

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	9

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	9

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	31167.86									
(c) Total Receipts (from Line 19)	16350.00	65200.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	47517.86	255376.06								
7. Total Disbursements (from Line 31)	8647.65	216505.85								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	38870.21	38870.21								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name

PHYSICIAN HOSPITALS OF AMERICA POLITICAL ACTION COMMITTEE

Report Covering the Period: From:

M	M
0	9

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	9

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)	16250.00	62850.00
(ii) Unitemized	100.00	2350.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	16350.00	65200.00
(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)	16350.00	65200.00
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))	16350.00	65200.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	16350.00	65200.00

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.....	147.65	505.85
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	147.65	505.85
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	8500.00	215000.00
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	1000.00
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))..	8647.65	216505.85
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	8647.65	216505.85

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)	16350.00	65200.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	16350.00	65200.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	147.65	505.85
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	147.65	505.85

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 19
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

A.	Full Name (Last, First, Middle Initial) David Ayers	Date of Receipt MM / DD / YYYY 09 / 23 / 2008
	Mailing Address 11221 Roe Avenue Suite 320	Transaction ID: SA11AI.6033
	City Leawood State KS Zip Code 66211	Amount of Each Receipt this Period 750.00
	FEC ID number of contributing federal political committee. C	Contribution
	Name of Employer Nueterra Holdings, LLC Occupation President, Surgical Facilities Div. Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 750.00	

B.	Full Name (Last, First, Middle Initial) Jim Davidson	Date of Receipt MM / DD / YYYY 09 / 23 / 2008
	Mailing Address 11221 Roe Avenue Suite 320	Transaction ID: SA11AI.6140
	City Leawood State KS Zip Code 66211	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	Contribution
	Name of Employer Nueterra Holdings, LLC Occupation EVP, Sales & Marketing Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

C.	Full Name (Last, First, Middle Initial) Tammy Duckworth Ham	Date of Receipt MM / DD / YYYY 09 / 23 / 2008
	Mailing Address 11221 Roe Avenue Suite 320	Transaction ID: SA11AI.6032
	City Leawood State KS Zip Code 66211	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	Contribution
	Name of Employer Nueterra Holdings, LLC Occupation Senior Vice President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

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

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

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

FOR LINE NUMBER: PAGE 7 / 19
(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)
Denise Mayhew

Mailing Address 11221 Roe Avenue
Suite 320

City Leawood State KS Zip Code 66211

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

Name of Employer Nueterra Holdings, LLC Occupation Senior Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 23 / 2008
Transaction ID: SA11AI.6027
Amount of Each Receipt this Period 500.00
Contribution

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

Mailing Address 11221 Roe Avenue
Suite 320

City Leawood State KS Zip Code 66211

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

Name of Employer Nueterra Holdings, LLC Occupation VP, Research & Development

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 23 / 2008
Transaction ID: SA11AI.6030
Amount of Each Receipt this Period 500.00
Contribution

C. Full Name (Last, First, Middle Initial)
Oklahoma Heart Hospital LLC

Mailing Address 4050 West Memorial

City Oklahoma City State OK Zip Code 73120

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

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt 09 / 11 / 2008
Transaction ID: SA11AI.6022
Amount of Each Receipt this Period -5000.00
Void of Contribution Dated 8/27/08

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 8 / 19
(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 Saale

Mailing Address 11221 Roe Avenue
Suite 320

City Leawood State KS Zip Code 66211

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

Name of Employer Nueterra Holdings, LLC Occupation Executive VP & CFO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 09 / 23 / 2008
Transaction ID: SA11AI.6031
Amount of Each Receipt this Period: 500.00
Contribution

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

Mailing Address 11221 Roe Avenue
Suite 320

City Leawood State KS Zip Code 66211

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

Name of Employer Nueterra Holdings, LLC Occupation CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 09 / 23 / 2008
Transaction ID: SA11AI.6029
Amount of Each Receipt this Period: 500.00
Contribution

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

Mailing Address 26912 Baker Park Place

City Sioux Falls State SD Zip Code 57105

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

Name of Employer N/A Occupation Homemaker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt: 09 / 26 / 2008
Transaction ID: SA11AI.6036
Amount of Each Receipt this Period: 5000.00
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 9 / 19
(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)
Sioux Falls Surgical Physicians, LLC

Mailing Address 910 E. 20th Street

City State Zip Code
Sioux Falls SD 57105

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 26 / 2008

Transaction ID: SA11AI.6037

Amount of Each Receipt this Period
5000.00

Partnership Contribution/
See Attribution Below

B.

Full Name (Last, First, Middle Initial)
Walter Carlson

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 ▼
2633.71

Date of Receipt
M M / D D / Y Y Y Y
09 / 26 / 2008

Transaction ID: SA11AI.6037.2

Amount of Each Receipt this Period
133.71

[MEMO ITEM]

C.

