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## FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example: If typing, type COMMITTEE (in full) OR TYPE OR PRINT over the lines PHYSICIAN HOSPITALS OF AMERICA POLITICAL ACTION COMMITTEE 2600 South Minnesota Avenue ADDRESS (number and street) Suite 202 Check if different than previously Sioux Falls SD 57105 reported. (ACC) FEC IDENTIFICATION NUMBER **STATE** ZIPCODE A CITY A IS THIS NEW **AMENDED** C00394163 Χ REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) (c) 12-Day Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Post -Election General (30G) Runoff (30R) Special (30S) Report for the: Termination Report (TER) in the Election on State of 05 0 1 2008 05 3 1 2008 Covering Period through I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Douglas Johnson Type or Print Name of Treasurer Electronically Filed by Douglas Johnson 06 20 2008 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** Use (Rev. 12/2004) Only

FE6AN026

## **SUMMARY PAGE**

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) Page 2 Write or Type Committee Name PHYSICIAN HOSPITALS OF AMERICA POLITICAL ACTION COMMITTEE <sup>®</sup> D D 0.5 0 1 2008 0.5 3 1 2008 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 2008 174176.06 January 1 (b) Cash on Hand at 87348.26 Begining of Reporting Period ..... 18050.00 31900.00 (c) Total Receipts (from Line 19) ..... (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 105398.26 206076.06 6(a) and 6(c) for Column B) ..... 17044.45 117722.25 7. Total Disbursements (from Line 31) ...... Cash on Hand at Close of Reporting Period 88353.81 88353.81 (subtract Line 7 from Line 6(d)) ..... 9. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... 10. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

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

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

## DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) Page 3

Write or Type Committee Name

PHYSICIAN HOSPITALS OF AMERICA POLITICAL ACTION COMMITTEE

0 1 3<sup>D</sup>1 м м 0 5 м м 0 5 2008 2008 Report Covering the Period: From: To: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 29850.00 18050.00 (i) Itemized (use Schedule A) .......... 0.00 2050.00 (ii) Unitemized ..... (iii) TOTAL (add 18050.00 31900.00 Lines 11(a)(i) and (ii) ...... 0.00 0.00 (b) Political Party Committees ..... Other Political Committees 0.00 0.00 (such as PACs) ..... Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry 18050.00 31900.00 Totals to Line 33, page 5) ...... 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees ..... 0.00 0.00 13. All Loans Received ..... 0.00 0.00 14. Loan Repayments Received ..... 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 0.00 0.00 (Carry Totals to Line 37, page 5) ..... 16. Refunds of Contributions Made to Federal candidates and Other 0.00 0.00 Political Committees ..... 17. Other Federal Receipts 0.00 0.00 (Dividends, Interest, etc.) ..... 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 0.00 (from Schedule H3) ..... 0.00 0.00 (b) Levin Funds (from Schedule H5) ...... 0.00 0.00 (c) Total Transfer (add 18(a) and 18(b)). 19. Total Receipts (add Lines 11(d), 18050.00 31900.00 12, 13, 14, 15, 16, 17, and 18(c)) ..... 20. Total Federal Receipts 18050.00 31900.00 (subtract Line 18(c) from Line 19) .....

## **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4 **COLUMN A COLUMN B II. DISBURSEMENTS Total This Period** Calendar Year-to-Date 21. Operating Expenditures: (a) Shared Federal/Non-Federal Activity (from Schedule H4) 0.00 0.00 (i) Federal Share..... 0.00 0.00 (ii) Non-Federal Share..... (b) Other Federal Operating 44.45 222.25 Expenditures..... (c) Total Operating Expenditures 44.45 222.25 (add 21(a)(i), (a)(ii) and (b))............ 22. Transfers to Affiliated/Other Party 0.00 0.00 Committees..... Contributions to 23. Federal Candidates/Committees.....and Other Political Committees..... 17000.00 117500.00 24. Independent Expenditure 0.00 0.00 0.00 0.00 0.00 0.00 26. Loan Repayments Made..... 0.00 0.00 27. Loans Made..... 28. Refunds of Contributions To: Individuals/Persons Other 0.00 0.00 Than Political Committees ..... 0.00 0.00 (b) Political Party Committees (c) Other Political Committees 0.00 0.00 (such as PACs) ..... (d) Total Contribution Refunds 0.00 0.00 (add Lines 28(a), (b), and (c)) ......... 0.00 0.00 29. Other Disbursements..... 30. Federal Election Activity (2 U.S.C 431(20)) (a) Shared Federal Election Activity (from Schedule H6) 0.00 0.00 (i) Federal Share ..... 0.00 0.00 (ii) "Levin" Share ..... (b) Federal Election Activity Paid Entirely 0.00 0.00 With Federal Funds ..... (c) Total Federal Election Activity (add 0.00 0.00 Lines 30(a)(i), 30(a)(ii) and 30(b)).... 31. Total Disbursements (add Lines 21(c), 22, 17044.45 117722.25 23, 24, 25, 26, 27, 28(d), 29 and 30(c)).. 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... 17044.45 117722.25

