Graham

Mailing Address 700 Olympic Plaza  
Suite 850

City State Zip Code  
Tyler TX 75701

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

Name of Employer Occupation  
Tyler Neurosurgical Associates Physician

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 2150.56

Date of Receipt

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

Transaction ID: SA11AI.5548.21

Amount of Each Receipt this Period

150.56

**[MEMO ITEM]**

**C.**

Full Name (Last, First, Middle Initial)  
Bradley Thamer

Mailing Address 911 E. 20th Street  
#800

City State Zip Code  
Sioux Falls SD 57105

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

Name of Employer Occupation  
Surgical Institute Physician

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 314.33

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 8 / 2 0 0 7

Transaction ID: SA11AI.5130

Amount of Each Receipt this Period

284.99

Contribution

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

284.99

**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 86 / 121

(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)  
Mel Thaler

Mailing Address 3813 Kiwanis Circle

City State Zip Code  
Sioux Falls SD 57105

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

Name of Employer Occupation  
Children's Dental Center Dentist

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 633.46

Date of Receipt

M M / D D / Y Y Y Y  
07 / 20 / 2007

Transaction ID: SA11AI.5132

Amount of Each Receipt this Period

573.71

Contribution

**B.**

Full Name (Last, First, Middle Initial)  
John Thomas

Mailing Address 2101 Parker Street

City State Zip Code  
Baton Rouge LA 70808

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

Name of Employer Occupation  
Baton Rouge Orthopaedic Clinic Orthopaedics

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1100.00

Date of Receipt

M M / D D / Y Y Y Y  
09 / 24 / 2007

Transaction ID: SA11AI.5295

Amount of Each Receipt this Period

1000.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)  
Claire Tibiletti

Mailing Address 1814 Roseland Blvd.  
Suite 200

City State Zip Code  
Tyler TX 75701

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

Name of Employer Occupation  
Texas Spine & Joint Hospital Physician

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 2000.00

Date of Receipt

M M / D D / Y Y Y Y  
12 / 07 / 2007

Transaction ID: SA11AI.5367

Amount of Each Receipt this Period

2000.00

Contribution

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

3573.71

**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 87 / 121  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
PHYSICIAN HOSPITALS OF AMERICA POLITICAL ACTION COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Jeffrey Tiedeman

Mailing Address 8005 Farnam Drive  
Suite 305

City Omaha State NE Zip Code 68114

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

Name of Employer Midwest Neurosurg. Spine Spec. Occupation Neurosurgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 19 / 2007

Transaction ID: SA11AI.5271

Amount of Each Receipt this Period 1000.00

Contribution

**B.** Full Name (Last, First, Middle Initial)  
Patrick Tlustos

Mailing Address 1309 W. Main Street

City Rapid City State SD Zip Code 57702

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

Name of Employer Northwestern Engineering Co. Occupation CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 6000.00

Date of Receipt 09 / 02 / 2007

Transaction ID: SA11AI.5235

Amount of Each Receipt this Period 6000.00

See Partial Refund 9/19/2-007

**C.** Full Name (Last, First, Middle Initial)  
Daniel Todd

Mailing Address 2315 West 57th Street

City Sioux Falls State SD Zip Code 57108

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

Name of Employer Midwest Ear Nose & Throat Occupation Surgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 654.26

Date of Receipt 07 / 27 / 2007

Transaction ID: SA11AI.5139

Amount of Each Receipt this Period 575.16

Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► **7575.16**

**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 88 / 121  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
PHYSICIAN HOSPITALS OF AMERICA POLITICAL ACTION COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Kynan Trail

Mailing Address 105 Calumet Drive

City Yankton State SD Zip Code 57078

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

Name of Employer Yankton Surgical Associates Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 09 / 2007

Transaction ID: SA11AI.5164

Amount of Each Receipt this Period 500.00

Contribution

**B.** Full Name (Last, First, Middle Initial)  
John Treves

Mailing Address 8005 Farnam Drive Suite 305

City Omaha State NE Zip Code 68114

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

Name of Employer Midwest Neurosurg. Spine Spec. Occupation Neurosurgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 19 / 2007

Transaction ID: SA11AI.5272

Amount of Each Receipt this Period 1000.00

Contribution

**C.** Full Name (Last, First, Middle Initial)  
Steve Tyndall

Mailing Address 7500 South 91st Street

City Lincoln State NE Zip Code 68526

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

Name of Employer Nebraska Heart Insitute Occupation Surgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 08 / 25 / 2007

Transaction ID: SA11AI.5221

Amount of Each Receipt this Period 1000.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2500.00

**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 89 / 121  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
PHYSICIAN HOSPITALS OF AMERICA POLITICAL ACTION COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
David Vanderweide

Mailing Address 333 North Texas Avenue

City State Zip Code  
Webster TX 77598

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

Name of Employer Houston Physicians Hospital  
Occupation Physician

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	2	4	/	2	0	0	7

**Transaction ID:** SA11AI.5296

Amount of Each Receipt this Period  
1000.00

Contribution

**B.** Full Name (Last, First, Middle Initial)  
Marvin Van Hal

Mailing Address 1305 Airport Freeway Suite 121

City State Zip Code  
Bedford TX 76021

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

Name of Employer Orthopedic Surgery  
Occupation Physician

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	1	9	/	2	0	0	7

**Transaction ID:** SA11AI.5273

Amount of Each Receipt this Period  
1000.00

Contribution

**C.** Full Name (Last, First, Middle Initial)  
Andrew Vicar

Mailing Address 8450 Northwest Blvd.

