

**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)

2600 South Minnesota Avenue

Suite 202

☐Check if different  
than previously  
reported. (ACC)

Sioux Falls

SD

57105

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

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

05

01

2008

through

05

31

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

Douglas Johnson

Signature of Treasurer

Electronically Filed by Douglas Johnson

Date

06

20

2008

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

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

PHYSICIAN HOSPITALS OF AMERICA POLITICAL ACTION COMMITTEE

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	5	0	1	2	0	0	8

To:

M	M	D	D	Y	Y	Y	Y
0	5	3	1	2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <span>2008</span>		174176.06
(b) Cash on Hand at Beginning of Reporting Period .....	87348.26	
(c) Total Receipts (from Line 19) .....	18050.00	31900.00
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	105398.26	206076.06
7. Total Disbursements (from Line 31) .....	17044.45	117722.25
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	88353.81	88353.81
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**

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

PHYSICIAN HOSPITALS OF AMERICA POLITICAL ACTION COMMITTEE

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	5	0	1	2	0	0	8

To:

M	M	D	D	Y	Y	Y	Y
0	5	3	1	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	18050.00	29850.00
(i) Itemized (use Schedule A) .....	0.00	2050.00
(ii) Unitemized .....	18050.00	31900.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) ..... ➡	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 Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) ..... ➡	18050.00	31900.00
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)) .....	18050.00	31900.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	18050.00	31900.00

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

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	222.25
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	44.45	222.25
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	17000.00	117500.00
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))..	17044.45	117722.25
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

**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)

<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 Abbott

Mailing Address 2402 Burleigh

City

Yankton

State

SD

Zip Code

57078

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Ear Nose & Throat Associa-  
tesOccupation  
Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	9		2	0	0	8

Transaction ID: SA11AI.5761

Amount of Each Receipt this Period

1000.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

Joseph Boudreau

Mailing Address 2308 Burleigh

City

Yankton

State

SD

Zip Code

57078

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Yankton Urological Associ-  
atesOccupation  
Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	9		2	0	0	8

Transaction ID: SA11AI.5762

Amount of Each Receipt this Period

1000.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)

Walter Carlson

Mailing Address 810 East 23rd Street

City

Sioux Falls

State

SD

Zip Code

57105

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Orthopedic InstituteOccupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	9		2	0	0	8

Transaction ID: SA11AI.5763

Amount of Each Receipt this Period

2500.00

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 7 / 18

(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)

Timothy Dettmer

Mailing Address 250 South Crescent Drive

City

Mason City

State

IA

Zip Code

50402

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mason City Clinic

Occupation

Surgeon - ENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.5764

Amount of Each Receipt this Period

250.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

Paula Hicks

Mailing Address 2300 Burleigh Street

City

Yankton

State

SD

Zip Code

57078

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Wilcockson Eye Associates

Occupation

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  
0 5 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.5765

Amount of Each Receipt this Period

1000.00

Contribution

**C.**

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

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  
0 5 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.5766

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 8 / 18

(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 Maschka

Mailing Address 250 South Crescent

City

Mason City

State

IA

Zip Code

50402

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mason City Clinic

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.5767

Amount of Each Receipt this Period

250.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

Lisa Miller

Mailing Address 902 Hillcrest Grand Avenue

City

Yankton

State

SD

Zip Code

57078

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Yankton Surgical Associat-  
es

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 Y  
0 5 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.5768

Amount of Each Receipt this Period

500.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)

Douglas Neilson

Mailing Address 900 Karen Drive

City

Yankton

State

SD

Zip Code

57078

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Yankton Bone & Joint

Occupation  
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  
0 5 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.5769

Amount of Each Receipt this Period

1000.00

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 9 / 18

(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)

Pine Creek Medical Center LLP

Mailing Address 9032 Harry Hines Blvd.