## **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

	III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date				
33.	Total Contributions (other than loans) from Line 11(d), page 3)	18050.00	31900.00				
34.	Total Contribution Refunds (from Line 28(d))	0.00	0.00				
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	18050.00	31900.00				
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	44.45	222.25				
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	222.25				

FE6AN026

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 18 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any persole name and address of any political committee to CA POLITICAL ACTION COMMITTEE	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) David Abbott  Mailing Address 2402 Burleigh  City Yankton  FEC ID number of contributing federal political committee.  Name of Employer Ear Nose & Throat Associates Receipt For: Primary General Other (specify)	State Zip Code SD 57078  C  Occupation Surgeon  Aggregate Year-to-Date  1000.00	Date of Receipt    M M
Full Name (Last, First, Middle Initial) Joseph Boudreau  Mailing Address 2308 Burleigh  City Yankton  FEC ID number of contributing federal political committee.  Name of Employer Yankton Urological Associates  Receipt For:  Primary General Other (specify)	State Zip Code SD 57078  C  Occupation Surgeon  Aggregate Year-to-Date ▼	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Walter Carlson Mailing Address 810 East 23rd Street  City Sioux Falls  FEC ID number of contributing federal political committee.  Name of Employer Orthopedic Institute  Receipt For: Primary General Other (specify)	State Zip Code SD 57105  C  Occupation Physician Aggregate Year-to-Date  2500.00	Date of Receipt    M M
SUBTOTAL of Receipts This Page (optional)	·	4500.00
TOTAL This Period (last page this line numbe	er only)	

ITEMIZED RECEIPTS	Use separate schedule for each category of the Detailed Summary Pag	e (check only one)
or for commercial purposes, other than using	d Statements may not be sold or used by an the name and address of any political comm	ny person for the purpose of soliciting contributions nittee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) PHYSICIAN HOSPITALS OF AMER	RICA POLITICAL ACTION COMMITT	EE
Full Name (Last, First, Middle Initial) Timothy Dettmer		Date of Receipt
Mailing Address 250 South Crescent		05 29 2008
City Mason City	State Zip Code IA 50402	Transaction ID: SA11AI.5764  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C 30402	250.00
Name of Employer Mason City Clinic	Occupation Surgeon - ENT	Contribution
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 250.0	00
Full Name (Last, First, Middle Initial) Paula Hicks		Date of Receipt
Mailing Address 2300 Burleigh Stree	t	05 29 2008
City	State Zip Code	Transaction ID: SA11AI.5765
Yankton	SD 57078	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00  Contribution
Name of Employer Wilcockson Eye Associates	Occupation Surgeon	Contribution
Receipt For:	Aggregate Year-to-Date ▼	
Primary ☐ General Other (specify) ▼	1000.0	00
Full Name (Last, First, Middle Initial) Daniel Johnson		Date of Receipt
Mailing Address 136 Heritage Drive		05 29 2008
City	State Zip Code	Transaction ID: SA11AI.5766
Yankton	SD 57078	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Yankton Bone and Joint	Occupation Surgeon	Continuation
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1000.0	00
SUBTOTAL of Receipts This Page (optiona	)	2250.00
TOTAL This Period (last page this line numl		

