

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

PHYSICIAN HOSPITALS OF AMERICA POLITICAL ACTION COMMITTEE

ADDRESS (number and street)

PO Box 70980

Check if different
than previously
reported. (ACC)

Washington

DC

20024

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00394163

3. IS THIS
REPORTNEW
(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

10

16

2008

through

11

24

2008

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

John Richardson

Signature of Treasurer

Electronically Filed by John Richardson

Date

06

28

2011

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**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
1	0

D	D
1	6

Y	Y	Y	Y
2	0	0	8

 To:

M	M
1	1

D	D
2	4

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1	2008	190176.06
(b) Cash on Hand at Beginning of Reporting Period	59376.06	
(c) Total Receipts (from Line 19)	82764.58	206722.35
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	142140.64	396898.41
7. Total Disbursements (from Line 31)	19679.23	274437.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	122461.41	122461.41
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE OF RECEIPTS

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	W	Y
1	0	1	6	2	0	0	8

To:

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	81629.54	199379.54
(ii) Unitemized	1135.04	4085.04
(iii) TOTAL (add Lines 11(a)(i) and (ii)	82764.58	203464.58
(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)	82764.58	203464.58
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	757.77
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	2500.00
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))	82764.58	206722.35
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	82764.58	206722.35

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.....	0.00	757.77	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	0.00	757.77	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	14500.00	267500.00	
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	5179.23	5179.23	
(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))	5179.23	5179.23	
29. Other Disbursements.....	0.00	1000.00	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share	0.00	0.00	
(ii) "Levin" Share	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	19679.23	274437.00	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	19679.23	274437.00	

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

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

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

FOR LINE NUMBER: PAGE 6 / 42

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 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

A.

Full Name (Last, First, Middle Initial)

Eustaquio Abay

Mailing Address 3333 North Webb Road

City

Wichita

State

KS

Zip Code

67226

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kansas Spine Hospital

Occupation
Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

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

Transaction ID: SA11AI.6271

Amount of Each Receipt this Period

2000.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Samir Abu-Ghazaleh

Mailing Address 1000 E. 21st Street
#3000

City

Sioux Falls

State

SD

Zip Code

57105

FEC ID number of contributing
federal political committee.

C

Name of Employer
OB/GYN & GYN Oncology, PC

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

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

Transaction ID: SA11AI.6199

Amount of Each Receipt this Period

1500.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Robert Akins

Mailing Address 5000 South Minnesota

City

Sioux Falls

State

SD

Zip Code

57108

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sinus Specialty Clinics

Occupation
Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1679.23

Date of Receipt

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

Transaction ID: SA11AI.6204

Amount of Each Receipt this Period

1500.00

SUBTOTAL of Receipts This Page (optional)

5000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 7 / 42

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 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

A.

Full Name (Last, First, Middle Initial)

C. Barrett Alldredge

Mailing Address 225 Bendel Road

City

Lafayette

State

LA

Zip Code

70503

FEC ID number of contributing
federal political committee.

C

Name of Employer
Acadiana Otolaryngology

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

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

Transaction ID: SA11AI.6184

Amount of Each Receipt this Period

1000.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Dale Anderson

Mailing Address 101 E. Minnesota Ave. #210

City

Rapid City

State

SD

Zip Code

57701

FEC ID number of contributing
federal political committee.

C

Name of Employer
Anderson Orthopaedics

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

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

Transaction ID: SA11AI.6207

Amount of Each Receipt this Period

1300.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Alan Appley

Mailing Address 223 Bendel Road
#B

City

Lafayette

State

LA

Zip Code

70503

FEC ID number of contributing
federal political committee.

C

Name of Employer
Acadiana Otolaryngology

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
1 1 / 0 3 / 2 0 0 8

Transaction ID: SA11AI.6264

Amount of Each Receipt this Period

1000.00

Contribution

SUBTOTAL of Receipts This Page (optional)

3300.00

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 / 42

(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 Ayers

Mailing Address 11221 Roe Avenue
Suite 320City State Zip Code
Leawood KS 66211FEC ID number of contributing
federal political committee.