City

Dallas

State

TX

Zip Code

75235

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  
0 5 / 0 5 / 2 0 0 8

Transaction ID: SA11AI.5752

Amount of Each Receipt this Period

5000.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

Eric Potthoff

Mailing Address 250 South Crescent

City

Mason City

State

IA

Zip Code

50402

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mason City Clinic

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.5770

Amount of Each Receipt this Period

250.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)

Kevin Rier

Mailing Address 250 South Crescent

City

Mason City

State

IA

Zip Code

50402

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mason City Clinic

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 Y  
0 5 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.5771

Amount of Each Receipt this Period

1000.00

Contribution

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

6250.00

**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 / 18

(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)

Scott Shindler

Mailing Address 115 Broadway  
Suite 2

City	State	Zip Code
Yankton	SD	57078

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Shindler Foot ClinicOccupation  
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	5	/	2	9	/	2	0	0	8

Transaction ID: SA11AI.5772

Amount of Each Receipt this Period

1000.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

Don Swift

Mailing Address 142 Katherine Way

City	State	Zip Code
Yankton	SD	57078

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Yankton Bone and JointOccupation  
Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	2	9	/	2	0	0	8

Transaction ID: SA11AI.5773

Amount of Each Receipt this Period

1000.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)

Kynan Trail

Mailing Address 105 Calumet Drive

City	State	Zip Code
Yankton	SD	57078

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Yankton Surgical Associat-  
esOccupation  
Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	2	9	/	2	0	0	8

Transaction ID: SA11AI.5774

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 11 / 18

(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)

H. Randal Woodward

Mailing Address 11819 Miracle Hills Drive

City

Omaha

State

NE

Zip Code

68154

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Nebraska Spine Center

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.5775

Amount of Each Receipt this Period

300.00

Contribution

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

300.00

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

18050.00

# **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 12 / 18

<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

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State:

District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.5813

Date of Disbursement

/   /

Amount of Each Disbursement this Period

38.50

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

38.50

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

38.50

# **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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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

PHYSICIAN HOSPITALS OF AMERICA POLITICAL ACTION COMMITTEE

**A.** 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  
**ROBERT F BENNETT**

Category/  
 Type

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: UT District: 00

**Transaction ID: SB23.5783**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1000.00

**B.** 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**

Category/  
 Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: TX District: 20

**Transaction ID: SB23.5776**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1000.00

**C.** Full Name (Last, First, Middle Initial)  
**CHARLES BOUSTANY JR MD FOR CONGRESS INC**

Mailing Address Post Office Box 80126

City State Zip Code  
**Lafayette LA 70598**

Purpose of Disbursement  
 Contribution

Candidate Name  
**CHARLES DR. JR. BOUSTANY**

Category/  
 Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: LA District: 07

**Transaction ID: SB23.5793**

Date of Disbursement

/   /

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  
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(check only one)

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<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)  
CHARLIE DENT FOR CONGRESS

Mailing Address PO Box 442

City Allentown State PA Zip Code 18105

Purpose of Disbursement  
ContributionCandidate Name  
CHARLES W DENTCategory/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: PA District: 15

Transaction ID: SB23.5809

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	6		2	0	0	8

Amount of Each Disbursement this Period

1000.00

**B.** Full Name (Last, First, Middle Initial)  
DAVE CAMP FOR CONGRESS 2008

Mailing Address 5915 EASTMAN AVE. SUITE 100

City MIDLAND State MI Zip Code 48640

Purpose of Disbursement  
ContributionCandidate Name  
DAVID LEE CAMPCategory/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: MI District: 04

Transaction ID: SB23.5800

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	6		2	0	0	8

Amount of Each Disbursement this Period

1000.00

**C.** 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  
ContributionCandidate Name  
GORDON HAROLD SMITHCategory/  
TypeOffice Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: OR District: 00

Transaction ID: SB23.5810

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	7		2	0	0	8

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)  
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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 GORDON SMITH**

Mailing Address 228 S WASHINGTON STE 115

City State Zip Code  
 ALEXANDRIA VA 22314

Purpose of Disbursement  
 Contribution

Candidate Name  
 GORDON HAROLD SMITH

Category/  
 Type

Office Sought: ☐ House ☒ Senate ☐ President  
 Disbursement For: 2008 ☐ Primary ☒ General  
☐ Other (specify) ▼