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

Mailing Address 1210 West 18th Street #204

City State Zip Code
Sioux Falls SD 57104

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

Name of Employer Occupation
North Center Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3557.67

Date of Receipt
M M / D D / Y Y Y Y
09 / 26 / 2008

Transaction ID: SA11AI.6037.6

Amount of Each Receipt this Period
57.67

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional) ► **5000.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 19
(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) Darlys Hofer		Date of Receipt MM / DD / YYYY 09 / 26 / 2008
Mailing Address 1200 South Euclid Avenue #212		Transaction ID: SA11AI.6037.9
City Sioux Falls	State SD	Zip Code 57105
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 179.23
Name of Employer Urology Specialists	Occupation Surgeon	[MEMO ITEM]
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2179.23	

B.

Full Name (Last, First, Middle Initial) Vaughn Meyer		Date of Receipt MM / DD / YYYY 09 / 26 / 2008
Mailing Address 911 East 20th Street		Transaction ID: SA11AI.6037.16
City Sioux Falls	State SD	Zip Code 57105
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 179.23
Name of Employer Plastic Surgery Associates	Occupation Physician	See Partial Refund Mid Year 2011
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5179.23	[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial) Donald Schellpfeffer		Date of Receipt MM / DD / YYYY 09 / 26 / 2008
Mailing Address 1100 East 26th Street		Transaction ID: SA11AI.6037.22
City Sioux Falls	State SD	Zip Code 57105
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 537.71
Name of Employer Anesthesiology Associates	Occupation Physician	[MEMO ITEM]
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 537.71	

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 11 / 19
(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)
Robert Suga

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 ▼ 1179.23

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 26 / 2008

Transaction ID: SA11AI.6037.26

Amount of Each Receipt this Period
179.23

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
Peter K. Rodman

Mailing Address 910 E 20th St

City State Zip Code
Sioux Falls SD 57105

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

Name of Employer Occupation
Sioux Falls Surgical Phys- ician Partner

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 242.19

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 26 / 2008

Transaction ID: SA11AI.6037.36

Amount of Each Receipt this Period
242.19

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
Specialty Management Services of Ouachita, LLC

Mailing Address 500 Hall Street

City State Zip Code
Monroe LA 71201

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

Name of Employer Occupation

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 / 26 / 2008

Transaction ID: SA11AI.6035

Amount of Each Receipt this Period
5000.00

Partnership Contribution/
No Partner Reaches Itemiz-
ation

SUBTOTAL of Receipts This Page (optional) ► **5000.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 19

(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)
Kevin Standefer

Mailing Address 11221 Roe Avenue
Suite 320

City State Zip Code
Leawood KS 66211

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

Name of Employer Occupation
Nueterra Holdings, LLC Senior Vice President

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

Date of Receipt

M M / D D / Y Y Y Y
09 / 23 / 2008

Transaction ID: SA11AI.6024

Amount of Each Receipt this Period

500.00

Contribution

B.

Full Name (Last, First, Middle Initial)
Kevin Stuckey

Mailing Address 11221 Roe Avenue
Suite 320

City State Zip Code
Leawood KS 66211

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

Name of Employer Occupation
Nueterra Healthcare President & CEO

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

Date of Receipt

M M / D D / Y Y Y Y
09 / 23 / 2008

Transaction ID: SA11AI.6025

Amount of Each Receipt this Period

500.00

Contribution

C.

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

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 ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 08 / 2008

Transaction ID: SA11AI.6023

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**

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FOR LINE NUMBER: PAGE 13 / 19
(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 Tasset		Date of Receipt
	Mailing Address 11221 Roe Avenue Suite 320		<input type="text" value="09"/> / <input type="text" value="23"/> / <input type="text" value="2008"/>
	City Leawood	State KS	Zip Code 66211
	FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID: SA11AI.6028
	Name of Employer Nueterra Holdings, LLC	Occupation Chairman, Board of Directors	Amount of Each Receipt this Period <input type="text" value="500.00"/>
	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

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="500.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value="16250.00"/>

**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)

PAGE 14 / 19

<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 Mailing Address P.O. Box 5128 City Sioux Falls State SD Zip Code 57117-5128 Purpose of Disbursement Bank Fee 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) ▼	Transaction ID: SB21B.6019 Date of Disbursement M M / D D / Y Y Y Y 09 / 11 / 2008
	Amount of Each Disbursement this Period 38.70
B. Full Name (Last, First, Middle Initial) Wells Fargo Bank Mailing Address P.O. Box 5128 City Sioux Falls State SD Zip Code 57117-5128 Purpose of Disbursement Bank Fee 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) ▼	Transaction ID: SB21B.6020 Date of Disbursement M M / D D / Y Y Y Y 09 / 11 / 2008
	Amount of Each Disbursement this Period 108.95

SUBTOTAL of Disbursements This Page (optional)	147.65
TOTAL This Period (last page this line number only)	147.65