City State Zip Code  
Indianapolis IN 46278

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

Name of Employer Ortholndy  
Occupation Physician

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

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

**Transaction ID:** SA11AI.5342

Amount of Each Receipt this Period  
500.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2500.00**

**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 90 / 121  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
PHYSICIAN HOSPITALS OF AMERICA POLITICAL ACTION COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Victor Vines

Mailing Address 12200 Park Central Drive  
Suite 403

City State Zip Code  
Dallas TX 75251

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

Name of Employer: Victor L. Vines, MD   Occupation: Surgeon

Receipt For:  Primary    General    Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 08 / 13 / 2007  
Transaction ID: SA11AI.5169  
Amount of Each Receipt this Period: 500.00  
Contribution

**B.** Full Name (Last, First, Middle Initial)  
Keith A. Vollstedt

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: General Surgery & Diagnostics   Occupation: Surgeon

Receipt For:  Primary    General    Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt: 08 / 03 / 2007  
Transaction ID: SA11AI.5142  
Amount of Each Receipt this Period: 1000.00  
Contribution

**C.** Full Name (Last, First, Middle Initial)  
Paul Waguespack

Mailing Address 10110 Park Rowe Circle

City State Zip Code  
Baton Rouge LA 70815

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

Name of Employer: Neuromedical Center Clinic   Occupation: Physician

Receipt For:  Primary    General    Other (specify) ▼

Aggregate Year-to-Date ▼ 1357.00

Date of Receipt: 10 / 12 / 2007  
Transaction ID: SA11AI.5310  
Amount of Each Receipt this Period: 1357.00  
Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2857.00

**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 91 / 121

(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)  
James Walter

Mailing Address 6200 West Parker Road

City State Zip Code  
Plano TX 75093

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

Name of Employer Occupation  
Texas Orthopedics Physician

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y  
09 / 04 / 2007

Transaction ID: SA11AI.5242

Amount of Each Receipt this Period

1000.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)  
George Wharton

Mailing Address 1341 West Mockingbird Lane  
Suite 710E

City State Zip Code  
Dallas TX 75247

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

Name of Employer Occupation  
Advanced Microsurgery Surgeon

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y  
08 / 10 / 2007

Transaction ID: SA11AI.5166

Amount of Each Receipt this Period

1000.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)  
H. Jeffrey Whitaker

Mailing Address 8450 Northwest Blvd.

City State Zip Code  
Indianapolis IN 46278

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

Name of Employer Occupation  
Ortholndy Physician

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y  
11 / 10 / 2007

Transaction ID: SA11AI.5343

Amount of Each Receipt this Period

250.00

Contribution

**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: PAGE 92 / 121  
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<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)  
H. Jeffrey Whitaker

Mailing Address 8450 Northwest Blvd.

City Indianapolis State IN Zip Code 46278

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

Name of Employer Ortholndy Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 10 / 2007

Transaction ID: SA11AI.5344

Amount of Each Receipt this Period 250.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)  
Philip Wiley

Mailing Address 575 Rivergate Lane Suite 105

City Durango State CO Zip Code 81301

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

Name of Employer Philip Wiley, MD PC Occupation Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 08 / 05 / 2007

Transaction ID: SA11AI.5155

Amount of Each Receipt this Period 1000.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)  
Harvey Wine

Mailing Address 4461 Coit Road Suite 409

City Frisco State TX Zip Code 75035

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

Name of Employer Associated Foot Specialis- Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 21 / 2007

Transaction ID: SA11AI.5172

Amount of Each Receipt this Period 500.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1750.00

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

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

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

FOR LINE NUMBER: PAGE 93 / 121  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
PHYSICIAN HOSPITALS OF AMERICA POLITICAL ACTION COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Danny Wolgram  
Mailing Address 701 8th Avenue  
City Aberdeen State SD Zip Code 57401  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Orthopedic Surgery Specialists Occupation Physician  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00  
Date of Receipt 09 / 02 / 2007  
Transaction ID: SA11AI.5236  
Amount of Each Receipt this Period 500.00  
Contribution

**B.** Full Name (Last, First, Middle Initial)  
Thomas Woo  
Mailing Address 8450 Northwest Blvd.  
City Indianapolis State IN Zip Code 46278  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Ortholndy Occupation Physician  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00  
Date of Receipt 11 / 10 / 2007  
Transaction ID: SA11AI.5345  
Amount of Each Receipt this Period 500.00  
Contribution

**C.** Full Name (Last, First, Middle Initial)  
James Wudell  
Mailing Address 7500 South 91st Street  
City Lincoln State NE Zip Code 68526  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Nebraska Heart Insitute Occupation Surgeon  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1600.00  
Date of Receipt 08 / 25 / 2007  
Transaction ID: SA11AI.5222  
Amount of Each Receipt this Period 1600.00  
Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2600.00  
**TOTAL** This Period (last page this line number only) ..... ► 316141.84

**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)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input 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