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	<b>(</b> )	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 18 (check only one)    X
Any information copied from such Reports are or for commercial purposes, other than using NAME OF COMMITTEE (In Full) PHYSICIAN HOSPITALS OF AME	the name and add	dress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Donald Maschka Mailing Address 250 South Crescen	t		Date of Receipt
City  Mason City  FEC ID number of contributing	State IA	Zip Code 50402	Transaction ID: SA11AI.5767  Amount of Each Receipt this Period  250.00
Name of Employer Mason City Clinic  Receipt For:  Primary  Other (specify) ▼	Occupation Physician		Contribution
Full Name (Last, First, Middle Initial) Lisa Miller Mailing Address 902 Hillcrest Grand City Yankton FEC ID number of contributing	State SD	Zip Code 57078	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
federal political committee.  Name of Employer Yankton Surgical Associates Receipt For:  □ Primary □ General □ Other (specify) ▼	Occupation Physician Aggregate		- Contribution
Full Name (Last, First, Middle Initial) Douglas Neilson Mailing Address 900 Karen Drive	<b>I</b>		Date of Receipt  0 5 2 9 2 0 0 8
City Yankton  FEC ID number of contributing federal political committee.	State SD	Zip Code 57078	Transaction ID: SA11AI.5769  Amount of Each Receipt this Period  1000.00
Name of Employer Yankton Bone & Joint  Receipt For:  Primary General  Other (specify) ▼	Occupation Surgeon Aggregate	e Year-to-Date ▼ 1000.00	Contribution
SUBTOTAL of Receipts This Page (optional	al)		1750.00

## SCHEDULE A (FEC Form 3X)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 18 (check only one)  X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) PHYSICIAN HOSPITALS OF AMERIC		
Full Name (Last, First, Middle Initial) Pine Creek Medical Center LLP Mailing Address 9032 Harry Hines Blvd City Dallas FEC ID number of contributing federal political committee.  Name of Employer  Receipt For: Primary General Other (specify)	State Zip Code TX 75235  C Occupation  Aggregate Year-to-Date   5000.00	Date of Receipt    M M
Full Name (Last, First, Middle Initial)  Eric Potthoff  Mailing Address 250 South Crescent  City  Mason City  FEC ID number of contributing federal political committee.  Name of Employer Mason City Clinic  Receipt For:  Primary General  Other (specify)	State Zip Code IA 50402  C Occupation Physician Aggregate Year-to-Date  250.00	Date of Receipt    M M
Full Name (Last, First, Middle Initial) Kevin Rier  Mailing Address 250 South Crescent  City  Mason City  FEC ID number of contributing federal political committee.  Name of Employer Mason City Clinic  Receipt For:  Primary General Other (specify)	State Zip Code IA 50402  C Occupation Physician  Aggregate Year-to-Date  1000.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		6250.00

City Yankton SD 57078  FEC ID number of contributing federal political committee.  Name of Employer Yankton Bone and Joint  Receipt For: Primary Other (specify) ▼  Rull Name (Last, First, Middle Initial)  Pob 29 29 2008  Transaction ID: SA11AI.5773  Amount of Each Receipt this Period  Cocupation Surgeon  Aggregate Year-to-Date ▼  1000.00  Full Name (Last, First, Middle Initial)	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 18 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
Scott Shindler  Mailing Address 115 Broadway Suite 2  City State Zip Code Yankton SD 57078  FEC ID number of contributing federal political committee.  Name of Employer Shindler Foot Clinic Plul Name (Last, First, Middle Initial) Don Swit Mailing Address 142 Katherine Way  City State Zip Code Yankton SD 57078  Full Name (Last, First, Middle Initial) Don Swit Mailing Address 142 Katherine Way  City State Zip Code Yankton SD 57078  FEC ID number of contributing federal political committee.  C Cocupation FEC ID number of contributing federal political committee.  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Surgeon  Receipt For: Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Kynan Trail Mailing Address 105 Calumet Drive  City State Zip Code 1000.00  Contribution  Date of Receipt  Transaction ID: SA11Al.5773  Amount of Each Receipt this Period  Contribution  Contribution	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	e name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Don Swift  Mailing Address 142 Katherine Way  City State Zip Code Yankton SD 57078  FEC ID number of contributing federal political committee.  Name of Employer Yankton Borle and Joint  Full Name (Last, First, Middle Initial)  Kynan Trail  Mailing Address 105 Calumet Drive  City State Zip Code Yankton SD 57078  Aggregate Year-to-Date ▼  City State Zip Code SD 57078  Date of Receipt  Transaction ID: SA11AI.5773  Amount of Each Receipt this Period  Contribution  Date of Receipt  Transaction ID: SA11AI.5773  Amount of Each Receipt this Period  Date of Receipt  Transaction ID: SA11AI.5774  Amount of Each Receipt this Period  FEC ID number of contributing federal political committee.  Name of Employer Yankton Surgical Associates S. Receipt For:  Primary General Other (specify) ▼  Aggregate Year-to-Date ▼  Contribution  Contribution  Contribution	Scott Shindler  Mailing Address 115 Broadway Suite 2  City Yankton  FEC ID number of contributing federal political committee.  Name of Employer Shindler Foot Clinic  Receipt For: Primary General	SD 57078  C Occupation Physician Aggregate Year-to-Date ▼	Transaction ID: SA11AI.5772  Amount of Each Receipt this Period  1000.00
Mailing Address 105 Calumet Drive  City State Zip Code Yankton SD 57078  FEC ID number of contributing federal political committee.  Name of Employer Yankton Surgical Associates Receipt For:  Primary General Other (specify) ▼  Date of Receipt  Transaction ID: SA11AI.5774  Amount of Each Receipt this Period  Contribution  Contribution	Don Swift  Mailing Address 142 Katherine Way  City  Yankton  FEC ID number of contributing federal political committee.  Name of Employer Yankton Bone and Joint  Receipt For:  Primary General	SD 57078  C Occupation Surgeon Aggregate Year-to-Date ▼	Transaction ID: SA11AI.5773  Amount of Each Receipt this Period  1000.00
SUBTOTAL of Receipts This Page (optional)	Kynan Trail  Mailing Address 105 Calumet Drive  City  Yankton  FEC ID number of contributing federal political committee.  Name of Employer Yankton Surgical Associates Receipt For:  Primary General	SD 57078  C Occupation Surgeon Aggregate Year-to-Date ▼	Transaction ID: SA11AI.5774  Amount of Each Receipt this Period  1000.00
	SUBTOTAL of Receipts This Page (optional)	······	3000.00