C

Name of Employer
Nueterra Holdings, LLCOccupation
President, Surgical Facilities Div.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1051.22

Date of Receipt

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

Transaction ID: SA11AI.7901

Amount of Each Receipt this Period

88.72

Partner of Nueterra Holdings/ Memo of Surgical Inst. of Reading

[MEMO ITEM]**B.**

Full Name (Last, First, Middle Initial)

Keith Baumgarten

Mailing Address 810 East 23rd Street

City State Zip Code
Sioux Falls SD 57105FEC ID number of contributing
federal political committee.

C

Name of Employer
Orthopaedic InstituteOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1062.92

Date of Receipt

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

Transaction ID: SA11AI.6276

Amount of Each Receipt this Period

1000.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Stephen Bernard

Mailing Address 2820 Mt. Rushmore Rd.

City State Zip Code
Rapid City SD 57701FEC ID number of contributing
federal political committee.

C

Name of Employer
Rapid City Medical CenterOccupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

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

Transaction ID: SA11AI.6208

Amount of Each Receipt this Period

215.00

Contribution

SUBTOTAL of Receipts This Page (optional)

1215.00

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 / 42

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 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

A.

Full Name (Last, First, Middle Initial)

Mark Bernhardt

Mailing Address 3651 College Blvd.

City

Leawood

State

KS

Zip Code

66211

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dickson-Dively Midwest Or-
thop.

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
1 0 / 2 2 / 2 0 0 8

Transaction ID: SA11AI.6195

Amount of Each Receipt this Period

1000.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Aaron Calodney

Mailing Address 1814 Roseland Blvd.
Suite 200

City

Tyler

State

TX

Zip Code

75701

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

688.22

Date of Receipt

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

Transaction ID: SA11AI.6214

Amount of Each Receipt this Period

500.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Cary Clark

Mailing Address 1905 Donnybrook

City

Tyler

State

TX

Zip Code

75701

FEC ID number of contributing
federal political committee.

C

Name of Employer
Azalea Orthopedics

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

561.00

Date of Receipt

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

Transaction ID: SA11AI.6215

Amount of Each Receipt this Period

500.00

Contribution

SUBTOTAL of Receipts This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 10 / 42

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 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

A.

Full Name (Last, First, Middle Initial)

Jim Davidson

Mailing Address 11221 Roe Avenue
Suite 320City State Zip Code
Leawood KS 66211FEC ID number of contributing
federal political committee.

C

Name of Employer
Nueterra Holdings, LLCOccupation
EVP, Sales & Marketing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

588.72

Date of Receipt

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

Transaction ID: SA11AI.7903

Amount of Each Receipt this Period

88.72

Partner of Nueterra Hold-
ings/ Memo of Surgical Ins-
t. of Reading

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Montgomery Denbo

Mailing Address 225 Bendel Road

City State Zip Code
Lafayette LA 70503FEC ID number of contributing
federal political committee.

C

Name of Employer
Acadiana OtolaryngologyOccupation
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
1 0 / 2 1 / 2 0 0 8

Transaction ID: SA11AI.6186

Amount of Each Receipt this Period

1000.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Bryan Denhartog

Mailing Address PO Box 6850

City State Zip Code
Rapid City SD 57709FEC ID number of contributing
federal political committee.

C

Name of Employer
Black Hills OrthopedicsOccupation
Orthopedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1368.50

Date of Receipt

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

Transaction ID: SA11AI.6217

Amount of Each Receipt this Period

1368.50

Contribution

SUBTOTAL of Receipts This Page (optional)

2368.50

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 / 42

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 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

A.

Full Name (Last, First, Middle Initial)

Timothy M. 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
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

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

Transaction ID: SA11AI.6185

Amount of Each Receipt this Period

250.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Brian Divelbiss

Mailing Address 4520 West 140th St.

City

Leawood

State

KS

Zip Code

66224

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dickson-Dively Midwest Or-
thop.

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
1 0 / 2 2 / 2 0 0 8

Transaction ID: SA11AI.6196

Amount of Each Receipt this Period

1000.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Clark Duchene

Mailing Address PO Box 6850

City

Rapid City

State

SD

Zip Code

57709

FEC ID number of contributing
federal political committee.

C

Name of Employer
Black Hills Orthopedics

Occupation
Orthopedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

736.00

Date of Receipt

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

Transaction ID: SA11AI.6218

Amount of Each Receipt this Period

736.00

Contribution

SUBTOTAL of Receipts This Page (optional)

1986.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 12 / 42

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 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

A.

