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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 PO Box 70980 ADDRESS (number and street) Check if different than previously DC 20024 Washington reported. (ACC) FEC IDENTIFICATION NUMBER STATE A 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) 12-Day (c) 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 Х Runoff (30R) Special (30S) General (30G) Report for the: Termination Report (TER) in the 04 2008 DC 11 Election on State of 10 16 2008 24 2008 11 through Covering Period I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. John Richardson Type or Print Name of Treasurer John Richardson Electronically Filed by 06 28 2011 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

Page 2

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name PHYSICIAN HOSPITALS OF AMERICA POLITICAL ACTION COMMITTEE D D <sup>®</sup> D 10 16 2008 24 2008 11 Report Covering the Period: From: To: **COLUMN A COLUMN B This Period** Calendar Year-to-Date (a) Cash on Hand 2008<sup>Y</sup> 190176.06 January 1 (b) Cash on Hand at 59376.06 Begining of Reporting Period ..... 82764.58 206722.35 (c) Total Receipts (from Line 19) ..... (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 142140.64 396898.41 6(a) and 6(c) for Column B) ..... 19679.23 274437.00 Total Disbursements (from Line 31) ..... Cash on Hand at Close of Reporting Period 122461.41 122461.41 (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) .....

X 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

1 6 м м 1 0 м°м 1 1 2 d 2008 2008 Report Covering the Period: From: **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 81629.54 199379.54 (i) Itemized (use Schedule A) ...... 1135.04 4085.04 (ii) Unitemized ..... (iii) TOTAL (add 82764.58 203464.58 Lines 11(a)(i) and (ii) ...... 0.00 0.00 (b) Political Party Committees ..... (c) Other Political Committees 0.00 0.00 (such as PACs) ..... Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry 82764.58 203464.58 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.) 0.00 757.77 (Carry Totals to Line 37, page 5) ..... 16. Refunds of Contributions Made to Federal candidates and Other 0.00 2500.00 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), 82764.58 206722.35 12, 13, 14, 15, 16, 17, and 18(c)) ...... 20. Total Federal Receipts 82764.58 206722.35 (subtract Line 18(c) from Line 19) .....

FE6AN026

### DETAILED SUMMARY PAGE

of Disbursements

of Dispuisements	Page 4
COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
0.00	0.00
0.00	0.00
0.00	757.77
0.00	757.77
0.00	0.00
14500.00	267500.00
0.00	0.00
0.00	0.00
0.00	0.00
0.00	0.00
5179.23	5179.23
0.00	0.00
0.00	0.00
5179.23	5179.23
0.00	1000.00
0.00	0.00
0.00	0.00
0.00	0.00
0.00	0.00
19679.23	274437.00
19679.23	274437.00
	COLUMN A Total This Period  0.00 0.00 0.00 0.00 0.00 0.00 14500.00 0.00 0.00 0.00 0.00 5179.23 0.00 5179.23 0.00 0.00 0.00 0.00 19679.23

### **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)	82764.58	203464.58
34.	Total Contribution Refunds (from Line 28(d))	5179.23	5179.23
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	77585.35	198285.35
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	757.77
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	757.77
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

FE6AN026

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 42 (check only one)  X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  PHYSICIAN HOSPITALS OF AMERI	Statements may not be sold or used by any per e name and address of any political committee  CA POLITICAL ACTION COMMITTEE	son for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle Initial)  Eustaquio Abay  Mailing Address 3333 North Webb Ro  City  Wichita  FEC ID number of contributing federal political committee.  Name of Employer Kansas Spine Hospital  Receipt For:  Primary General  Other (specify)	State Zip Code KS 67226  C Occupation Surgeon Aggregate Year-to-Date  2000.00	Date of Receipt    M   M   D   D   2008   Transaction ID: SA11AI.6271   Amount of Each Receipt this Period   2000.00   Contribution
Full Name (Last, First, Middle Initial) Samir Abu-Ghazaleh  Mailing Address 1000 E. 21st Street #3000 City Sioux Falls  FEC ID number of contributing federal political committee.  Name of Employer OB/GYN & GYN Oncology, PC  Receipt For: Primary General Other (specify)	State Zip Code SD 57105  C  Occupation Physician  Aggregate Year-to-Date   1500.00	Date of Receipt    M   M   D   D   Y   Y   Y   Y   Y   Y   Y   Y
Full Name (Last, First, Middle Initial) Robert Akins Mailing Address 5000 South Minnesot  City Sioux Falls  FEC ID number of contributing federal political committee.  Name of Employer Sinus Specialty Clinics  Receipt For: Primary General Other (specify)	State Zip Code SD 57108  C  Occupation Surgeon Aggregate Year-to-Date  1679.23	Date of Receipt  M M M 1 D D D 2 Q D 0 8  Transaction ID: SA11AI.6204  Amount of Each Receipt this Period  1500.00
SUBTOTAL of Receipts This Page (optional)		5000.00

SCHEDULE A ( ITEMIZED REC	•	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7/42   (check only one)     X
Any information copied to or for commercial purpo	rom such Reports and Statements ma ses, other than using the name and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMIT PHYSICIAN HOS	TEE (In Full) PITALS OF AMERICA POLITICA	AL ACTION COMMITTEE	
Full Name (Last, First C. Barrett Alldredge	t, Middle Initial)		Date of Receipt
Mailing Address 2	25 Bendel Road		10 21 2008
City	State	Zip Code	Transaction ID: SA11AI.6184
Lafayette	LA	70503	Amount of Each Receipt this Period
FEC ID number of co federal political comm			1000.00
Name of Employer Acadiana Otolaryngo	Occupatio Physicial		Contribution
Receipt For: Primary Other (specify)	General	e Year-to-Date ▼ 2000.00	
Full Name (Last, First Dale Anderson	t, Middle Initial)		Date of Receipt
Mailing Address 101 E. Minnesota Ave. #210			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.6207
Rapid City	SD	57701	Amount of Each Receipt this Period
FEC ID number of co federal political comm			1300.00
Name of Employer Anderson Orhopaed	Occupation Orthopae	n edic Surgeon	Contribution
Receipt For: Primary Other (specify)	General	e Year-to-Date ▼ 1300.00	
Full Name (Last, Firs	t, Middle Initial)		Date of Receipt
	23 Bendel Road 3		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Lafayette	State LA	Zip Code 70503	Transaction ID: SA11AI.6264
FEC ID number of confederal political comm	ontributing	7000	Amount of Each Receipt this Period  1000.00
Name of Employer Acadiana Otolaryngo	Occupatio Physicia		Contribution
Receipt For:		e Year-to-Date ▼	
Primary Other (specify)	General	1000.00	
SUBTOTAL of Receip			3300.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 42 (check only one)    X   11a
	Any information copied from such Reports and St or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) PHYSICIAN HOSPITALS OF AMERICA	name and add	dress of any political committee to	on for the purpose of soliciting contributions
∠ 4.	Full Name (Last, First, Middle Initial) David Ayers  Mailing Address 11221 Roe Avenue			Date of Receipt
	Suite 320 City Leawood	State KS	Zip Code 66211	Transaction ID: SA11AI.7901  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	n	88.72  Partner of Nueterra Holdi-
	Name of Employer Nueterra Holdings, LLC  Receipt For:  Primary General  Other (specify) ▼	Presiden	t, Surgical Facilities Div.  Year-to-Date ▼  1051.22	ngs/ Memo of Surgical Inst. of Reading  [MEMO ITEM]
3.	Full Name (Last, First, Middle Initial) Keith Baumgarten  Mailing Address 810 East 23rd Street			Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Sioux Falls	State SD	Zip Code 57105	Transaction ID: SA11AI.6276  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Orthopaedic Institute	Occupatio Physicia		Contribution
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 1062.92	
- :.	Full Name (Last, First, Middle Initial) Stephen Bernard Mailing Address 2820 Mt. Rushmore Rd	1		Date of Receipt
			7:- Oada	10 16 2008
	City Rapid City	State SD	Zip Code 57701	Transaction ID: SA11AI.6208  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		215.00 Contribution
	Name of Employer Rapid City Medical Center	Occupatio Ophthalr	nologist	Contribution
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 215.00	
	SUBTOTAL of Receipts This Page (optional)			1215.00
	TOTAL This Period (last page this line number of	only)		

CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate sc for each categor Detailed Summa	y of the
ny information copied from such Reports and S r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	tatements may not be sold or used name and address of any political	by any person for the purpose of soliciting contributions committee to solicit contributions from such committee.
PHYSICIAN HOSPITALS OF AMERIC	A POLITICAL ACTION COM	MITTEE
Full Name (Last, First, Middle Initial)  Mark Bernhardt  Mailing Address 3651 College Blvd.		Date of Receipt
City	State Zip Code	1 0 2 2 2 0 0 8 Transaction ID: SA11AI.6195
Leawood FEC ID number of contributing	KS 66211	Amount of Each Receipt this Period
federal political committee.	Occupation	Contribution
Name of Employer Dickson-Dively Midwest Or- thop.  Receipt For:  Primary  General  Other (specify)	Surgeon Aggregate Year-to-Date ▼	000.00
Full Name (Last, First, Middle Initial)  Aaron Calodney  Mailing Address 1814 Roseland Blvd.		Date of Receipt
Suite 200	State Zip Code	1 0 1 6 2 0 0 8  Transaction ID: SA11AI.6214
Tyler	TX 75701	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Self Employed	Occupation Physician	Contribution
Receipt For:  Primary General  Other (specify)	Aggregate Year-to-Date ▼	688.22
Full Name (Last, First, Middle Initial) Cary Clark	<u> </u>	Date of Receipt
Mailing Address 1905 Donnybrook		10 16 2008
City Tyler	State Zip Code TX 75701	Transaction ID: SA11AI.6215  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Azalea Orthopedics	Occupation Physician	Contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼	561.00
SUBTOTAL of Receipts This Page (optional)		2000.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 42 (check only one)  X 11a 11b 11c 12  13 14 15 16 17
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	name and address of any political committee	rson for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Jim Davidson  Mailing Address 11221 Roe Avenue Suite 320  City Leawood  FEC ID number of contributing federal political committee.  Name of Employer Nueterra Holdings, LLC  Receipt For: Primary General Other (specify)	State Zip Code KS 66211  C  Occupation EVP, Sales & Marketing  Aggregate Year-to-Date ▼  588.72	Date of Receipt    M M
Full Name (Last, First, Middle Initial)  Montgomery Denbo  Mailing Address 225 Bendel Road  City  Lafayette  FEC ID number of contributing federal political committee.  Name of Employer Acadiana Otolaryngology  Receipt For:  Primary General  Other (specify)   Other (specify)	State Zip Code LA 70503  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
Full Name (Last, First, Middle Initial) Bryan Denhartog  Mailing Address PO Box 6850  City Rapid City  FEC ID number of contributing federal political committee.  Name of Employer Black Hills Orthopedics  Receipt For: Primary General Other (specify)	State Zip Code SD 57709  C  Occupation Orthopedic Surgeon  Aggregate Year-to-Date   1368.50	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)		2368.50

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 42 (check only one)  X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and sor for commercial purposes, other than using the	Statements may not be sold or used by any per e name and address of any political committee	
NAME OF COMMITTEE (In Full)  PHYSICIAN HOSPITALS OF AMERIC	CA POLITICAL ACTION COMMITTEE	
Full Name (Last, First, Middle Initial) Timothy M. Dettmer  Mailing Address 250 South Crescent D	Drive	Date of Receipt
City	State Zip Code	1 0 2 1 2 0 0 8 Transaction ID: SA11Al.6185
Mason City	IA 50402	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Mason City Clinic	Occupation Physician	Contribution
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	750.00	
Full Name (Last, First, Middle Initial) Brian Divelbiss	I	Date of Receipt
Mailing Address 4520 West 140th St.		10 22 2008
City	State Zip Code	Transaction ID: SA11Al.6196
Leawood	KS 66224	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Dickson-Dively Midwest Or- thop.	Occupation Physician	Contribution
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1000.00	
Full Name (Last, First, Middle Initial) Clark Duchene	1	Date of Receipt
Mailing Address PO Box 6850		10 16 Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.6218
Rapid City	SD 57709	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	736.00  Contribution
Name of Employer Black Hills Orthopedics	Occupation Orthopedic Surgeon	Continuation
Receipt For:	Aggregate Year-to-Date ▼	_
Primary General Other (specify) ▼	736.00	
CURTOTAL of Possints This Page (antismel)		1986.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 42 (check only one)  X 11a 11b 11c 12 13 14 15 16 11
or for commercial purposes, other than usin  NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any perg the name and address of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Stephen G. Eckrich  Mailing Address PO Box 6850		Date of Receipt
City  Rapid City  FEC ID number of contributing	State Zip Code SD 57709	Transaction ID: SA11AI.6219  Amount of Each Receipt this Period
federal political committee.  Name of Employer Black Hills Orthopedics  Receipt For: Primary General	Occupation Orthopedic Surgeon Aggregate Year-to-Date ▼	— Contribution
Other (specify) ▼  Full Name (Last, First, Middle Initial) Stuart E. Fromm  Mailing Address PO Box 6850	1424.00	Date of Receipt  10 16 2008
City  Rapid City  FEC ID number of contributing federal political committee.	State Zip Code SD 57709	Transaction ID: SA11AI.6220  Amount of Each Receipt this Period  1182.00
Name of Employer Black Hills Orthopedics  Receipt For:  Primary  Other (specify) ▼	Occupation Orthopedic Surgeon  Aggregate Year-to-Date ▼  1182.00	Contribution
Full Name (Last, First, Middle Initial) Global Rehab Mailing Address 6161 Harry Hines	Blvd.	Date of Receipt  1 1 2 0 2 0 8
Suite #100 City Dallas FEC ID number of contributing federal political committee.	State Zip Code TX 75235	Transaction ID: SA11AI.6277  Amount of Each Receipt this Period  5000.00
Name of Employer  Receipt For:  Primary General  Other (specify) ▼	Occupation  Aggregate Year-to-Date ▼  5000.00	See Refund Mid Year 2011
SUBTOTAL of Receipts This Page (option	al)	7606.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 42 (check only one)    X   11a
	Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  PHYSICIAN HOSPITALS OF AMERICA	e name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
∠ <b>A</b> .	Full Name (Last, First, Middle Initial) Global Rehab Fort Worth	57 T G E I I I G		Date of Receipt
	Mailing Address 6161 Harry Hines Blvd Suite #100			11 20 2008
	City Dallas	State TX	Zip Code 75235	Transaction ID: SA11AI.6278
	FEC ID number of contributing federal political committee.	C	75255	Amount of Each Receipt this Period  5000.00
	Name of Employer	Occupation	on	See Refund Mid Year 2011
	Receipt For:  Primary  General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 5000.00	
– В.	Full Name (Last, First, Middle Initial) Tammy Duckworth Ham Mailing Address 11221 Roe Avenue	<u> </u>		Date of Receipt
	Suite 320	State	Zip Code	1 0 2 1 2 0 0 8 Transaction ID: SA11AI.7908
	Leawood	KS	66211	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		88.73
	Name of Employer Nueterra Holdings, LLC	Occupation Senior V	on l'ice President	Partner of Nueterra Holdi- ngs/ Memo of Surgical Ins- t. of Reading
	Receipt For:  Primary General  Other (specify) ♥	Aggregate	e Year-to-Date ▼ 588.73	[MEMO ITEM]
_ С.	Full Name (Last, First, Middle Initial) Heart Hospital of Austin			Date of Receipt
	Mailing Address 3801 North Lamar Blv			10 16 2008
	City Austin	State TX	Zip Code 78756	Transaction ID: SA11AI.6182  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	70730	1000.00
	Name of Employer	Occupation	on	See Refund Mid Year 2011
	Receipt For:  Primary  General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
	SUBTOTAL of Receipts This Page (optional) .			6000.00
-	TOTAL This Period (last page this line number			