A.

FOR LINE NUMBER: PAGE 11/18 **SCHEDULE A (FEC Form 3X)** Use separate schedule(s) (check only one) for each category of the **ITEMIZED RECEIPTS** 11a 11b 11c **Detailed Summary Page** 13 16 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) PHYSICIAN HOSPITALS OF AMERICA POLITICAL ACTION COMMITTEE Full Name (Last, First, Middle Initial) H. Randal Woodward Date of Receipt Mailing Address 11819 Miracle Hills Drive 0 5 29 2008 City State Zip Code Transaction ID: SA11AI.5775 Omaha NE 68154 Amount of Each Receipt this Period FEC ID number of contributing 300.00 C federal political committee. Contribution Name of Employer Nebraska Spine Center Occupation Physician Receipt For: Aggregate Year-to-Date Primary General 300.00 Other (specify)

SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	300.00
TOTAL This Period (last page this line number only)	<b>•</b>	18050.00

State:

A.

## **SCHEDULE B (FEC Form 3X)**

District:

FOR LINE NUMBER: PAGE 12/18 Use separate schedule(s) (check only one) ITEMIZED DISBURSEMENTS for each category of the Detailed Summary Page 21b 22 23 26 27 28a 28b 29 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 Full Name (Last, First, Middle Initial) Transaction ID: SB21B.5813 Wells Fargo Bank Date of Disbursement 1 2 0 5 2008 Mailing Address P.O. Box 5128 City State Zip Code Amount of Each Disbursement this Period Sioux Falls SD 57117-5128 38.50 Purpose of Disbursement Bank Fee Candidate Name Category/ Type Office Sought: Disbursement For: House General Senate Primary President Other (specify)

SUBTOTAL of Disbursements This Page (optional)	•	38.50
TOTAL This Period (last page this line number only)	<u> </u>	38.50