A.	Full Name (Last, First, Middle Initial) Wells Fargo Bank	Transaction ID: SB21B.5557 Date of Disbursement 07 / 12 / 2007
	Mailing Address P.O. Box 5128	Amount of Each Disbursement this Period 136.29
	City Sioux Falls State SD Zip Code 57117-5128	
	Purpose of Disbursement Bank Fee Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Wells Fargo Bank	Transaction ID: SB21B.5558 Date of Disbursement 08 / 10 / 2007
	Mailing Address P.O. Box 5128	Amount of Each Disbursement this Period 133.23
	City Sioux Falls State SD Zip Code 57117-5128	
	Purpose of Disbursement Bank Fee Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Wells Fargo Bank	Transaction ID: SB21B.5559 Date of Disbursement 09 / 13 / 2007
	Mailing Address P.O. Box 5128	Amount of Each Disbursement this Period 224.47
	City Sioux Falls State SD Zip Code 57117-5128	
	Purpose of Disbursement Bank Fee Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>493.99</b>
<b>TOTAL</b> 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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input 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

A.	Full Name (Last, First, Middle Initial) Wells Fargo Bank	Transaction ID: SB21B.5560 Date of Disbursement
	Mailing Address P.O. Box 5128	<input type="text" value="10"/> <input type="text" value="11"/> / <input type="text" value="20"/> <input type="text" value="07"/>
	City Sioux Falls State SD Zip Code 57117-5128	Amount of Each Disbursement this Period
	Purpose of Disbursement Bank Fee	<input type="text" value="234.96"/>
	Candidate Name	<input type="text"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Wells Fargo Bank	Transaction ID: SB21B.5561 Date of Disbursement
	Mailing Address P.O. Box 5128	<input type="text" value="11"/> <input type="text" value="06"/> / <input type="text" value="20"/> <input type="text" value="07"/>
	City Sioux Falls State SD Zip Code 57117-5128	Amount of Each Disbursement this Period
	Purpose of Disbursement Bank Fee	<input type="text" value="5.95"/>
	Candidate Name	<input type="text"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Wells Fargo Bank	Transaction ID: SB21B.5562 Date of Disbursement
	Mailing Address P.O. Box 5128	<input type="text" value="11"/> <input type="text" value="13"/> / <input type="text" value="20"/> <input type="text" value="07"/>
	City Sioux Falls State SD Zip Code 57117-5128	Amount of Each Disbursement this Period
	Purpose of Disbursement Bank Fee	<input type="text" value="85.65"/>
	Candidate Name	<input type="text"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

**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)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input 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

<b>A.</b> Full Name (Last, First, Middle Initial) Wells Fargo Bank <hr/> Mailing Address P.O. Box 5128 <hr/> City Sioux Falls State SD Zip Code 57117-5128 <hr/> Purpose of Disbursement Bank Fee Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.5563 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 4 / 2 0 0 7
	Amount of Each Disbursement this Period 5.95
<b>B.</b> Full Name (Last, First, Middle Initial) Wells Fargo Bank <hr/> Mailing Address P.O. Box 5128 <hr/> City Sioux Falls State SD Zip Code 57117-5128 <hr/> Purpose of Disbursement Bank Fee Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.5564 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 2 / 2 0 0 7
	Amount of Each Disbursement this Period 78.50

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

84.45

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

905.00

**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)

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<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

A.	Full Name (Last, First, Middle Initial) ABERCROMBIE FOR CONGRESS	Transaction ID: SB23.5482 Date of Disbursement 11 / 02 / 2007
	Mailing Address 1357 Kapiolani Blvd. Ste. 1005	Amount of Each Disbursement this Period 1000.00
	City Honolulu State HI Zip Code 96814	
	Purpose of Disbursement Contribution Candidate Name NEIL ABERCROMBIE Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: HI District: 01	Category/Type
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) ADRIAN SMITH FOR CONGRESS	Transaction ID: SB23.5426 Date of Disbursement 09 / 07 / 2007
	Mailing Address 3321 Avenue I Suite 6	Amount of Each Disbursement this Period 1000.00
	City Scottsbluff State NE Zip Code 69361	
	Purpose of Disbursement Contribution Candidate Name ADRIAN SMITH Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 03	Category/Type
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) AMERIPAC: THE FUND FOR A GREATER AMERICA	Transaction ID: SB23.5450 Date of Disbursement 09 / 25 / 2007
	Mailing Address 499 S Capitol St SW #414	Amount of Each Disbursement this Period 5000.00
	City WASHINGTON State DC Zip Code 20003	
	Purpose of Disbursement Contribution Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	7000.00
<b>TOTAL</b> 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

**A. BATTLE BORN POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 40366  
Suite 300

City Washington State DC Zip Code 20016

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB23.5441

Date of Disbursement

09 / 21 / 2007

Amount of Each Disbursement this Period

2000.00

**B. BAUCUS JOHNSON VICTORY FUND**

Full Name (Last, First, Middle Initial)