SCHEDULE A (FEC FOITEMIZED RECEIPTS	rm 3X)  Use separate so for each catego Detailed Summ	ry of the
NAME OF COMMITTEE (In Ful		d by any person for the purpose of soliciting contributions all committee to solicit contributions from such committee.
Full Name (Last, First, Middle In John Herhlihy  Mailing Address 2820 Mt. R  City  Rapid City  FEC ID number of contributing federal political committee.  Name of Employer Rapid City Medical Center  Receipt For:  Primary General  Other (specify)	State Zip Code SD 57701  C  Occupation Opthalmologist  Aggregate Year-to-Date	Date of Receipt  M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle In Darlys Hofer  Mailing Address 1200 South #212  City  Sioux Falls  FEC ID number of contributing federal political committee.  Name of Employer Urology Specialists  Receipt For:  Primary General Other (specify)	State Zip Code SD 57105  C  Occupation Surgeon Aggregate Year-to-Date	Date of Receipt  M M M J D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle In Jeff Hunter  Mailing Address 3414 Golde  City  Tyler  FEC ID number of contributing federal political committee.  Name of Employer Heaton Eye Associates  Receipt For:  Primary General Other (specify)		Date of Receipt  M M M D D D D Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Pag	(optional)	5750.00

SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	<b>)</b>	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 / 42   (check only one)
Any information copied from such Reports an or for commercial purposes, other than using	d Statements may the name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full)  PHYSICIAN HOSPITALS OF AMER	RICA POLITICA	AL ACTION COMMITTEE	
Full Name (Last, First, Middle Initial) Darron Jones			Date of Receipt
Mailing Address 250 South Crescent	t		10 28 2008
City Mason City	State IA	Zip Code	Transaction ID: SA11AI.6202
FEC ID number of contributing federal political committee.	C	50402	Amount of Each Receipt this Period 250.00
Name of Employer Mason City Clinic	Occupation Physician		Contribution
Receipt For:  Primary General  Other (specify)	<del></del>	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Michael Kadrmas			Date of Receipt
Mailing Address PO Box 6850			10 16 7 2008
City	State SD	Zip Code	Transaction ID: SA11AI.6223
Rapid City  FEC ID number of contributing federal political committee.	C	57709	Amount of Each Receipt this Period 316.00
Name of Employer Black Hills Orthopedics	Occupation	n dic Surgeon	Contribution
Receipt For: Primary General Other (specify)		Year-to-Date ▼ 316.00	
Full Name (Last, First, Middle Initial) Lafayette Surgical Specialty Hospital, LLC			Date of Receipt
Mailing Address 1101 Kaliste Saloon	n Road		10 21 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.6192
Lafayette FEC ID number of contributing federal political committee.	C	70508	Amount of Each Receipt this Period 5000.00
Name of Employer	Occupation	n	Partnership Contribution/ See Attribution Below
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 5000.00	
SUBTOTAL of Receipts This Page (optional	J)		5566.00

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 16 / 42 (check only one)    X
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	the name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
PHYSICIAN HOSPITALS OF AMEI	RICA POLITICA	AL ACTION COMMITTEE	
Full Name (Last, First, Middle Initial) John E. Cobb			Date of Receipt
Mailing Address 1103 Kaliste Saloor Suite 100			10 21 2008
City Lafayette	State LA	Zip Code 70508	Transaction ID: SA11AI.6192.0  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	70000	697.00
Name of Employer Lafayette Surgical Hospit-	Occupation Orthoped	n dic Surgeon	
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 697.00	[MEMO ITEM]
Full Name (Last, First, Middle Initial) Louis C. Blanda			Date of Receipt
Mailing Address 1103 Kaliste Saloor Suite 100	m Road		10 21 2008
City	State	Zip Code	Transaction ID: SA11AI.6192.1
Lafayette	LA	70508	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		429.00
Name of Employer Lafayette Surgical Hospit-	Occupation	n dic Surgeon	
Receipt For:		e Year-to-Date ▼	[MEMO ITEM]
Primary General Other (specify) ▼		429.00	]
Full Name (Last, First, Middle Initial) David S. Muldowny			Date of Receipt
Mailing Address 1103 Kaliste Saloor	m Road		10 21 2008
City	State	Zip Code	Transaction ID: SA11Al.6192.2
Lafayette	LA	70508	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		322.00
Name of Employer Lafayette Surgical Hospit- al	<del></del>	dic Surgeon	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1822.00	[MEMO ITEM]
SUBTOTAL of Receipts This Page (optional	.l\		0.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	^)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:   PAGE 17/42   (check only one)     X   11a     11b     11c     12     13     14     15     16
Any information copied from such Reports a or for commercial purposes, other than using	nd Statements may g the name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) PHYSICIAN HOSPITALS OF AME	RICA POLITICA	AL ACTION COMMITTEE	
Full Name (Last, First, Middle Initial) Thomas V. Bertuccini			Date of Receipt
Mailing Address 1101 Kaliste Saloo	m Road		10 21 2008
City	State	Zip Code	Transaction ID: SA11AI.6192.3
<u>Lafayette</u>	LA	70508	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		214.00
Name of Employer Lafayette Surgical Hospit- al	Occupation Physician		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 1714.00	[MEMO ITEM]
Full Name (Last, First, Middle Initial) Luiz C. DeAraujo	L		Date of Receipt
Mailing Address 1101 Kaliste Saloo	m Road		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.6192.4
Lafayette  FEC ID number of contributing federal political committee.	C	70508	Amount of Each Receipt this Period  214.00
Name of Employer Lafayette Surgical Hospit-	Occupation Physician		
Receipt For:		Year-to-Date ▼	[MEMO ITEM]
Primary General Other (specify) ▼		214.00	
Full Name (Last, First, Middle Initial) James S. Garcelon			Date of Receipt
Mailing Address 1101 Kaliste Saloo	m Road		10 21 2008
City	State	Zip Code	Transaction ID: SA11Al.6192.5
Lafayette	LA	70508	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		214.00
Name of Employer Lafayette Surgical Hospit- al	Occupation Physician	1	
Receipt For:  Primary  General	Aggregate	e Year-to-Date ▼	[MEMO ITEM]
Other (specify)		214.00	
SUBTOTAL of Receipts This Page (option:			0.00

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 18 / 42 (check only one)  X 11a 11b 11c 12  13 14 15 16 17		
or for commercial purposes, other than us	s and Statements may not be sold or used by any per sing the name and address of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.		
NAME OF COMMITTEE (In Full) PHYSICIAN HOSPITALS OF AI	MERICA POLITICAL ACTION COMMITTEE			
Full Name (Last, First, Middle Initial) Joseph T. Gillespie		Date of Receipt		
Mailing Address 1101 Kaliste Sa		10 21 2008		
City Lafayette	State Zip Code LA 70508	Transaction ID: SA11AI.6192.6  Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	214.00		
Name of Employer Lafayette Surgical Hospit- al	Occupation Physician			
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  214.00	[MEMO ITEM]		
Full Name (Last, First, Middle Initial) Steven K. Staires  Mailing Address 1101 Kaliste Sa	Ioom Road	Date of Receipt		
	Tro Maiste Galouii Hoad			
City	State Zip Code	Transaction ID: SA11AI.6192.7		
<u>Lafayette</u>	LA 70508	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	214.00		
Name of Employer Lafayette Surgical Hospit- al	Occupation Physician			
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1214.00	[MEMO ITEM]		
Full Name (Last, First, Middle Initial) David H. Lang		Date of Receipt		
Mailing Address PO Box 6850		10 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
City	State Zip Code	Transaction ID: SA11AI.6168		
Rapid City	SD 57709	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	996.00  Contribution		
Name of Employer Black Hills Orthopedics	Occupation Orthopedic Surgeon	Continuation		
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 996.00			
SUBTOTAL of Receipts This Page (opt	ional)	996.00		
	number only)			