State: OR District: 00

Transaction ID: SB23.5811

Date of Disbursement

05 / 17 / 2008

Amount of Each Disbursement this Period

1000.00

## **B.** Full Name (Last, First, Middle Initial) **FRIENDS OF JIM MARSHALL**

Mailing Address 586 Orange Street

City State Zip Code  
 Macon GA 31201

Purpose of Disbursement  
 Contribution

Candidate Name  
 JIM MARSHALL

Category/  
 Type

Office Sought: ☒ House ☐ Senate ☐ President  
 Disbursement For: 2008 ☒ Primary ☐ General  
☐ Other (specify) ▼

State: GA District: 08

Transaction ID: SB23.5790

Date of Disbursement

05 / 16 / 2008

Amount of Each Disbursement this Period

1000.00

## **C.** Full Name (Last, First, Middle Initial) **FRIENDS OF SAM JOHNSON**

Mailing Address P.O. Box 860096

City State Zip Code  
 Plano TX 75086

Purpose of Disbursement  
 Contribution

Candidate Name  
 SAMUEL R HON. JOHNSON

Category/  
 Type

Office Sought: ☒ House ☐ Senate ☐ President  
 Disbursement For: 2008 ☐ Primary ☒ General  
☐ Other (specify) ▼

State: TX District: 03

Transaction ID: SB23.5795

Date of Disbursement

05 / 16 / 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**

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NAME OF COMMITTEE (In Full)

PHYSICIAN HOSPITALS OF AMERICA POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

GRAVES FOR CONGRESS

Mailing Address 2345 Grand Suite 2400

City State Zip Code  
 Kansas City MO 64108

Purpose of Disbursement  
 Contribution

Candidate Name  
 SAMUEL B 'SAM' GRAVES

Category/  
 Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MO District: 06

Transaction ID: SB23.5802

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

HOOSIERS FOR HILL

Mailing Address PO Box 1071

City State Zip Code  
 Seymour IN 47274

Purpose of Disbursement  
 Contribution

Candidate Name  
 BARON P HILL

Category/  
 Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: IN District: 09

Transaction ID: SB23.5780

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

HOOSIERS FOR HILL

Mailing Address PO Box 1071

City State Zip Code  
 Seymour IN 47274

Purpose of Disbursement  
 Contribution

Candidate Name  
 BARON P HILL

Category/  
 Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: IN District: 09

Transaction ID: SB23.5801

Date of Disbursement

/   /

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**

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NAME OF COMMITTEE (In Full)

PHYSICIAN HOSPITALS OF AMERICA POLITICAL ACTION COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
JOHN SPRATT FOR CONGRESS COMMITTEE

Mailing Address POST OFFICE BOX 10986

City State Zip Code  
ROCK HILL SC 29731

Purpose of Disbursement  
Contribution

Candidate Name  
JOHN M JR SPRATT

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: SC District: 05

Transaction ID: SB23.5808

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1000.00

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

Mailing Address P.O. Box 247

City State Zip Code  
Redlands CA 92373

Purpose of Disbursement  
Contribution

Candidate Name  
JERRY LEWIS

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA District: 41

Transaction ID: SB23.5797

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1000.00

**C.** Full Name (Last, First, Middle Initial)  
PEOPLE FOR ENGLISH

Mailing Address PO BOX 1940

City State Zip Code  
ERIE PA 16507

Purpose of Disbursement  
Contribution

Candidate Name  
PHILIP S. ENGLISH

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: PA District: 03

Transaction ID: SB23.5787

Date of Disbursement

/   /

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)  
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Detailed Summary Page

FOR LINE NUMBER:  
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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)

RESTORE AMERICA PAC INC.

Mailing Address P.O. Box 12526

City  
Shawnee Mission

State  
KS

Zip Code  
66282

Purpose of Disbursement  
Contribution

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☐ General  
☒ Other (specify) ▼

State: District:

Other

**Transaction ID:** SB23.5786

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

UDALL FOR COLORADO

Mailing Address PO BOX 40158

City  
DENVER

State  
CO

Zip Code  
80204

Purpose of Disbursement  
Contribution

Candidate Name  
MARK E UDALL

Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CO District: 00

**Transaction ID:** SB23.5804

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1000.00

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

2000.00

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

17000.00