Mailing Address 607 14TH STREET NW SUITE 800

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: MT District: 00

Transaction ID: SB23.5518

Date of Disbursement

11 / 21 / 2007

Amount of Each Disbursement this Period

5000.00

**C. BECERRA FOR CONGRESS**

Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 261060

City Los Angeles State CA Zip Code 90026

Purpose of Disbursement  
Contribution

Candidate Name  
XAVIER BECERRA

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: CA District: 31

Transaction ID: SB23.5495

Date of Disbursement

11 / 05 / 2007

Amount of Each Disbursement this Period

1000.00

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

8000.00

**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

<p><b>A.</b> Full Name (Last, First, Middle Initial) BEN CARDIN FOR SENATE</p> <p>Mailing Address P.O. BOX 21093</p> <p>City CATONSVILLE State MD Zip Code 21228</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name BENJAMIN L. CARDIN</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MD District:</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.5531</p> <p>Date of Disbursement 12 / 05 / 2007</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) BEN CHANDLER FOR CONGRESS</p> <p>Mailing Address PO Box 12678</p> <p>City Lexington State KY Zip Code 40508</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name A.B. CHANDLER, III</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 06</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.5465</p> <p>Date of Disbursement 10 / 03 / 2007</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) BERKLEY FOR CONGRESS</p> <p>Mailing Address 3069 Conquista Court</p> <p>City Las Vegas State NV Zip Code 89121</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name SHELLEY BERKLEY</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 01</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.5418</p> <p>Date of Disbursement 09 / 07 / 2007</p> <p>Amount of Each Disbursement this Period 5000.00</p>

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

7000.00

**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

<p><b>A.</b> Full Name (Last, First, Middle Initial) BOREN FOR CONGRESS 2008</p> <p>Mailing Address PO Box 1924</p> <p>City Muskogee State OK Zip Code 74402</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name DAVID BOREN</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OK District: 02</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.5384</p> <p>Date of Disbursement 08 / 03 / 2007</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) BOREN FOR CONGRESS 2008</p> <p>Mailing Address PO Box 1924</p> <p>City Muskogee State OK Zip Code 74402</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name DAVID BOREN</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OK District: 02</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.5489</p> <p>Date of Disbursement 11 / 02 / 2007</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) BOREN FOR CONGRESS 2008</p> <p>Mailing Address PO Box 1924</p> <p>City Muskogee State OK Zip Code 74402</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name DAVID BOREN</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OK District: 02</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.5499</p> <p>Date of Disbursement 11 / 12 / 2007</p> <p>Amount of Each Disbursement this Period 1000.00</p>

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

3000.00

**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)

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<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

A.	Full Name (Last, First, Middle Initial) <b>CONTINUING A MAJORITY PARTY ACTION COMMITTEE (CAM-PAC)</b>	<b>Transaction ID: SB23.5475</b>
	Mailing Address 5915 Eastman Avenue Suite 100	Date of Disbursement 10 / 15 / 2007
	City Midland State MI Zip Code 48640	Amount of Each Disbursement this Period 2500.00
	Purpose of Disbursement	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) <b>CONTINUING A MAJORITY PARTY ACTION COMMITTEE (CAM-PAC)</b>	<b>Transaction ID: SB23.5535</b>
	Mailing Address 5915 Eastman Avenue Suite 100	Date of Disbursement 12 / 12 / 2007
	City Midland State MI Zip Code 48640	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) <b>ENZI FOR US SENATE</b>	<b>Transaction ID: SB23.5458</b>
	Mailing Address PO BOX 2775	Date of Disbursement 10 / 03 / 2007
	City CODY State WY Zip Code 82414	Amount of Each Disbursement this Period 2000.00
	Purpose of Disbursement Contribution	Category/Type
	Candidate Name MICHAEL B ENZI	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: WY District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>5500.00</b>
<b>TOTAL</b> 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

**A. FRIENDS OF DOC HASTINGS**

Full Name (Last, First, Middle Initial)  
FRIENDS OF DOC HASTINGS

Mailing Address PO Box 2926

City Pasco State WA Zip Code 99302

Purpose of Disbursement  
Contribution

Candidate Name  
DOC HASTINGS

Office Sought:  House  
 Senate  
 President

State: WA District: 04

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

Transaction ID: SB23.5477  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

Category/  
Type

**B. FRIENDS OF GORDON SMITH**

Full Name (Last, First, Middle Initial)  
FRIENDS OF GORDON SMITH

Mailing Address 228 S WASHINGTON STE 115

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
Contribution

Candidate Name  
GORDON HAROLD SMITH

Office Sought:  House  
 Senate  
 President

State: OR District:

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

Transaction ID: SB23.5512  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

Category/  
Type

**C. FRIENDS OF JOE PITTS**

Full Name (Last, First, Middle Initial)  
FRIENDS OF JOE PITTS

Mailing Address PO BOX 775

City Unionville State PA Zip Code 19375

Purpose of Disbursement  
Contribution

Candidate Name  
JOSEPH R PITTS

Office Sought:  House  
 Senate  
 President

State: PA District: 16

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

Transaction ID: SB23.5472  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

Category/  
Type

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

**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

A.	Full Name (Last, First, Middle Initial) FRIENDS OF JOHN BARRASSO	Transaction ID: SB23.5506 Date of Disbursement
	Mailing Address 6896 CASPER MOUNTAIN RD	<input type="text" value="11"/> / <input type="text" value="12"/> / <input type="text" value="2007"/>
	City CASPER State WY Zip Code 82601	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="4000.00"/>
	Candidate Name JOHN A BARRASSO	Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: WY District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) FRIENDS OF MARY LANDRIEU INC	Transaction ID: SB23.5486 Date of Disbursement
	Mailing Address 607 14TH STREET NW SUITE 800 SUITE 1434	<input type="text" value="11"/> / <input type="text" value="02"/> / <input type="text" value="2007"/>
	City WASHINGTON State DC Zip Code 20005	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="5000.00"/>
	Candidate Name MARY L LANDRIEU	Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: LA District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) FRIENDS OF MARY LANDRIEU INC	Transaction ID: SB23.5538 Date of Disbursement
	Mailing Address 607 14TH STREET NW SUITE 800 SUITE 1434	<input type="text" value="12"/> / <input type="text" value="12"/> / <input type="text" value="2007"/>
	City WASHINGTON State DC Zip Code 20005	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="5000.00"/>
	Candidate Name MARY L LANDRIEU	Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: LA District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="14000.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

**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)

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<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

A.

Full Name (Last, First, Middle Initial)  
FRIENDS OF SAM JOHNSON

Transaction ID: SB23.5446  
Date of Disbursement

Mailing Address P.O. Box 860096

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

City State Zip Code  
Plano TX 75086

Amount of Each Disbursement this Period

1000.00
---------

Purpose of Disbursement  
Contribution

Category/ Type
-------------------

Candidate Name  
SAMUEL R. JOHNSON

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: TX District: 03

B.

Full Name (Last, First, Middle Initial)  
GINGREY FOR CONGRESS

Transaction ID: SB23.5513  
Date of Disbursement

Mailing Address PO Box U

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	9		2	0	0	7

City State Zip Code  
Marietta GA 30060

Amount of Each Disbursement this Period

1000.00
---------

Purpose of Disbursement  
Contribution

Category/ Type
-------------------

Candidate Name  
PHILLIP J. GINGREY

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: GA District: 11

C.

Full Name (Last, First, Middle Initial)  
GRASSLEY COMMITTEE INC

Transaction ID: SB23.5552  
Date of Disbursement

Mailing Address PO BOX 1000

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	4		2	0	0	7

City State Zip Code  
DES MOINES IA 50304

Amount of Each Disbursement this Period

1000.00
---------

Purpose of Disbursement  
Contribution

Category/ Type
-------------------

Candidate Name  
CHARLES E GRASSLEY

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: IA District:

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

3000.00
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**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

**A.** Full Name (Last, First, Middle Initial)  
HALL FOR CONGRESS COMMITTEE (RALPH HALL - ROCKWALL TEXAS)

Mailing Address POST OFFICE BOX 711

City ROCKWALL State TX Zip Code 75087

Purpose of Disbursement Contribution

Candidate Name RALPH MOODY HALL

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

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

Transaction ID: SB23.5467  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

**B.** Full Name (Last, First, Middle Initial)  
HATCH ELECTION COMMITTEE INC

Mailing Address 175 SOUTH WEST TEMPLE SUITE 650

City SALT LAKE CITY State UT Zip Code 84101

Purpose of Disbursement Contribution

Candidate Name ORRIN G HATCH

Office Sought:  House  Senate  President  
State: UT District:

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Transaction ID: SB23.5505  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

**C.** Full Name (Last, First, Middle Initial)  
HERSETH FOR CONGRESS

Mailing Address PO Box 2009

City Sioux Falls State SD Zip Code 57101

Purpose of Disbursement Contribution

Candidate Name STEPHANIE HERSETH

Office Sought:  House  Senate  President  
State: SD District: 01

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

Transaction ID: SB23.5455  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

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

**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

<p><b>A.</b> Full Name (Last, First, Middle Initial) JOHANNNS FOR SENATE INCORPORATED</p> <p>Mailing Address 1201 O STREET SUITE 101</p> <p>City LINCORN State NE Zip Code 68506</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name MICHAEL O JOHANNNS</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NE District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.5509</p> <p>Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 2 / 2 0 0 7</p> <p>Amount of Each Disbursement this Period 2000.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) JOHN SALAZAR FOR CONGRESS</p> <p>Mailing Address P.O. Box 534</p> <p>City Pueblo State CO Zip Code 81002</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name JOHN TONY SALAZAR</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 03</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.5502</p> <p>Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 2 / 2 0 0 7</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) JOHN SPRATT FOR CONGRESS COMMITTEE</p> <p>Mailing Address POST OFFICE BOX 10986</p> <p>City ROCK HILL State SC Zip Code 29731</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name JOHN M SPRATT, Jr.</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SC District: 05</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.5397</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 4 / 2 0 0 7</p> <p>Amount of Each Disbursement this Period 1000.00</p>

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

4000.00

**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)

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<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