Full Name (Last, First, Middle Initial)

Stephen G. Eckrich

Mailing Address PO Box 6850

City

State

Zip Code

Rapid City

SD

57709

FEC ID number of contributing
federal political committee.

C

Name of Employer
Black Hills Orthopedics

Occupation

Orthopedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1424.00

Date of Receipt

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

Transaction ID: SA11AI.6219

Amount of Each Receipt this Period

1424.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Stuart E. Fromm

Mailing Address PO Box 6850

City

State

Zip Code

Rapid City

SD

57709

FEC ID number of contributing
federal political committee.

C

Name of Employer
Black Hills Orthopedics

Occupation

Orthopedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1182.00

Date of Receipt

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

Transaction ID: SA11AI.6220

Amount of Each Receipt this Period

1182.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Global Rehab

Mailing Address 6161 Harry Hines Blvd.
Suite #100

City

State

Zip Code

Dallas

TX

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
1 1 / 2 0 / 2 0 0 8

Transaction ID: SA11AI.6277

Amount of Each Receipt this Period

5000.00

See Refund Mid Year 2011

SUBTOTAL of Receipts This Page (optional)

7606.00

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 13 / 42

(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)

Global Rehab Fort Worth

Mailing Address 6161 Harry Hines Blvd.
Suite #100City State Zip Code
Dallas TX 75235FEC 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
1	1	/	2	0	/	2	0	0	8

Transaction ID: SA11AI.6278

Amount of Each Receipt this Period

5000.00

See Refund Mid Year 2011

B.

Full Name (Last, First, Middle Initial)

Tammy Duckworth Ham

Mailing Address 11221 Roe Avenue
Suite 320City State Zip Code
Leawood KS 66211FEC ID number of contributing
federal political committee.**C**Name of Employer
Nueterra Holdings, LLCOccupation
Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

588.73

Date of Receipt

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

Transaction ID: SA11AI.7908

Amount of Each Receipt this Period

88.73

Partner of Nueterra Holdings/
Memo of Surgical Inst-
t. of Reading**[MEMO ITEM]****C.**

Full Name (Last, First, Middle Initial)

Heart Hospital of Austin

Mailing Address 3801 North Lamar Blvd.

City State Zip Code
Austin TX 78756FEC ID number of contributing
federal political committee.**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11AI.6182

Amount of Each Receipt this Period

1000.00

See Refund Mid Year 2011

SUBTOTAL of Receipts This Page (optional)

6000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 14 / 42

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 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

A.

Full Name (Last, First, Middle Initial)

John Herhlihy

Mailing Address 2820 Mt. Rushmore Rd.

City

State

Zip Code

Rapid City

SD

57701

FEC ID number of contributing
federal political committee.

C

Name of Employer
Rapid City Medical Center

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.6221

Amount of Each Receipt this Period

250.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Darlys Hofer

Mailing Address 1200 South Euclid Avenue
#212

City

State

Zip Code

Sioux Falls

SD

57105

FEC ID number of contributing
federal political committee.

C

Name of Employer
Urology Specialists

Occupation
Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

7179.23

Date of Receipt

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

Transaction ID: SA11AI.6205

Amount of Each Receipt this Period

5000.00

See Refund on 11/3/08

C.

Full Name (Last, First, Middle Initial)

Jeff Hunter

Mailing Address 3414 Golden Road

City

State

Zip Code

Tyler

TX

75701

FEC ID number of contributing
federal political committee.

C

Name of Employer
Heaton Eye Associates

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

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

Transaction ID: SA11AI.6222

Amount of Each Receipt this Period

500.00

Contribution

SUBTOTAL of Receipts This Page (optional)

5750.00

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 15 / 42

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 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

A.

Full Name (Last, First, Middle Initial)

Darron Jones

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
1 0 / 2 8 / 2 0 0 8

Transaction ID: SA11AI.6202

Amount of Each Receipt this Period

250.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Michael Kadrmas

Mailing Address PO Box 6850

City

Rapid City

State

SD

Zip Code

57709

FEC ID number of contributing
federal political committee.