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 19 / 42 (check only one)    X
A	ny information copied from such Reports and for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may ne name and add	not be sold or used by any perso lress of any political committee to	
	PHYSICIAN HOSPITALS OF AMERI	CA POLITICA	L ACTION COMMITTEE	
	Full Name (Last, First, Middle Initial) Brett Lawlor			Date of Receipt
	Mailing Address 1136 Jackson Blvd.,		7.0.1	10 16 2008
	City Rapid City	State SD	Zip Code 57702	Transaction ID: SA11AI.6169  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	31102	440.00
	Name of Employer The Rehab Doctors	Occupation Physiatris		Contribution
	Receipt For:  Primary General  Other (specify) ▼	<del>-                                    </del>	Year-to-Date ▼ 440.00	
_	Full Name (Last, First, Middle Initial) Jeffrey Marrs			Date of Receipt
	Mailing Address PO Box 6850			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11AI.6170
	Rapid City	SD	57709	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		476.00
	Name of Employer Black Hills Orthopedics	Occupation Orthoped	n lic Surgeon	Contribution
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		476.00	
	Full Name (Last, First, Middle Initial) Marius Maxwell			Date of Receipt
	Mailing Address 4141 5th Street			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11AI.6171
	Rapid City	SD	57701	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00  Contribution
	Name of Employer The Spine Center	Occupation Neurosur	geon	Continbution
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	
Γ,	UBTOTAL of Receipts This Page (optional)			1916.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	for each	parate schedule(s) a category of the I Summary Page	FOR LINE NUMBER: PAGE 20 / 42   (check only one)
Any information copied from such Reports and or for commercial purposes, other than using	d Statements may not be solution in the soluti	d or used by any perso political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) PHYSICIAN HOSPITALS OF AMER	IICA POLITICAL ACTIO	N COMMITTEE	
Full Name (Last, First, Middle Initial) Denise Mayhew			Date of Receipt
Mailing Address 11221 Roe Avenue Suite 320			M M / D D / Y Y Y Y 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
City	State Zip Co	ode	Transaction ID: SA11AI.7904
Leawood	KS 66211	1	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		88.72
Name of Employer Nueterra Holdings, LLC	Occupation Senior Vice Presid	ent	Partner of Nueterra Holdi- ngs/ Memo of Surgical Ins- t. of Reading
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Da	ate ▼ 1528.04	[MEMO ITEM]
Full Name (Last, First, Middle Initial) Michael McGowan			Date of Receipt
Mailing Address 2127 South Minneso	ta Avenue		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Co	ode	Transaction ID: SA11AI.6269
Sioux Falls	SD 57105	5	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		1000.00
Name of Employer Self-Employed	Occupation Physician		Contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Da	ate ▼ 1029.52	
Full Name (Last, First, Middle Initial) Horace Mitchell			Date of Receipt
Mailing Address 10101 Park Rowe C	ircle		1 1 0 4 2 0 0 8
City	State Zip Co	ode	Transaction ID: SA11Al.6266
Baton Rouge	LA 70810	)	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	1 1	1000.00
Name of Employer The NeuroMedical Center	Occupation Physician		Contribution
Receipt For:	Aggregate Year-to-Da	ate 🔻	
Primary General Other (specify) ▼		1000.00	]
SUBTOTAL of Receipts This Page (optional	1		2000.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 21 / 42 (check only one)    X   11a
\ \	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	tatements ma name and ad	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	PHYSICIAN HOSPITALS OF AMERIC	A POLITICA	AL ACTION COMMITTEE	
Α.	Full Name (Last, First, Middle Initial) Matthew Mitchell			Date of Receipt
	Mailing Address 805 Farmington Drive			10 21 2008
	City <u>Lafayette</u>	State LA	Zip Code 70503	Transaction ID: SA11AI.6194  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	7000	750.00
	Name of Employer Anesthesia Specialists	Occupatio Physicia		Contribution
	Receipt For:  Primary  General  Other (specify)	, ' · · · ·	e Year-to-Date ▼ 750.00	
— В.	Full Name (Last, First, Middle Initial) David S. Muldowny			Date of Receipt
	Mailing Address 1103 Kaliste Saloom F	Road		10 21 2008
	City	State	Zip Code	Transaction ID: SA11Al.6187
	Lafayette	LA	70508	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1500.00  Contribution
	Name of Employer Lafayette Surgical Hospit- al		dic Surgeon	Contribution
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 1500.00	
_ С.	Full Name (Last, First, Middle Initial) New Dimensions Weight Loss Surgery			Date of Receipt
	Mailing Address 9150 Huebner Road #250			10 / 21 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City San Antonio	State TX	Zip Code 78240	Transaction ID: SA11AI.6191  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	702-10	500.00
	Name of Employer	Occupatio	n	See Refund Mid Year 2011
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
	SUBTOTAL of Receipts This Page (optional)			2750.00
r	TOTAL This Period (last page this line number		<u> </u>	