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee  NAME OF COMMITTEE (In Full)  PHYSICIAN HOSPITALS OF AMERICA POLITICAL ACTION COMMITTEE  Full Name (Last, First, Middle Initial)  BENNETT ELECTION COMMITTEE INC  Mailing Address 175 SOUTH WEST TEMPLE SUITE 650  City SALT LAKE CITY  Purpose of Disbursement Contribution  Candidate Name ROBERT F BENNETT  Office Sought: House X Senate President State: UT District: 00  Full Name (Last, First, Middle Initial) CHARLES A. GONZALEZ CONGRESSIONAL CAMPAIGN  Mailing Address PO Box 12612  for each category of the purpose of soliciting contributions or used by any person for the purpose of soliciting contributions from such contributions from such contributions from such contributions or and political committee to solicit contributions from such contributions or and political committee to solicit contributions from such contributions or and political committee to solicit contributions from such contributions or and political committee to solicit contributions from such contributions from such contributions or and political committee to solicit contributions from such contributions from such contributions or and political committee to solicit contributions from such contributions from such contributions from such contributions from such contributions or and political committee to solicit contributions from such contributions from	SCHEDULE B (FEC Form 3)	Use separate schedule(s)	FOR LINE	
NAME OF COMMITTEE (In Full) PHYSICIAN HOSPITALS OF AMERICA POLITICAL ACTION COMMITTEE  Full Name (Last, First, Middle Initial) BENNETT ELECTION COMMITTEE INC  Mailing Address 175 SOUTH WEST TEMPLE SUITE 650  City State Zip Code SALT LAKE CITY UT 84101 Purpose of Disbursement Contribution Candidate Name CHARLES A. GONZALEZ  Office Sought: X House President Contribution Candidate Name CHARLES ROUSTANY JR MD FOR CONGRESS INC  Mailing Address Post Office Box 80126  City State: TX District: 20  Full Name (Last, First, Middle Initial) CHARLES DR JR. BOUSTANY Office Sought: X House President Contribution Candidate Name CHARLES DR JR. BOUSTANY Office Sought: X House President Contribution Candidate Name CHARLES DR JR. BOUSTANY Office Sought: X House President Contribution Candidate Name CHARLES DR JR. BOUSTANY Office Sought: X House Senate Primary Category Type Universident Name Category CHARLES DR JR. BOUSTANY Office Sought: X House President Contribution Candidate Name CHARLES DR JR. BOUSTANY Office Sought: X House Senate Primary General Other (specify) ▼  State: TX District: 20  State: TX District	ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b	22 X 23 24 25 2
NAME OF COMMITTEE (In Full) PHYSICIAN HOSPITALS OF AMERICA POLITICAL ACTION COMMITTEE  Full Name (Last, First, Middle Initial) Cardidate Name CHARLES A GONZALEZ City San Antonio San Ant				
BENNETT ELECTION COMMITTEE INC  Mailing Address 175 SOUTH WEST TEMPLE SUITE 650  City SALT LAKE CITY State Zip Code UT 84101  Purpose of Disbursement Contribution  Candidate Name ROBERT F BENNETT  Office Sought: Y Senate President San Antonio TX 78212  City San Antonio TX 78212  Purpose of Disbursement Contribution  Cardidate Name ChaRLES A GONZALEZ CONGRESSIONAL CAMPAIGN  Mailing Address PO Box 12612  City Siate Zip Code TX 78212  Purpose of Disbursement Contribution  Cardidate Name ChaRLES A GONZALEZ  Office Sought: X House President President State: TX District: 20  Full Name (Last, First, Middle Initial)  CHARLES BOUSTANY JR NID FOR CONGRESS INC  Mailing Address Post Office Box 80126  City State Typesident State: Types of Disbursement Contribution  Cardidate Name ChaRLES BOUSTANY JR NID FOR CONGRESS INC  Mailing Address Post Office Box 80126  City State Types of Disbursement Contribution  Cardidate Name ChaRLES BOUSTANY JR NID FOR CONGRESS INC  Mailing Address Post Office Box 80126  City State Types of Disbursement Contribution  Cardidate Name ChaRLES BOUSTANY JR NID FOR CONGRESS INC  Mailing Address Post Office Box 80126  City State Types of Disbursement Contribution  Cardidate Name ChaRLES BOUSTANY JR NID FOR CONGRESS INC  Mailing Address Post Office Box 80126  City State Types of Disbursement Contribution  Cardidate Name ChaRLES BOUSTANY JR NID FOR CONGRESS INC  Mailing Address Post Office Box 80126  City State Types of Disbursement Contribution  Cardidate Name ChaRLES BOUSTANY JR NID FOR CONGRESS INC  Mailing Address Post Office Box 80126  City State Types of Disbursement Contribution  Cardidate Name ChaRLES BOUSTANY JR NID FOR Congress INC  Mailing Address Post Office Box 80126  City State Types of Disbursement Contribution  Cardidate Name ChaRLES Box JR BOUSTANY  Office Sought: X House State Types Ty	NAME OF COMMITTEE (In Full)			ion contribution from soon committee