C

Name of Employer
Black Hills Orthopedics

Occupation
Orthopedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

316.00

Date of Receipt

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

Transaction ID: SA11AI.6223

Amount of Each Receipt this Period

316.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Lafayette Surgical Specialty Hospital, LLC

Mailing Address 1101 Kaliste Saloom Road

City

Lafayette

State

LA

Zip Code

70508

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
1 0 / 2 1 / 2 0 0 8

Transaction ID: SA11AI.6192

Amount of Each Receipt this Period

5000.00

Partnership Contribution/
See Attribution Below

SUBTOTAL of Receipts This Page (optional)

5566.00

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 16 / 42

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 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

A.

Full Name (Last, First, Middle Initial)

John E. Cobb

Mailing Address 1103 Kaliste Saloom Road
Suite 100

City State Zip Code
Lafayette LA 70508

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lafayette Surgical Hospit-
al

Occupation
Orthopedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

697.00

Date of Receipt

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

Transaction ID: SA11AI.6192.0

Amount of Each Receipt this Period

697.00

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Louis C. Blanda

Mailing Address 1103 Kaliste Saloom Road
Suite 100

City State Zip Code
Lafayette LA 70508

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lafayette Surgical Hospit-
al

Occupation
Orthopedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

429.00

Date of Receipt

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

Transaction ID: SA11AI.6192.1

Amount of Each Receipt this Period

429.00

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

David S. Muldowny

Mailing Address 1103 Kaliste Saloom Road

City State Zip Code
Lafayette LA 70508

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lafayette Surgical Hospit-
al

Occupation
Orthopedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1822.00

Date of Receipt

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

Transaction ID: SA11AI.6192.2

Amount of Each Receipt this Period

322.00

[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 17 / 42

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 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

A.

Full Name (Last, First, Middle Initial)

Thomas V. Bertuccini

Mailing Address 1101 Kaliste Saloom Road

City

Lafayette

State

LA

Zip Code

70508

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lafayette Surgical Hospit-
al

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1714.00

Date of Receipt

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

Transaction ID: SA11AI.6192.3

Amount of Each Receipt this Period

214.00

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Luiz C. DeAraujo

Mailing Address 1101 Kaliste Saloom Road

City

Lafayette

State

LA

Zip Code

70508

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lafayette Surgical Hospit-
al

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

214.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 9 / 2 0 0 8

Transaction ID: SA11AI.6192.4

Amount of Each Receipt this Period

214.00

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

James S. Garcelon

Mailing Address 1101 Kaliste Saloom Road

City

Lafayette

State

LA

Zip Code

70508

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lafayette Surgical Hospit-
al

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

214.00

Date of Receipt

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

Transaction ID: SA11AI.6192.5

Amount of Each Receipt this Period

214.00

[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 18 / 42

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 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

A.

Full Name (Last, First, Middle Initial)

Joseph T. Gillespie

Mailing Address 1101 Kaliste Saloom Road

City

Lafayette

State

LA

Zip Code

70508

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lafayette Surgical Hospital

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

214.00

Date of Receipt

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

Transaction ID: SA11AI.6192.6

Amount of Each Receipt this Period

214.00

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Steven K. Staires

Mailing Address 1101 Kaliste Saloom Road

City

Lafayette

State

LA

Zip Code

70508

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lafayette Surgical Hospital

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1214.00

Date of Receipt

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

Transaction ID: SA11AI.6192.7

Amount of Each Receipt this Period

214.00

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

David H. Lang

Mailing Address PO Box 6850

City

Rapid City

State

SD

Zip Code

57709

FEC ID number of contributing
federal political committee.

C

Name of Employer
Black Hills Orthopedics

Occupation
Orthopedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

996.00

Date of Receipt

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

Transaction ID: SA11AI.6168

Amount of Each Receipt this Period

996.00

Contribution

SUBTOTAL of Receipts This Page (optional)

996.00

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 19 / 42

(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)

Brett Lawlor

Mailing Address 1136 Jackson Blvd., Suite 3

City

State

Zip Code

Rapid City

SD

57702

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Rehab DoctorsOccupation
Physiatrist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

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

Transaction ID: SA11AI.6169

Amount of Each Receipt this Period

440.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Jeffrey Marrs

Mailing Address PO Box 6850

City

State

Zip Code

Rapid City

SD

57709

FEC ID number of contributing
federal political committee.