A.	Full Name (Last, First, Middle Initial) KAGEN 4 CONGRESS	Transaction ID: SB23.5382 Date of Disbursement 08 / 03 / 2007
	Mailing Address 100 WEST LAWRENCE STREET	Amount of Each Disbursement this Period 1000.00
	City APPLETON State WI Zip Code 54911	
	Purpose of Disbursement Contribution	Category/Type
	Candidate Name STEVEN LESLIE KAGEN	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 08	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) KAGEN 4 CONGRESS	Transaction ID: SB23.5456 Date of Disbursement 09 / 28 / 2007
	Mailing Address 100 WEST LAWRENCE STREET	Amount of Each Disbursement this Period 4000.00
	City APPLETON State WI Zip Code 54911	
	Purpose of Disbursement Contribution	Category/Type
	Candidate Name STEVEN LESLIE KAGEN	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 08	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) KAGEN 4 CONGRESS	Transaction ID: SB23.5457 Date of Disbursement 09 / 28 / 2007
	Mailing Address 100 WEST LAWRENCE STREET	Amount of Each Disbursement this Period 1000.00
	City APPLETON State WI Zip Code 54911	
	Purpose of Disbursement Contribution	Category/Type
	Candidate Name STEVEN LESLIE KAGEN	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 08	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	6000.00
<b>TOTAL</b> 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

A.	Full Name (Last, First, Middle Initial) KAGEN 4 CONGRESS	Transaction ID: SB23.5500 Date of Disbursement 11 / 12 / 2007
	Mailing Address 100 WEST LAWRENCE STREET	Amount of Each Disbursement this Period 4000.00
	City APPLETON State WI Zip Code 54911	
	Purpose of Disbursement Contribution Candidate Name STEVEN LESLIE KAGEN Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 08	Category/Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) KAY BAILEY HUTCHISON FOR SENATE COMMITTEE	Transaction ID: SB23.5378 Date of Disbursement 08 / 03 / 2007
	Mailing Address PO BOX 9190 800 BRAZOS SUITE 1200	Amount of Each Disbursement this Period 5000.00
	City DALLAS State TX Zip Code 75209	
	Purpose of Disbursement Contribution Candidate Name KAY BAILEY HUTCHISON Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: TX District:	Category/Type
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) KIND FOR CONGRESS COMMITTEE	Transaction ID: SB23.5532 Date of Disbursement 12 / 05 / 2007
	Mailing Address 205 South 5th Ave Suite 428	Amount of Each Disbursement this Period 1000.00
	City La Crosse State WI Zip Code 54601	
	Purpose of Disbursement Contribution Candidate Name RON KIND Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 03	Category/Type
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

10000.00

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

<b>A.</b>	Full Name (Last, First, Middle Initial) LAMPSON FOR CONGRESS  Mailing Address P.O. Box 58606  City Houston State TX Zip Code 77258  Purpose of Disbursement Contribution Candidate Name NICHOLAS V. LAMPSON Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 22 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.5405 Date of Disbursement 08 / 24 / 2007  Amount of Each Disbursement this Period 1000.00  Category/Type
<b>B.</b>	Full Name (Last, First, Middle Initial) LAMPSON FOR CONGRESS  Mailing Address P.O. Box 58606  City Houston State TX Zip Code 77258  Purpose of Disbursement Contribution Candidate Name NICHOLAS V. LAMPSON Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 22 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.5524 Date of Disbursement 11 / 28 / 2007  Amount of Each Disbursement this Period 2000.00  Category/Type
<b>C.</b>	Full Name (Last, First, Middle Initial) LEVIN FOR CONGRESS  Mailing Address 230 North Avenue  City Mt. Clemens State MI Zip Code 48043  Purpose of Disbursement Contribution Candidate Name SANDER M. LEVIN Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 12 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.5420 Date of Disbursement 09 / 07 / 2007  Amount of Each Disbursement this Period 1000.00  Category/Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	4000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[Empty Box]

**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)

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<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

A.	Full Name (Last, First, Middle Initial) LOFGREN FOR CONGRESS	Transaction ID: SB23.5370 Date of Disbursement 07 / 05 / 2007
	Mailing Address P.O. Box 8180 Suite 350	Amount of Each Disbursement this Period 1000.00
	City San Jose State CA Zip Code 95155	
	Purpose of Disbursement Contribution Candidate Name ZOE LOFGREN Category/Type	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 16 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) MARION BERRY FOR CONGRESS	Transaction ID: SB23.5389 Date of Disbursement 08 / 15 / 2007
	Mailing Address P.O. BOX 8084	Amount of Each Disbursement this Period 4000.00
	City JONESBORO State AR Zip Code 72403	
	Purpose of Disbursement Contribution Candidate Name MARION BERRY Category/Type	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AR District: 01 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) MARION BERRY FOR CONGRESS	Transaction ID: SB23.5570 Date of Disbursement 08 / 15 / 2007
	Mailing Address P.O. BOX 8084	Amount of Each Disbursement this Period 1000.00
	City JONESBORO State AR Zip Code 72403	
	Purpose of Disbursement Contribution Candidate Name MARION BERRY Category/Type	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AR District: 01 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	6000.00
<b>TOTAL</b> 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