City State Zip Code UT 84101 Purpose of Disbursement Contribution Candidate Name ROBERT F BENNETT  Office Sought: House President State: UT District: 00  Full Name (Last, First, Middle Initial) CHARLES A. GONZALEZ CONGRESSIONAL CAMPAIGN  Mailing Address PO Box 12612  City State Zip Code TX 78212  Purpose of Disbursement Contribution Candidate Name CHARLES A GONZALEZ  Office Sought: Nouse President State: TX District: 20  Full Name (Last, First, Middle Initial) CHARLES BOUSTANY JR MD FOR CONGRESS INC  Mailing Address Post Office Box 80126  City State Zip Code Canegory/ Type  Charles Boustany JR MD FOR CONGRESS INC  Mailing Address Post Office Box 80126  City State Zip Code Category/ Type  Charles Boustany JR MD FOR CONGRESS INC  Mailing Address Post Office Box 80126  City State Zip Code Lafa First, Middle Initial) CHARLES BOUSTANY JR MD FOR CONGRESS INC  Mailing Address Post Office Box 80126  City State Zip Code Lafa First, Middle Initial) CHARLES DR. JR. BOUSTANY General Primary General Primary General Primary General Primary General Other (specify) Type  Disbursement Contribution Candidate Name CHARLES DR. JR. BOUSTANY General Other (specify) Type  Disbursement Contribution Candidate Name CHARLES DR. JR. BOUSTANY General Other (specify) Type  Disbursement For: 2008 Senate President State: LA 70598  Disbursement For: 2008 Senate President State: LA 70598  Disbursement For: 2008 Senate President State: LA District: 07  Subtotal of Disbursement For: 2008 Senate President State: LA District: 07	,	E INC		
SALT LAKE CITY Purpose of Disbursement Contribution Candidate Name ROBERT FBENNETT  Office Sought:	Mailing Address 175 SOUTH WES	T TEMPLE SUITE 650		$\begin{bmatrix} M  5  M \\ 0  5  M \end{bmatrix}  /  \begin{bmatrix} D  1  6 \\ 1  6 \end{bmatrix}  /  \begin{bmatrix} Y  Y  Y  Y  Y \\ 2  0  0  8  Y \end{bmatrix}$
Contribution Candidate Name ROBERT FBENNETT  Office Sought: House				Amount of Each Disbursement this Period
ROBERT F BENNETT  Office Sought: House	Contribution		Catagory	1000.00
State: UT District: 00  Full Name (Last, First, Middle Initial) CHARLES A. GONZALEZ CONGRESSIONAL CAMPAIGN  Mailing Address PO Box 12612  City State Zip Code San Antonio TX 78212  Purpose of Disbursement Contribution Candidate Name CHARLES A GONZALEZ  Office Sought: X House President President State: TX District: 20  Full Name (Last, First, Middle Initial) CHARLES BOUSTANY JR MD FOR CONGRESS INC  Mailing Address Post Office Box 80126  City State Zip Code TX 78212  Amount of Each Disbursement this Perior Type  Transaction ID: SB23.5776 Date of Disbursement this Perior TX 78212  Amount of Each Disbursement this Perior Type  Transaction ID: SB23.5793 Date of Disbursement Type  City State: TX District: 20  Full Name (Last, First, Middle Initial) CHARLES BOUSTANY JR MD FOR CONGRESS INC  Mailing Address Post Office Box 80126  City State: LA 70598  City Category/ Type  Office Sought: X House Purpose of Disbursement Contribution Candidate Name CHARLES DR. JR. BOUSTANY  Office Sought: X House President Senate President Senate President Other (specify) Type  Office Sought: X House President Senate President Other (specify) ▼  SUBTOTAL of Disbursements This Page (optional)	ROBERT F BENNETT	Disbursement For: 2010		
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San Antonio  TX 78212  Purpose of Disbursement Contribution Candidate Name CHARLES A GONZALEZ  Office Sought:  State: TX District: 20  Full Name (Last, First, Middle Initial) CHARLES BOUSTANY JR MD FOR CONGRESS INC  Mailing Address Post Office Box 80126  City Lafayette Lafayette Lafayette Charles DR. JR. BOUSTANY Office Sought:  X House Disbursement Contribution Candidate Name CHARLES DR. JR. BOUSTANY  Office Sought: X House Disbursement For: Category/ Type  Transaction ID: SB23.5793 Date of Disbursement  M 5 M / D 1 B / Y 2 0 0 8 Y  Amount of Each Disbursement this Perior  Category/ Type  Amount of Each Disbursement this Perior  Category/ Type  Other (specify) ▼  Subtrotal of Disbursements This Page (optional)	Mailing Address PO Box 12612			$\begin{bmatrix} \begin{smallmatrix} M & S & M \\ O & S & M \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ O & I \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ Z & O & O & S \end{bmatrix}$