SCHEDULE A (FEC F ITEMIZED RECEIPTS	•	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 22 / 42 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other  NAME OF COMMITTEE (In F	than using the name and a ull)	ay not be sold or used by any pers ddress of any political committee to CAL ACTION COMMITTEE	son for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Joe Olsen  Mailing Address 3813 Kiwa  City  Sioux Falls  FEC ID number of contributing federal political committee.  Name of Employer Children's Dental Center  Receipt For:  Primary General Other (specify)	State SD  C  Occupati Dentist  Aggrega	Zip Code 57105 on te Year-to-Date ▼	Date of Receipt    M M M
Full Name (Last, First, Middle Lew W. Papendick  Mailing Address PO Box 68  City  Rapid City  FEC ID number of contributing federal political committee.  Name of Employer Black Hills Orthopedics  Receipt For:  Primary General Other (specify)	State SD  C  Occupati Orthope Aggrega	Zip Code 57709	Date of Receipt  M M J D D C 2 0 0 8  Transaction ID: SA11Al.6173  Amount of Each Receipt this Period  1634.00  Contribution
Full Name (Last, First, Middle Brad Plaga  Mailing Address 810 East 2  City  Sioux Falls  FEC ID number of contributing federal political committee.  Name of Employer Orthopedic Institute  Receipt For:  Primary General Other (specify)	23rd Street  State SD  C  Occupati Surgeoi Aggrega		Date of Receipt    M   M   D   D   2 1   2 0 0 8
SUBTOTAL of Receipts This Pa	l ge (optional)	······	4334.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 23 / 42 (check only one)    X
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) PHYSICIAN HOSPITALS OF AMERICA	e name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial)  Eric J. 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 IA  C  Occupatio Physicial Aggregate		Date of Receipt  M 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) T.J. Rasmussen Mailing Address 3651 College Blvd.  City  Leawood  FEC ID number of contributing federal political committee.  Name of Employer Orthopaedic & Sports Medicine Receipt For:  Primary General Other (specify)	State KS  C  Occupatio Physicial Aggregate		Date of Receipt  10 22 2008  Transaction ID: SA11Al.6197  Amount of Each Receipt this Period  1000.00  Contribution
Full Name (Last, First, Middle Initial) Regent Management Services  Mailing Address 36 Regent Drive  City Oak Brook  FEC ID number of contributing federal political committee.  Name of Employer  Receipt For: Primary General Other (specify)	State IL C Occupatio Aggregate	Zip Code 60523 n e Year-to-Date ▼	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) .	1		6250.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 24 / 42 (check only one)    X
NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any perhe name and address of any political committee	erson for the purpose of soliciting contributions e to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Margaret Mallon Mailing Address 36 Regent Drive  City Oak Brooke  FEC ID number of contributing federal political committee.  Name of Employer Regent Management Services  Receipt For: Primary General Other (specify)	State Zip Code IL 60523  C Occupation Partner Aggregate Year-to-Date  500.00	Date of Receipt  10 27 2008  Transaction ID: SA11AI.6200.0  Amount of Each Receipt this Period  500.00
Full Name (Last, First, Middle Initial) Thomas Mallon  Mailing Address 4 Westbrook Corpor Suite #440  City  Westchester  FEC ID number of contributing federal political committee.  Name of Employer Regent Surgical Health  Receipt For:  Primary General  Other (specify)	State Zip Code IL 60154  C  Occupation CEO  Aggregate Year-to-Date  2500.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Thomas J. Mallon Special Trust Mailing Address 36 Regent Drive  City Oak Brook  FEC ID number of contributing federal political committee.  Name of Employer  Receipt For: Primary General Other (specify)	State Zip Code IL 60523  C  Occupation  Aggregate Year-to-Date ▼  2000.00	Date of Receipt  M M Z 7 Z 0 0 8  Transaction ID: SA11AI.6200.2  Amount of Each Receipt this Period  2000.00  See Refund Mid Year 2011  [MEMO ITEM]
SUBTOTAL of Receipts This Page (optional)	,	0.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	for each ca	ate schedule(s) ategory of the ummary Page	FOR LINE NUMBER: PAGE 25 / 42 (check only one)    X
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) PHYSICIAN HOSPITALS OF AMER	he name and address of any p	olitical committee to	n for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Charles Rhoades			Date of Receipt
Mailing Address 3651 College Blvd.  City	State Zip Code	<del>)</del>	1 0 2 2 2 2 0 0 8 Transaction ID: SA11Al.6198
Leawood  FEC ID number of contributing federal political committee.	KS 66211	•	Amount of Each Receipt this Period
Name of Employer Dickson-Dively Midwest Or- thop. Receipt For:	Occupation Physician Aggregate Year-to-Date	▼	Contribution
Primary General Other (specify) ▼		1000.00	
Full Name (Last, First, Middle Initial) Stuart Rice  Mailing Address 4141 Fifth Street			Date of Receipt  1 0 1 6 2 0 0 8
City	State Zip Code	)	Transaction ID: SA11AI.6174
Rapid City  FEC ID number of contributing federal political committee.	SD 57701	0 0	Amount of Each Receipt this Period  2414.04
Name of Employer The Spine Center	Occupation Neurosurgeon		Contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date	2414.04	
Full Name (Last, First, Middle Initial) Daniel Saale			Date of Receipt
Mailing Address 11221 Roe Avenue Suite 320			10 21 7 9 9 9
City Leawood	State Zip Code KS 66211	)	Transaction ID: SA11AI.7902
FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period  88.72
Name of Employer Nueterra Holdings, LLC	Occupation Executive VP & CFO	ı	Partner of Nueterra Holdi- ngs/ Memo of Surgical Ins- t. of Reading
Receipt For:  Primary  General  Other (specify) ▼	Aggregate Year-to-Date	801.22	[MEMO ITEM]
SUBTOTAL of Receipts This Page (optional)			3414.04

Γ	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 26 / 42 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Any information copied from such Reports and a prior commercial purposes, other than using the NAME OF COMMITTEE (In Full)  PHYSICIAN HOSPITALS OF AMERICALS	e name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
∠ <b>A</b> .	Full Name (Last, First, Middle Initial) John Schario  Mailing Address 11221 Roe Avenue			Date of Receipt
	Suite 320	State	Zip Code	1 0 2 1 2 0 0 8  Transaction ID: SA11Al.7898
	Leawood	KS	66211	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		88.72
	Name of Employer Nueterra Holdings, LLC	Occupatio CEO	n	Partner of Nueterra Holdi- ngs/ Memo of Surgical Ins- t. of Reading
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 901.22	[MEMO ITEM]
В.	Full Name (Last, First, Middle Initial) James Scherrer  Mailing Address P.O. Box 6850			Date of Receipt
	City	State	Zip Code	1 0 1 6 2 0 0 8 Transaction ID: SA11Al.6175
	Rapid City	SD	57709	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		764.00
	Name of Employer Black Hills Orthopedics	1	Director	Contribution
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 764.00	
_ Э.	Full Name (Last, First, Middle Initial) Rand L. Schleusener  Mailing Address PO Box 6850			Date of Receipt
	City	State	Zip Code	1 0 1 6 2 0 0 8  Transaction ID: SA11Al.6176
	Rapid City	SD	57709	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1368.00
	Name of Employer Black Hills Orthopedic	Occupatio Orthoped	n dic Surgeon	Contribution
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1368.00	
	SUBTOTAL of Receipts This Page (optional) .	1		2132.00