**A.** Full Name (Last, First, Middle Initial)  
MARK PRYOR FOR US SENATE

Mailing Address PO BOX 2720

City LITTLE ROCK State AR Zip Code 72203

Purpose of Disbursement  
Contribution

Candidate Name  
MARK LUNSFORD PRYOR

Category/  
Type

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

Transaction ID: SB23.5386  
Date of Disbursement

08 / 15 / 2007

Amount of Each Disbursement this Period

5000.00

**B.** Full Name (Last, First, Middle Initial)  
MCCRERY FOR CONGRESS COMMITTEE

Mailing Address Post Office Box 52956  
333 Texas Street Suite 1900

City Shreveport State LA Zip Code 71135

Purpose of Disbursement  
Contribution

Candidate Name  
JAMES OTIS MCCREERY, III

Category/  
Type

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

Transaction ID: SB23.5430  
Date of Disbursement

09 / 11 / 2007

Amount of Each Disbursement this Period

1000.00

**C.** Full Name (Last, First, Middle Initial)  
MELISSA BEAN FOR CONGRESS

Mailing Address POST OFFICE BOX 3068

City BARRINGTON State IL Zip Code 60010

Purpose of Disbursement  
Contribution

Candidate Name  
MELISSA LUBURICH BEAN

Category/  
Type

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

Transaction ID: SB23.5449  
Date of Disbursement

09 / 25 / 2007

Amount of Each Disbursement this Period

1000.00

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

7000.00

**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

<p><b>A.</b> Full Name (Last, First, Middle Initial) MIKE ROSS FOR CONGRESS COMMITTEE</p> <p>Mailing Address PO Box 360</p> <p>City Prescott State AR Zip Code 71857</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name MICHAEL AVERY ROSS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AR District: 04</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.5569</p> <p>Date of Disbursement 08 / 15 / 2007</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) NATIONAL LEADERSHIP PAC</p> <p>Mailing Address PO Box 5577</p> <p>City New York State NY Zip Code 10027</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.5483</p> <p>Date of Disbursement 11 / 02 / 2007</p> <p>Amount of Each Disbursement this Period 5000.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) NEBRASKA REPUBLICAN PARTY</p> <p>Mailing Address 1610 N Street</p> <p>City Lincoln State NE Zip Code 68508</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.5480</p> <p>Date of Disbursement 10 / 26 / 2007</p> <p>Amount of Each Disbursement this Period 2000.00</p>

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

8000.00

**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)

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<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

A.	Full Name (Last, First, Middle Initial) NEW REPUBLICAN MAJORITY FUND	Transaction ID: SB23.5452 Date of Disbursement
	Mailing Address 201 North Union Street Suite 530	<input type="text" value="09"/> / <input type="text" value="28"/> / <input type="text" value="2007"/>
	City State Zip Code Alexandria VA 22314	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="1000.00"/>
	Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) ORRINPAC	Transaction ID: SB23.5461 Date of Disbursement
	Mailing Address 175 S. WEST TEMPLE SUITE 650	<input type="text" value="10"/> / <input type="text" value="03"/> / <input type="text" value="2007"/>
	City State Zip Code SALT LAKE CITY UT 84101	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="5000.00"/>
	Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) ORRINPAC	Transaction ID: SB23.5501 Date of Disbursement
	Mailing Address 175 S. WEST TEMPLE SUITE 650	<input type="text" value="11"/> / <input type="text" value="12"/> / <input type="text" value="2007"/>
	City State Zip Code SALT LAKE CITY UT 84101	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="1000.00"/>
	Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="7000.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

**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

A.	Full Name (Last, First, Middle Initial) PALLONE FOR CONGRESS	Transaction ID: SB23.5466 Date of Disbursement 10 / 03 / 2007
	Mailing Address PO BOX 3176	Amount of Each Disbursement this Period 1000.00
	City LONG BRANCH State NJ Zip Code 07740	
	Purpose of Disbursement Contribution	Category/ Type
	Candidate Name FRANK PALLONE, Jr.	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: NJ District: 06	

B.	Full Name (Last, First, Middle Initial) PETE SESSIONS FOR CONGRESS 2008	Transaction ID: SB23.5374 Date of Disbursement 07 / 12 / 2007
	Mailing Address Post Office Box 38585	Amount of Each Disbursement this Period 1000.00
	City Dallas State TX Zip Code 75238	
	Purpose of Disbursement Contribution	Category/ Type
	Candidate Name PETE SESSIONS	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: TX District: 32	

C.	Full Name (Last, First, Middle Initial) POLITICAL HALL OF FAME PAC	Transaction ID: SB23.5515 Date of Disbursement 11 / 20 / 2007
	Mailing Address PO Box 75167	Amount of Each Disbursement this Period 5000.00
	City Fort Thomas State KY Zip Code 41075	
	Purpose of Disbursement Contribution	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	7000.00
<b>TOTAL</b> 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

<b>A.</b>	Full Name (Last, First, Middle Initial) <b>PRICE FOR CONGRESS</b>  Mailing Address <b>PO BOX 425</b>  City <b>ROSWELL</b> State <b>GA</b> Zip Code <b>30077</b>  Purpose of Disbursement Contribution  Candidate Name <b>THOMAS EDMUNDS PRICE, MD</b>  Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <b>GA</b> District: <b>06</b>  Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: <b>SB23.5438</b> Date of Disbursement M M / D D / Y Y Y Y <b>09 / 21 / 2007</b>  Amount of Each Disbursement this Period 1000.00
<b>B.</b>	Full Name (Last, First, Middle Initial) <b>RADANOVICH FOR CONGRESS</b>  Mailing Address <b>30151 TOMAS STREET</b>  City <b>RANCHO STA MRGRITA</b> State <b>CA</b> Zip Code <b>92688</b>  Purpose of Disbursement Contribution  Candidate Name <b>GEORGE RADANOVICH</b>  Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <b>CA</b> District: <b>19</b>  Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: <b>SB23.5391</b> Date of Disbursement M M / D D / Y Y Y Y <b>08 / 21 / 2007</b>  Amount of Each Disbursement this Period 4000.00
<b>C.</b>	Full Name (Last, First, Middle Initial) <b>RANGEL FOR CONGRESS</b>  Mailing Address <b>PO Box 5577 MANHATTANVILLE STA</b>  City <b>New York</b> State <b>NY</b> Zip Code <b>10027</b>  Purpose of Disbursement Contribution  Candidate Name <b>CHARLES B RANGEL</b>  Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <b>NY</b> District: <b>15</b>  Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: <b>SB23.5385</b> Date of Disbursement M M / D D / Y Y Y Y <b>08 / 07 / 2007</b>  Amount of Each Disbursement this Period 1000.00