**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) ALAMO PAC	Transaction ID: SB23.5999 Date of Disbursement 09 / 22 / 2008
	Mailing Address 919 CONGRESS AVE SUITE 1400 FROST BANK PLAZA	Amount of Each Disbursement this Period 1000.00
	City AUSTIN State TX Zip Code 78701	
	Purpose of Disbursement	
	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) ALAMO PAC	Transaction ID: SB23.6017 Date of Disbursement 09 / 30 / 2008
	Mailing Address 919 CONGRESS AVE SUITE 1400 FROST BANK PLAZA	Amount of Each Disbursement this Period -3000.00
	City AUSTIN State TX Zip Code 78701	
	Purpose of Disbursement Void of Check Dated 8/14/08	
	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) CHARLES BOUSTANY JR MD FOR CONGRESS INC	Transaction ID: SB23.5990 Date of Disbursement 09 / 03 / 2008
	Mailing Address Post Office Box 80126	Amount of Each Disbursement this Period 1000.00
	City Lafayette State LA Zip Code 70598	
	Purpose of Disbursement Contribution	
	Candidate Name Dr. Charles Boustany, Jr.	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 07	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	-1000.00
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) CONGRESSIONAL TRUST 2008 <hr/> Mailing Address 228 S WASHINGTON ST STE 115 <hr/> City ALEXANDRIA State VA Zip Code 22314 <hr/> Purpose of Disbursement Void of Check Dated 8/6/08 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: SB23.6015 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 3 0 / 2 0 0 8	Amount of Each Disbursement this Period -1000.00
B.	Full Name (Last, First, Middle Initial) FRIENDS OF GORDON SMITH <hr/> Mailing Address 228 S WASHINGTON STE 115 <hr/> City ALEXANDRIA State VA Zip Code 22314 <hr/> Purpose of Disbursement Contribution Candidate Name GORDON HAROLD SMITH <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: <hr/> Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.7508 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 9 / 2 0 0 8	Amount of Each Disbursement this Period 1000.00
C.	Full Name (Last, First, Middle Initial) JOHANNES FOR SENATE INCORPORATED <hr/> Mailing Address 1201 O STREET SUITE 101 <hr/> City LINCOLN State NE Zip Code 68506 <hr/> Purpose of Disbursement Contribution Candidate Name MICHAEL O JOHANNES <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: <hr/> Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.5997 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 5 / 2 0 0 8	Amount of Each Disbursement this Period 1000.00

SUBTOTAL of Disbursements This Page (optional)		1000.00	
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)
MICHAEL BURGESS FOR CONGRESS

Mailing Address PO Box 2334

City Denton State TX Zip Code 76202

Purpose of Disbursement
Contribution

Candidate Name
Dr. MICHAEL C. BURGESS

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: TX District: 26

Transaction ID: SB23.5985

Date of Disbursement

/ /

Amount of Each Disbursement this Period

B. Full Name (Last, First, Middle Initial)
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

Mailing Address 320 FIRST STREET

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB23.5993

Date of Disbursement

/ /

Amount of Each Disbursement this Period

C. Full Name (Last, First, Middle Initial)
PRICE FOR CONGRESS

Mailing Address PO BOX 425

City ROSWELL State GA Zip Code 30077

Purpose of Disbursement
Contribution

Candidate Name
THOMAS EDMUNDS PRICE, MD

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: GA District: 06

Transaction ID: SB23.5991

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

A. Full Name (Last, First, Middle Initial)
RICHARD E NEAL FOR CONGRESS COMMITTEE

Mailing Address 76 MAGNOLIA TERRACE

City SPRINGFIELD State MA Zip Code 01108

Purpose of Disbursement
Contribution

Candidate Name
RICHARD E NEAL

Category/
Type

Office Sought: House
 Senate
 President
State: MA District: 02

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: SB23.5987

Date of Disbursement

09 / 03 / 2008

Amount of Each Disbursement this Period

1000.00

B. Full Name (Last, First, Middle Initial)
STEPHANIE HERSETH SANDLIN FOR SOUTH DAKOTA

Mailing Address PO Box 2009

City Sioux Falls State SD Zip Code 57101

Purpose of Disbursement
Contribution

Candidate Name
STEPHANIE HERSETH

Category/
Type

Office Sought: House
 Senate
 President
State: SD District: 01

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: SB23.5986

Date of Disbursement

09 / 02 / 2008

Amount of Each Disbursement this Period

1000.00

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

Mailing Address PO BOX 500

City RYE State NH Zip Code 03870

Purpose of Disbursement
Contribution

Candidate Name
JOHN E SUNUNU

Category/
Type

Office Sought: House
 Senate
 President
State: NH District:

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: SB23.7509

Date of Disbursement

09 / 19 / 2008

Amount of Each Disbursement this Period

1000.00

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)
TEXANS FOR SENATOR JOHN CORNYN INC

Mailing Address 6850 AUSTIN CENTRE BLVD
SUITE 180

City AUSTIN State TX Zip Code 78731

Purpose of Disbursement
Contribution

Candidate Name
JOHN CORNYN

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: TX District:

Transaction ID: SB23.5998

Date of Disbursement

09 / 22 / 2008

Amount of Each Disbursement this Period

2000.00

B. Full Name (Last, First, Middle Initial)
VOICE FOR FREEDOM

Mailing Address 2814 Spring Road Ste. 103

City Atlanta State GA Zip Code 30339

Purpose of Disbursement
Void of Check Dated 8/29/08

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB23.6016

Date of Disbursement

09 / 30 / 2008

Amount of Each Disbursement this Period

-1000.00

SUBTOTAL of Disbursements This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

8500.00