	DULE A (FEC Form 3X) ZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 27 / 42 (check only one)    X   11a
or for con	nation copied from such Reports and Statemercial purposes, other than using the OF COMMITTEE (In Full) SICIAN HOSPITALS OF AMERIC	name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
A. Edwar Mailing City Rapid FEC I federa Name The S	O number of contributing I political committee. of Employer pine Center	State SD  C Occupatio Neurosur Aggregate		Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full N Scott S Mailing City Baton FEC I federa Name The N Recei	ame (Last, First, Middle Initial) Soleau  g Address 10101 Park Rowe Circle  n Rouge  D number of contributing I political committee.  of Employer euroMedical Center	State LA  C Occupatio Physician	Zip Code 70810	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full N Stever Mailing City Lafay FEC I federa Name Lafaye al Recei	Other (specify)   ame (Last, First, Middle Initial)  K. Staires  g Address 1101 Kaliste Saloom R  rette  D number of contributing I political committee.  of Employer ette Surgical Hospit-	State LA  C Occupatio Physician		Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTO	FAL of Receipts This Page (optional)			2710.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 28 / 42 (check only one)    X   11a
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	Statements may not be sold or used by any perse name and address of any political committee to CA POLITICAL ACTION COMMITTEE	son for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Kevin Standefer  Mailing Address 11221 Roe Avenue Suite 320  City Leawood  FEC ID number of contributing federal political committee.  Name of Employer Nueterra Holdings, LLC  Receipt For: Primary General Other (specify)	State Zip Code KS 66211  C  Occupation Senior Vice President  Aggregate Year-to-Date ▼  801.23	Date of Receipt    M M
Full Name (Last, First, Middle Initial) Surgical Institute of Reading Mailing Address 2752 Century Blvd.  City Wyomissing  FEC ID number of contributing federal political committee.  Name of Employer  Receipt For: Primary General Other (specify)	State Zip Code PA 19610  C  Occupation  Aggregate Year-to-Date ▼  5000.00	Date of Receipt  M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) David Allen  Mailing Address 6 Bordeaux Dr.  City  Mohnton  FEC ID number of contributing federal political committee.  Name of Employer Surgical Institute of Reading  Receipt For:  Primary General Other (specify)	State Zip Code PA 19540  C  Occupation Partner  Aggregate Year-to-Date  268.14	Date of Receipt    M M M
SUBTOTAL of Receipts This Page (optional) .		5000.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 29 / 42 (check only one)    X
An	y information copied from such Reports and for commercial purposes, other than using th NAME OF COMMITTEE (In Full)	e name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	PHYSICIAN HOSPITALS OF AMERIC	CA POLITICA	AL ACTION COMMITTEE	
_	Full Name (Last, First, Middle Initial) Stephen P. Banco			Date of Receipt
	Mailing Address 1816 Reading Blvd.			10 21 7 2008
	City	State	Zip Code	Transaction ID: SA11Al.6193.1
	Wyomissing	PA	19610	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		268.14
	Name of Employer Surgical Institute of Rea- ding	Occupation Partner	n	
	Receipt For:	Aggregate	e Year-to-Date ▼	[MEMO ITEM]
	Primary General Other (specify) ▼		268.14	
	Full Name (Last, First, Middle Initial) Thomas C. Beetel	1		Date of Receipt
	Mailing Address 967 Imperial Dr.			10 21 2008
	City	State	Zip Code	Transaction ID: SA11AI.6193.2
	Mohnton	<u>PA</u>	19540	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		268.14
	Name of Employer Surgical Institute of Read- ing	Occupation Physician		
	Receipt For:	Aggregate	e Year-to-Date ▼	[MEMO ITEM]
	Primary General Other (specify) ▼	0 0	268.14	
	Full Name (Last, First, Middle Initial) Tonie Crandall			Date of Receipt
	Mailing Address 2387 Welsch Rd.			M M / D D / Y Y Y Y Y 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	City	State	Zip Code	Transaction ID: SA11Al.6193.3
	Mohnton	PA	19540	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		268.14
	Name of Employer Surgical Institute of Rea- ding	Occupation Partner	n	
	Receipt For:	Aggregate	e Year-to-Date ▼	[MEMO ITEM]
	Primary General Other (specify) ▼	0 0	268.14	
				0.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 30 / 42 (check only one)    X
0	ny information copied from such Reports and r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may ne name and add	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	PHYSICIAN HOSPITALS OF AMERI	ICA POLITICA	AL ACTION COMMITTEE	
۸.	Full Name (Last, First, Middle Initial)  Jeffrey S. Driben  Mailing Address 1894 Brandywine Ct.			Date of Receipt
			7'- 0-1-	10 21 2008
	City Wyomissing	State PA	Zip Code 19610	Transaction ID: SA11AI.6193.4  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		268.14
	Name of Employer Surgical Institute of Rea- ding	Occupatio Partner	n	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 268.14	[MEMO ITEM]
- s.	Full Name (Last, First, Middle Initial) Stephen H. Fehnel			Date of Receipt
	Mailing Address 410 N. Tulpehucken	Rd.		10 21 2008
	City	State	Zip Code	Transaction ID: SA11Al.6193.5
	Reading	PA	19601	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		268.14
	Name of Employer Surgical Institute of Rea- ding	Occupatio Partner	n	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 268.14	[MEMO ITEM]
. –	Full Name (Last, First, Middle Initial) Robert J. Howard			Date of Receipt
	Mailing Address 12 Mildred Lane			10 21 2008
	City	State	Zip Code	Transaction ID: SA11AI.6193.6
	Fleetwood	PA	19522	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		268.14
	Name of Employer Surgical Institute of Rea- ding	Occupatio Partner	_	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 268.14	[MEMO ITEM]
Γ.	SUBTOTAL of Receipts This Page (optional)			0.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 31 / 42 (check only one)    X   11a
\	Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  PHYSICIAN HOSPITALS OF AMERICALS	e name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
<u>/</u>	Full Name (Last, First, Middle Initial) John V. LaManna Mailing Address 2 Randee Lane  City Reading  FEC ID number of contributing federal political committee.  Name of Employer Surgical Institute of Reading Receipt For: Primary General	State PA  C  Occupatio Partner  Aggregate	Zip Code 19607 n e Year-to-Date ▼	Date of Receipt  10 21 2008  Transaction ID: SA11AI.6193.7  Amount of Each Receipt this Period  268.14  [MEMO ITEM]
 3.	Other (specify) ▼  Full Name (Last, First, Middle Initial) Joseph R. Levan  Mailing Address 3385 Harwood Lane  City  Sinking Spring  FEC ID number of contributing federal political committee.	State PA	Zip Code 19608	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Employer Surgical Institute of Reading Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation Partner Aggregate	o Year-to-Date ▼ 268.14	[MEMO ITEM]
	Full Name (Last, First, Middle Initial) Charles K. Lutz Mailing Address 4751 Boyertown Pike  City Reading FEC ID number of contributing federal political committee.	State PA	Zip Code 19606	Date of Receipt    M M M
	Name of Employer Surgical Institute of Reading Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation Partner Aggregate	e Year-to-Date ▼ 268.14	[MEMO ITEM]
	SUBTOTAL of Receipts This Page (optional) .			0.00

	HEDULE A (FEC Form 3X) MIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 32 / 42 (check only one)    X
or fo	information copied from such Reports and or commercial purposes, other than using the IAME OF COMMITTEE (In Full)	Statements may ne name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
<b>\</b>	PHYSICIAN HOSPITALS OF AMERI	CA POLITICA	AL ACTION COMMITTEE	
J	ull Name (Last, First, Middle Initial) John A. Martin, Jr.			Date of Receipt
_	Mailing Address 1833 Limekiln Rd	01-1-	7: 0.1	10 21 2008
	City Douglassville	State PA	Zip Code 19518	Transaction ID: SA11AI.6193.10  Amount of Each Receipt this Period
F	EC ID number of contributing ederal political committee.	C		268.14
NS	lame of Employer Surgical Institute of Rea- ling	Occupation Partner	n	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 268.14	[MEMO ITEM]
	Full Name (Last, First, Middle Initial)			Date of Receipt
N	Mailing Address 486 Wheatfield Dr.			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11Al.6193.11
_	Lilitz	PA	17543	Amount of Each Receipt this Period
	EC ID number of contributing ederal political committee.	C		268.14
d	Jame of Employer Surgical Institute of Rea- ling	Occupation Partner	n	
R	Receipt For:	Aggregate	e Year-to-Date ▼	[MEMO ITEM]
	Primary General Other (specify) ▼	0 0	268.14	
	full Name (Last, First, Middle Initial) lames P. Restrepo			Date of Receipt
N	Mailing Address 1175 Reading Blvd.			10 21 2008
	City	State	Zip Code	Transaction ID: SA11AI.6193.12
_	Vyomissing	PA	19610	Amount of Each Receipt this Period
fe _	EC ID number of contributing ederal political committee.	C		268.14
<u>d</u>	lame of Employer Surgical Institute of Rea- ling	Occupation Partner	_	
R	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 268.14	[MEMO ITEM]
SUE	BTOTAL of Receipts This Page (optional)	1		0.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 33 / 42 (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 person and address of any political committee to CA POLITICAL ACTION COMMITTEE	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Kevin M. Terefenko Mailing Address 1939 Wickford Place  City Wyomissing  FEC ID number of contributing federal political committee.  Name of Employer Surgical Institute of Reading Receipt For:	State Zip Code PA 19610  C  Occupation Partner  Aggregate Year-to-Date	Date of Receipt    M M
Primary General Other (specify) ▼	268.14	[MEMOTIEM]
Full Name (Last, First, Middle Initial) John P. Stelmach Mailing Address 1715 Alsace Rd		Date of Receipt    M
City	State Zip Code	Transaction ID: SA11AI.6193.14
Reading	PA 19604	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	268.13
Name of Employer Surgical Institute of Reading Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation Partner  Aggregate Year-to-Date   268.13	[MEMO ITEM]
Full Name (Last, First, Middle Initial) Alan Tuckman		Date of Receipt
Mailing Address 2933 Cotswold Rd		10 21 2008
City Sinking Springs	State Zip Code PA 19608	Transaction ID: SA11AI.6193.15
FEC ID number of contributing federal political committee.	C 19008	Amount of Each Receipt this Period  268.13
Name of Employer Surgical Institute of Reading Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation Partner  Aggregate Year-to-Date   268.13	[MEMO ITEM]
SUBTOTAL of Receipts This Page (optional)	·····	0.00
TOTAL This Period (last page this line number	only)	