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Senate Primary X General Other (specify) ▼  Full Name (Last, First, Middle Initial) CHARLES BOUSTANY JR MD FOR CONGRESS INC  Mailing Address Post Office Box 80126  City State Zip Code LA 70598  Purpose of Disbursement Contribution Candidate Name CHARLES DR. JR. BOUSTANY  Office Sought: X House Senate Primary General Other (specify) ▼  Substort 1 Disbursement For: 2008 Senate Primary General Other (specify) ▼  Substort 1 Disbursement For: 2008 Senate Primary General Other (specify) ▼  Substort 1 Disbursement For: 2008 Senate Primary General Other (specify) ▼  Substort 1 Disbursement For: 2008 Senate Primary General Other (specify) ▼  Substort 1 Disbursement For: 2008 Senate Primary General Other (specify) ▼  Substort 1 Disbursement For: 2008 Senate Primary General Other (specify) ▼  Substort 2 Disbursement For: 2008 Senate Primary General Other (specify) ▼  Substort 2 Disbursement For: 2008 Senate Primary General Other (specify) ▼  Substort 2 Disbursement For: 2008 Senate Primary General Other (specify) ▼  Substort 3 Disbursement For: 2008 Senate Primary General Other (specify) ▼				
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<u>/</u>	Full Name (Last, First, Middle Initial) CHARLIE DENT FOR CONGRESS			Transaction ID: SB23.5809 Date of Disbursement
	Mailing Address PO Box 442			05 M / 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Allentown	State Zip Code PA 18105		Amount of Each Disbursement this Period
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	Office Sought:  X House Senate President  State: PA District: 15	rsement For: 2008 Primary X General Other (specify) ▼		
	Full Name (Last, First, Middle Initial)  DAVE CAMP FOR CONGRESS 2008			Transaction ID: SB23.5800 Date of Disbursement
	Mailing Address 5915 EASTMAN AVE.		05 16 7 2008	
	City MIDLAND	State Zip Code MI 48640		Amount of Each Disbursement this Period
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	Candidate Name DAVID LEE CAMP		Category/ Type	
	Office Sought:  X House Senate President State: MI District: 04	rsement For: 2008 Primary X General Other (specify)		
	Full Name (Last, First, Middle Initial) FRIENDS OF GORDON SMITH			Transaction ID: SB23.5810 Date of Disbursement
	Mailing Address 228 S WASHINGTON	STE 115		$ \begin{bmatrix} M & M \\ 0 & 5 \end{bmatrix} \begin{bmatrix} D & 1 & 7 \end{bmatrix} \begin{bmatrix} Y & 2 & 0 & 0 & 8 \end{bmatrix} $
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•	FRIENDS OF JIM MARSHALL					Date	of Disburs	ement		V ° V	
	Mailing Address 586 Orange Street			0 <sup>M</sup> 5	M / D	16	' <u>2</u> 0	Ď8 <sup>°</sup>			
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Full Name (Last, First, Middle Initial)  JOHN SPRATT FOR CONGRE	SS COMMIT	ΓΤΕΕ				Date	action ID of Disburs	ement	3.5808		
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City ROCK HILL		state SC	Zip Code 29731			Amou	nt of Eacl	n Disburs			iod
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NAME OF COMMITTEE (In Full) PHYSICIAN HOSPITALS OF AMERICA PO	DLITICAL ACTION COMMITTEE	
Full Name (Last, First, Middle Initial) RESTORE AMERICA PAC INC.  Mailing Address P.O. Box 12526		Transaction ID: SB23.5786  Date of Disbursement  0 5
City	State Zip Code KS 66282	Amount of Each Disbursement this Period
Purpose of Disbursement Contribution Candidate Name	Category/	1000.00
Office Sought:    House	ment For: 2008 Primary General Other (specify)	
Full Name (Last, First, Middle Initial) UDALL FOR COLORADO  Mailing Address PO BOX 40158		Transaction ID: SB23.5804 Date of Disbursement  M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City S DENVER	State Zip Code CO 80204	Amount of Each Disbursement this Period
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