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

**6000.00**

**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)

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<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

A.	Full Name (Last, First, Middle Initial) STEPHANIE HERSETH SANDLIN FOR SOUTH DAKOTA	Transaction ID: SB23.5521 Date of Disbursement
	Mailing Address PO Box 2009	<input type="text" value="11"/> / <input type="text" value="28"/> / <input type="text" value="2007"/>
	City Sioux Falls State SD Zip Code 57101	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="1000.00"/>
	Candidate Name STEPHANIE HERSETH	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SD District: 01	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) TEXANS FOR SENATOR JOHN CORNYN INC	Transaction ID: SB23.5412 Date of Disbursement
	Mailing Address 6850 AUSTIN CENTRE BLVD SUITE 180	<input type="text" value="08"/> / <input type="text" value="24"/> / <input type="text" value="2007"/>
	City AUSTIN State TX Zip Code 78731	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="3000.00"/>
	Candidate Name JOHN CORNYN	Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: TX District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) TIM JOHNSON FOR SOUTH DAKOTA INC	Transaction ID: SB23.5525 Date of Disbursement
	Mailing Address PO BOX 1859	<input type="text" value="11"/> / <input type="text" value="30"/> / <input type="text" value="2007"/>
	City SIOUX FALLS State SD Zip Code 57101	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="2500.00"/>
	Candidate Name TIM JOHNSON	Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: SD District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="6500.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

**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

A.	Full Name (Last, First, Middle Initial) TRENT LOTT FOR MISSISSIPPI	Transaction ID: SB23.5550 Date of Disbursement 09 / 21 / 2007
	Mailing Address PO BOX 22824	Amount of Each Disbursement this Period 1000.00
	City JACKSON State MS Zip Code 39225	
	Purpose of Disbursement Contribution	Category/ Type
	Candidate Name TRENT LOTT	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MS District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) TRUTH ACCOUNTABILITY AND COURAGE POLITICAL ACTION COMMITTEE (TACPAC)	Transaction ID: SB23.5377 Date of Disbursement 07 / 26 / 2007
	Mailing Address 228 S WASHINGTON ST STE 115	Amount of Each Disbursement this Period 1000.00
	City ALEXANDRIA State VA Zip Code 22314	
	Purpose of Disbursement	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) VOINOVICH FOR SENATE COMMITTEE	Transaction ID: SB23.7502 Date of Disbursement 10 / 04 / 2007
	Mailing Address 865 MACON ALLEY	Amount of Each Disbursement this Period 1000.00
	City COLUMBUS State OH Zip Code 43206	
	Purpose of Disbursement	Category/ Type
	Candidate Name GEORGE V VOINOVICH	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OH District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	3000.00
<b>TOTAL</b> 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)

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<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

A.

Full Name (Last, First, Middle Initial)  
WALLY HERGER FOR CONGRESS COMMITTEE

Transaction ID: SB23.5539

Date of Disbursement

Mailing Address PO Box 1500

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

City State Zip Code  
Chico CA 95927

Amount of Each Disbursement this Period

1000.00
---------

Purpose of Disbursement  
Contribution

--

Candidate Name  
WALLY HERGER

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: CA District: 02

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

1000.00
---------

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

144500.00
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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)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
PHYSICIAN HOSPITALS OF AMERICA POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) David H. Lang	Transaction ID: SB28A.5544 Date of Disbursement 09 / 21 / 2007
	Mailing Address PO Box 6850	
	City Rapid City State SD Zip Code 57709	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Partial Refund of 9/19/07 Contribution	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Rand L. Schleusener	Transaction ID: SB28A.5542 Date of Disbursement 09 / 19 / 2007
	Mailing Address PO Box 6850	
	City Rapid City State SD Zip Code 57709	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Partial Refund of 9/2/07 Contribution	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Sioux Falls Surgical Physicians, LLC	Transaction ID: SB28A.5541 Date of Disbursement 08 / 23 / 2007
	Mailing Address 910 E. 20th Street	
	City Sioux Falls State SD Zip Code 57105	Amount of Each Disbursement this Period 5000.00
	Purpose of Disbursement Partial Refund of 2/12/07 Contr.	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	7000.00
<b>TOTAL</b> 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)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
PHYSICIAN HOSPITALS OF AMERICA POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Patrick Tlustos

Mailing Address 1309 W. Main Street

City State Zip Code  
Rapid City SD 57702

Purpose of Disbursement  
Partial Refund of 9/2/07 Contribution

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB28A.5543

Date of Disbursement

/   /

Amount of Each Disbursement this Period

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

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