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 34 / 42 (check only one)    X
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) PHYSICIAN HOSPITALS OF AMER	the name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Nueterra Holdings, LLC  Mailing Address 11221 Roe Avenue Suite #320			Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Leawood	State KS	Zip Code 66211	Transaction ID: SA11AI.6193.16  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		709.78
Name of Employer	Occupatio	n	Partnership Contribution/ See Attribution
Receipt For:  Primary  General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 709.78	[MEMO ITEM]
Full Name (Last, First, Middle Initial) Daniel Tasset Mailing Address 11221 Roe Avenue			Date of Receipt  1 0 2 1 2 0 0 8
Suite 320 City	State	Zip Code	Transaction ID: SA11AI.7897
<u>Leawood</u>	KS	66211	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		88.72
Name of Employer Nueterra Holdings, LLC	Occupatio Chairma	n n, Board of Directors	Partner of Nueterra Holdi- ngs/ Memo of Surgical Ins- t. of Reading
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 2829.37	[MEMO ITEM]
Full Name (Last, First, Middle Initial) Larry L. Teuber			Date of Receipt
Mailing Address 4141 5th Street			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11Al.6179
Rapid City  FEC ID number of contributing federal political committee.	SD	57701	Amount of Each Receipt this Period  2000.00
Name of Employer Neurosurgical & Spinal Su- rgery	Occupatio Physicia	n	Contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 2000.00	
	l		2000.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS  Any information copied from such Reports at	for each category of the Detailed Summary Page  and Statements may not be sold or used by any person	FOR LINE NUMBER: PAGE 35 / 42 (check only one)    X
NAME OF COMMITTEE (In Full)	g the name and address of any political committee to	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Patrick Tlustos  Mailing Address 1309 W. Main Stre  City Rapid City  FEC ID number of contributing federal political committee.  Name of Employer Northwestern Engineering Co. Receipt For: Primary General Other (specify)	State Zip Code SD 57702  C  Occupation CEO  Aggregate Year-to-Date   1036.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial)  TpHR, LLP  Mailing Address 14131 Midway Suite 1050  City  Addison  FEC ID number of contributing federal political committee.  Name of Employer  Receipt For: Primary General Other (specify)	State Zip Code TX 75001  C  Occupation  Aggregate Year-to-Date   500.00	Date of Receipt    M   M   D   D   2 0 0 8   Transaction ID: SA11AI.6267   Amount of Each Receipt this Period   500.00   See Refund Mid Year 2011
Full Name (Last, First, Middle Initial) Tim Watt  Mailing Address 4141 5th Street  City Rapid City  FEC ID number of contributing federal political committee.  Name of Employer Neurosurgical & Spinal Surgery Receipt For: Primary General Other (specify)	State Zip Code SD 57701  C  Occupation Physician  Aggregate Year-to-Date ▼  900.00	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 (options	al)	2336.00

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PAGE 36 / 42 FOR LINE NUMBER: 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) Kirke Wheeler Date of Receipt Mailing Address 1201 East Euclid 03 2008 1.1 #104 City State Zip Code Transaction ID: SA11AI.6263 Sioux Falls SD 57105 Amount of Each Receipt this Period FEC ID number of contributing 3500.00 C federal political committee. Contribution Name of Employer Surgical Associates Occupation Surgeon Receipt For: Aggregate Year-to-Date Primary General 3634.42 Other (specify) Full Name (Last, First, Middle Initial) Matthew Witte Date of Receipt Mailing Address 1200 South Euclid Avenue 06 2008 #212 City State Zip Code Transaction ID: SA11AI.6268 Sioux Falls SD 57105 Amount of Each Receipt this Period FEC ID number of contributing C 1500.00 federal political committee. Contribution Name of Employer Urology Specialists Occupation Physician Receipt For: Aggregate Year-to-Date ▼ Primary General

1535.56

SUBTOTAL of Receipts This Page (optional)	•	5000.00
TOTAL This Period (last page this line number only)	<b>•</b>	81629.54

Other (specify)

IT	GREDULE B (FEC FOIII 3X)	Use separate schedule(s		LINE NUMBER: PAGE 37 / 42 only one)
	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21 27	b 22 X 23 24 25 28a 28b 28c 29
	y Information copied from such Reports and Stater for commercial purposes, other than using the nam			
$\rangle$	NAME OF COMMITTEE (In Full) PHYSICIAN HOSPITALS OF AMERICA P			
<u></u>	Full Name (Last, First, Middle Initial) GIFFORDS FOR CONGRESS  Mailing Address PO Box 12886			Transaction ID: SB23.6225 Date of Disbursement  10
		7.01		
	City Tucson	State Zip Code AZ 85732		Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution		v v	1000.00
	Candidate Name GABRIELLE GIFFORDS		Category/ Type	-
	Office Sought:  X House Senate President State: AZ District: 08	ement For: 2008 Primary X General Other (specify)		
	Full Name (Last, First, Middle Initial) GRAVES FOR CONGRESS			Transaction ID: SB23.6238 Date of Disbursement
	Mailing Address 2345 Grand Suite 2400			10 M / 27 / Y 2008
	City Kansas City	State Zip Code MO 64108		Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution			1000.00
	Candidate Name SAMUEL B. GRAVES		Category/ Type	
	Office Sought:  X House Senate President State: MO District: 06	ement For: 2008 Primary X General Other (specify)		
	Full Name (Last, First, Middle Initial) HARRY MITCHELL FOR CONGRESS			Transaction ID: SB23.6228 Date of Disbursement
	Mailing Address DO D 00740			M M M D 2 7 Y Y Y O Y 8 Y
	Mailing Address PO Box 23748			
	City Tempe	State Zip Code AZ 85285		Amount of Each Disbursement this Period
	City Tempe Purpose of Disbursement Contribution			Amount of Each Disbursement this Period 1000.00
	City Tempe Purpose of Disbursement		Category/ Type	
	City Tempe Purpose of Disbursement Contribution Candidate Name HARRY E MITCHELL			1000.00

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SCHEDULE B (FEC Form 3X)		arate schedule(s)			FOR LIN			R:			PA	AGE	38 /	42	
ITEMIZED DISBURSEMENTS		category of the Summary Page		Ę	21b 27	Н	22 28a	Х	23 28b		24 28c		25 29	26 30	
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name														6	٦
NAME OF COMMITTEE (In Full) PHYSICIAN HOSPITALS OF AMERICA PO	OLITICAL	ACTION COM	1MIT	Γ٦	EE										
Full Name (Last, First, Middle Initial) HELLER FOR CONGRESS  Mailing Address 7840 Red Leaf Drive							Date o		isburs				5 0 0 8	3 <sup>Y</sup>	
City	State	Zip Code					Amou	nt o	f Each	ı D	isburse	mer	t this	Period	_
	NV	89131							-		•	10	00.00	,	
Purpose of Disbursement Contribution												ĪŪ	00.00	,	
Candidate Name DEAN HELLER					egory/ ype										
Office Sought:    X   House   Disburse     Senate   President     State: NV   District: 02	ement For: Primary Other (spe	2008 X General ecify) <b>V</b>													
Full Name (Last, First, Middle Initial) HOOSIERS FOR HILL							Trans Date of				SB23.	623	7		_
Mailing Address PO Box 1071							1 <sup>M</sup> 0	М	<sup>/</sup> 2	2 7		2	0 0 8	3 <sup>Y</sup>	
City Seymour	State IN	Zip Code 47274					Amou	nt o	f Each	ı D	isburse	mer	t this	Period	_
Purpose of Disbursement Contribution			Г	0	-							10	00.00	)	
Candidate Name BARON P HILL					egory/ ype										
Office Sought:  X House Senate President  Disburse	ement For: Primary Other (spe	2008 X General													
State: IN District: 09															_
Full Name (Last, First, Middle Initial) JON PORTER FOR CONGRESS COMMIT	ГТЕЕ						Date o	of D	isburs	em		624	8		
Mailing Address 1420 CYRESS CREEK F	RD STE 20	0-320					1 <sup>M</sup> 0	М	<sup>/</sup> 2	2 7		Ž	0 0 8	3 <sup>Y</sup>	
City CEDAR PARK	State TX	Zip Code 78613					Amou	nt o	f Each	ı D	isburse	mer	t this	Period	_
Purpose of Disbursement							L.					10	00.00	)	
Contribution Candidate Name JON PORTER					egory/ ype										
	ement For: Primary Other (spe	2008 X General		_	, PC										
State: TX District: 31	J Outer (spe	ony) ♥													
SUBTOTAL of Disbursements This Page (optional)					▶			-				30	00.00		

