

# 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 04 01 2008 through 04 30 2008

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									
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**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	4

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
0	4

D	D
3	0

Y	Y	Y	Y
2	0	0	8

	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>8</td></tr></table>	X	Y	Y	Y	2	0	0	8		190176.06
X	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period .....	128392.71									
(c) Total Receipts (from Line 19) .....	0.00	13850.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	128392.71	204026.06								
7. Total Disbursements (from Line 31) .....	24044.45	99677.80								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	104348.26	104348.26								
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	4

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
0	4

D	D
3	0

Y	Y	Y	Y
2	0	0	8

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) .....	0.00	11800.00
(ii) Unitemized .....	0.00	2050.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	0.00	13850.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	0.00	13850.00
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
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)) .....	0.00	13850.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	0.00	13850.00

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.....	44.45	177.80
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	44.45	177.80
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	24000.00	99500.00
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 .....	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) 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))..	24044.45	99677.80
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	24044.45	99677.80

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) .....	0.00	13850.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	0.00	13850.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	44.45	177.80
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	44.45	177.80

**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

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. 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

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB23.5728

Date of Disbursement

04 / 22 / 2008

Amount of Each Disbursement this Period

1000.00

**B. CITIZENS FOR ARLEN SPECTER**

Full Name (Last, First, Middle Initial)

Mailing Address 255 SOUTH 17TH STREET SUITE 603

City PHILADELPHIA State PA Zip Code 19103

Purpose of Disbursement  
Contribution

Candidate Name  
ARLEN SPECTER

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: PA District:

Transaction ID: SB23.5725

Date of Disbursement

04 / 22 / 2008

Amount of Each Disbursement this Period

2000.00

**C. CONGRESSMAN JOE BARTON COMMITTEE, THE**

Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 1444

City Ennis State TX Zip Code 75120

Purpose of Disbursement  
Contribution

Candidate Name  
JOE LINUS BARTON

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: TX District: 06

Transaction ID: SB23.5721

Date of Disbursement

04 / 22 / 2008

Amount of Each Disbursement this Period

5000.00

**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

<b>A.</b>	Full Name (Last, First, Middle Initial) FRIENDS OF GORDON SMITH	Transaction ID: SB23.5740 Date of Disbursement 04 / 14 / 2008
	Mailing Address 228 S WASHINGTON STE 115	Amount of Each Disbursement this Period 3000.00
	City ALEXANDRIA State VA Zip Code 22314	Category/ Type
	Purpose of Disbursement Contribution Candidate Name GORDON HAROLD SMITH	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OR District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<b>B.</b>	Full Name (Last, First, Middle Initial) FRIENDS OF JOE PITTS	Transaction ID: SB23.5739 Date of Disbursement 04 / 14 / 2008
	Mailing Address PO BOX 775	Amount of Each Disbursement this Period 1000.00
	City Unionville State PA Zip Code 19375	Category/ Type
	Purpose of Disbursement Contribution Candidate Name JOSEPH R PITTS	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 16	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<b>C.</b>	Full Name (Last, First, Middle Initial) FRIENDS OF JOHN THUNE	Transaction ID: SB23.5741 Date of Disbursement 04 / 17 / 2008
	Mailing Address PO BOX 841	Amount of Each Disbursement this Period 1000.00
	City SIOUX FALLS State SD Zip Code 57101	Category/ Type
	Purpose of Disbursement Contribution Candidate Name JOHN THUNE	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: SD District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

5000.00

**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

**A.** Full Name (Last, First, Middle Initial)  
**HEATH SHULER FOR CONGRESS**

Mailing Address PO Box 8446

City Asheville State NC Zip Code 28814

Purpose of Disbursement  
Contribution

Candidate Name  
**JOSEPH H SHULER**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: NC District: 11

**Transaction ID:** SB23.5738

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**B.** Full Name (Last, First, Middle Initial)  
**MIKE ROSS FOR CONGRESS COMMITTEE**

Mailing Address PO Box 360

City Prescott State AR Zip Code 71857

Purpose of Disbursement  
Contribution

Candidate Name  
**MICHAEL AVERY ROSS**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: AR District: 04

**Transaction ID:** SB23.5729

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**C.** Full Name (Last, First, Middle Initial)  
**RUBEN HINOJOSA FOR CONGRESS**

Mailing Address 502 North 11th Street

City McAllen State TX Zip Code 78501

Purpose of Disbursement  
Contribution

Candidate Name  
**RUBEN E HINOJOSA**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: TX District: 15

**Transaction ID:** SB23.5744

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

<b>A.</b> Full Name (Last, First, Middle Initial) RYAN FOR CONGRESS <hr/> Mailing Address P. O. Box 1919 <hr/> City Janesville State WI Zip Code 53547 <hr/> Purpose of Disbursement Contribution Candidate Name PAUL D RYAN Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 01 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.5722 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 2 / 2 0 0 8
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) STABENOW FOR US SENATE <hr/> Mailing Address PO BOX 4945 <hr/> City EAST LANSING State MI Zip Code 48826 <hr/> Purpose of Disbursement Contribution Candidate Name DEBBIE STABENOW Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.5732 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 1 / 2 0 0 8
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) TEAM SUNUNU <hr/> Mailing Address PO BOX 500 <hr/> City RYE State NH Zip Code 03870 <hr/> Purpose of Disbursement Contribution Candidate Name JOHN E SUNUNU Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NH District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.5731 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 1 / 2 0 0 8
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	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)

PAGE 10 / 10

<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)  
VOINOVICH FOR SENATE COMMITTEE

Transaction ID: SB23.5735

Date of Disbursement

Mailing Address 865 MACON ALLEY

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	1		2	0	0	8

City State Zip Code  
COLUMBUS OH 43206

Amount of Each Disbursement this Period

1000.00
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Purpose of Disbursement

--

Candidate Name  
GEORGE V VOINOVICH

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: OH District:

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

1000.00
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TOTAL This Period (last page this line number only) ..... ▶

24000.00
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