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

`	Use separate schedule(s)   (check						NE NUMBER: PAGE 39 / 42								
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 28a	X 23 28b		24 280	, [	25 29	F	26 30					
ny Information copied from such Reports and Sta															
for commercial purposes, other than using the n	ime and address of any political co	ommitte	e to sol	cit contri	ibutions fi	rom	sucr	ı co	mmitte	e					
NAME OF COMMITTEE (In Full)  PHYSICIAN HOSPITALS OF AMERICA	POLITICAL ACTION COMM	/ITTEE	<u> </u>												
Full Name (Last, First, Middle Initial) KIRK FOR CONGRESS				Date o	action ID	eme		3.6							
Mailing Address P.O. Box 8				1 <sup>M</sup> 0	M / D	27	/	Υ	ž 0 č	8					
City Winnetka	State Zip Code IL 60093			Amou	nt of Each	n Dis	sburs			-	iod				
Purpose of Disbursement Contribution									1000.	00					
Candidate Name MARK STEVEN KIRK		Catego Type	ry/												
Office Sought:  X House Senate President State: IL District: 10	rsement For: 2008 Primary X General Other (specify)														
Full Name (Last, First, Middle Initial) LAMPSON FOR CONGRESS					action ID	_		3.6	249						
Mailing Address P.O. Box 58606				1 <sup>M</sup> 0	M / D	27	/	Υ	ž 0 č	8					
City Houston	State Zip Code TX 77258			Amou	nt of Eacl	n Dis	sburs			-	iod				
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Candidate Name NICHOLAS V. LAMPSON		Catego Type	ry/												
Office Sought: X House Disbuser Senate President State: TX District: 22	rsement For: 2008 Primary X General Other (specify)														
Full Name (Last, First, Middle Initial) PEOPLE FOR ENGLISH					action ID	-		3.6	240						
Mailing Address PO BOX 1940				1 <sup>M</sup> 0	M / D	27	/	Y	ž 0 č	8					
City ERIE	State Zip Code PA 16507			Amou	nt of Each	n Dis	sburs				iod				
Purpose of Disbursement Contribution				L.		0			1000.	00					
Candidate Name PHILIP S. ENGLISH		Catego Type	ry/												
Office Sought:  X House Senate President State: PA District: 03	rsement For: 2008 Primary X General Other (specify) ▼														
SUBTOTAL of Disbursements This Page (option	l)		<u> </u>					3	3000.0	00	_				
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SCHEDULE B (FEC Form 3X)	Use separate scriedule(s)   (check				NE NUMBER: PAGE 40 / 42 only one)							
FEMIZED DISBURSEMENTS	for each category of the Detailed Summary Pag		21b 27	22 28a	X 23 28b		24 28c	25 29	$\mathbf{\Box}$	26 30		
ny Information copied from such Reports and State									s			
r for commercial purposes, other than using the nan	ne and address of any polition	cal com	nmittee to s	olicit contri	butions fr	om sı	uch co	ommittee		_		
NAME OF COMMITTEE (In Full)	COLUTION ACTION OF											
PHYSICIAN HOSPITALS OF AMERICA F	POLITICAL ACTION CO	ו וואוואוכ	IIEE									
Full Name (Last, First, Middle Initial)				Transa	action ID:	· SI	323 6	255		_		
RANGEL FOR CONGRESS		f Disburs	emen			Y						
Mailing Address PO Box 5577 MANHATTANVILLE STA	A			1 0	3	3 <b>1</b>		ž 0 0 t	8			
City	State Zip Code			Amour	nt of Each	Disb	ursen	nent this	Period	d		
New York	NY 10027			-				1500.00	)			
Purpose of Disbursement Contribution						1300.00	-	_				
Candidate Name CHARLES B RANGEL			ategory/ Type									
	sement For: 2008	al										
Senate President	Primary X General Other (specify) ▼	<b>1</b> 1										
State: NY District: 15	_ Julio (Specify) \											
Full Name (Last, First, Middle Initial)				Tropo	action ID:	. 01	202 6	2021		_		
SALI FOR CONGRESS				Date o	f Disburs	emen			V			
Mailing Address PO Box 71				1 0		27	′ L	žoŏ	8 '			
City	State Zip Code			Amour	nt of Each	Disb	oursen	nent this	Perioc	d		
Kuna	ID 83634							1000.00	<u>, , , , , , , , , , , , , , , , , , , </u>	_		
Purpose of Disbursement Contribution				1000.00	,	_						
Candidate Name WILLIAM T SALI			ategory/ Type									
Office Sought: X House Disburs	sement For: 2008 Primary X Genera	al										
President	Other (specify)	<b>~</b>										
State: ID District: 01												
Full Name (Last, First, Middle Initial) SCHMIDT FOR CONGRESS COMMITTE	:E				action ID:			242				
				1 0 N	/ / D	27	/ Y	ž 0 0 8	ρY			
Mailing Address 771 Wards Corner Rd				Ϊ́		- /		2000	0			
City	State Zip Code			Amour	nt of Each	Disb	ursen	nent this	Period	 d		
Loveland	OH 45140									_		
Purpose of Disbursement Contribution			L.			•	1000.00	)	_			
Candidate Name JEANNETTE H SCHMIDT			ategory/ Type									
Senate	sement For: 2008 Primary X General	al										
State: OH District: 02	Other (specify)											
SUBTOTAL of Disbursements This Page (optional)	)		<b>)</b>		•		. ;	3500.00	)			
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President

District: 01

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SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 41/4	12
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only one)         21b       22       X       23       24       25         27       28a       28b       28c       29	26 30b
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name			
NAME OF COMMITTEE (In Full) PHYSICIAN HOSPITALS OF AMERICA PO	OLITICAL ACTION COMMIT	TTEE	
Full Name (Last, First, Middle Initial) SHELLEY MOORE CAPITO FOR CONGR Mailing Address PO Box 11519	ESS	Transaction ID: SB23.6252 Date of Disbursement  M M M D 2 7 Y 2 0 0 8	Y
	State Zip Code WV 25339	Amount of Each Disbursement this F	
Purpose of Disbursement Contribution		1000.00	
Candidate Name SHELLEY MOORE CAPITO		Category/ Type	
Office Sought: X House Senate President State: WV District: 02	ment For: 2008 Primary X General Other (specify)		
Full Name (Last, First, Middle Initial) STEVE CHABOT FOR CONGRESS		Transaction ID: SB23.6241 Date of Disbursement	
Mailing Address 3339 Harrison Ave.		1 0 M / D 2 7 Y 2 0 0 8	Y
,	State Zip Code OH 45211	Amount of Each Disbursement this F	-
Purpose of Disbursement Contribution		1000.00	
Candidate Name STEVE CHABOT		Category/ Type	
Office Sought: X House Disburse	ment For: 2008		

SUBTOTAL of Disbursements This Page (optional)	•	2000.00
TOTAL This Period (last page this line number only)	<b>•</b>	14500.00

Other (specify)

State: OH

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SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS			Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE (check only						PAGE 42 / 42			
	EINIIZED DISBURS	21b 27			X	22 28a	23 28b		24 28c		25 29	26 30b		
	y Information copied from su- or commercial purposes, oth													
$\rangle$	NAME OF COMMITTEE (II PHYSICIAN HOSPITAL	,	POLITICAL	ACTION CON	MITTE	ΞE								
	Full Name (Last, First, Midd Darlys Hofer Mailing Address 1200	le Initial) South Euclid Aver	u A						action II of Disburs	_	nt		72 0 0 8	
	#212 City		State	Zip Code				Amou	nt of Eac	h Dis	burser	nent	this Pe	eriod
	Sioux Falls Purpose of Disbursement Refund of Contribution		SD	57105								500	00.00	
	Candidate Name				Cate Ty									
	Office Sought: House Sena Pres		ement For: Primary Other (sp	General ecify) ▼										
	State: District:			• •										

SUBTOTAL of Disbursements This Page (optional)	•	5000.00
TOTAL This Period (last page this line number only)	<b>•</b>	5000.00