C

Name of Employer
Black Hills OrthopedicsOccupation
Orthopedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

476.00

Date of Receipt

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

Transaction ID: SA11AI.6170

Amount of Each Receipt this Period

476.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Marius Maxwell

Mailing Address 4141 5th Street

City

State

Zip Code

Rapid City

SD

57701

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Spine CenterOccupation
Neurosurgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11AI.6171

Amount of Each Receipt this Period

1000.00

Contribution

SUBTOTAL of Receipts This Page (optional)

1916.00

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 20 / 42

(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)

Denise Mayhew

Mailing Address 11221 Roe Avenue
Suite 320City State Zip Code
Leawood KS 66211FEC ID number of contributing
federal political committee.**C**Name of Employer
Nueterra Holdings, LLCOccupation
Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1528.04

Date of Receipt

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

Transaction ID: SA11AI.7904

Amount of Each Receipt this Period

88.72

Partner of Nueterra Holdings/
Memo of Surgical Inst.
of Reading**[MEMO ITEM]****B.**

Full Name (Last, First, Middle Initial)

Michael McGowan

Mailing Address 2127 South Minnesota Avenue

City State Zip Code
Sioux Falls SD 57105FEC ID number of contributing
federal political committee.**C**Name of Employer
Self-EmployedOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1029.52

Date of Receipt

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

Transaction ID: SA11AI.6269

Amount of Each Receipt this Period

1000.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Horace Mitchell

Mailing Address 10101 Park Rowe Circle

City State Zip Code
Baton Rouge LA 70810FEC ID number of contributing
federal political committee.**C**Name of Employer
The NeuroMedical CenterOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11AI.6266

Amount of Each Receipt this Period

1000.00

Contribution

SUBTOTAL of Receipts This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 21 / 42

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 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

A.

Full Name (Last, First, Middle Initial)

Matthew Mitchell

Mailing Address 805 Farmington Drive

City

Lafayette

State

LA

Zip Code

70503

FEC ID number of contributing
federal political committee.

C

Name of Employer
Anesthesia Specialists

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

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

Transaction ID: SA11AI.6194

Amount of Each Receipt this Period

750.00

Contribution

B.

Full Name (Last, First, Middle Initial)

David S. Muldowny

Mailing Address 1103 Kaliste Saloom Road

City

Lafayette

State

LA

Zip Code

70508

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lafayette Surgical Hospital

Occupation
Orthopedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

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

Transaction ID: SA11AI.6187

Amount of Each Receipt this Period

1500.00

Contribution

C.

Full Name (Last, First, Middle Initial)

New Dimensions Weight Loss Surgery

Mailing Address 9150 Huebner Road
#250

City

San Antonio

State

TX

Zip Code

78240

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.6191

Amount of Each Receipt this Period

500.00

See Refund Mid Year 2011

SUBTOTAL of Receipts This Page (optional)

2750.00

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 22 / 42

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 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

A.

Full Name (Last, First, Middle Initial)

Joe Olsen

Mailing Address 3813 Kiwanis Circle

City

Sioux Falls

State

SD

Zip Code

57105

FEC ID number of contributing
federal political committee.

C

Name of Employer
Children's Dental Center

Occupation
Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2104.55

Date of Receipt

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

Transaction ID: SA11AI.6206

Amount of Each Receipt this Period

2000.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Lew W. Papendick

Mailing Address PO Box 6850

City

Rapid City

State

SD

Zip Code

57709

FEC ID number of contributing
federal political committee.

C

Name of Employer
Black Hills Orthopedics

Occupation
Orthopedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1634.00

Date of Receipt

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

Transaction ID: SA11AI.6173

Amount of Each Receipt this Period

1634.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Brad Plaga

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 Institute

Occupation
Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

730.79

Date of Receipt

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

Transaction ID: SA11AI.6188

Amount of Each Receipt this Period

700.00

Contribution

SUBTOTAL of Receipts This Page (optional)

4334.00

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 23 / 42

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 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

A.

Full Name (Last, First, Middle Initial)

Eric J. 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 ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.6270

Amount of Each Receipt this Period

250.00

Contribution

B.

Full Name (Last, First, Middle Initial)

T.J. Rasmussen

Mailing Address 3651 College Blvd.

City

Leawood

State

KS

Zip Code

66211

FEC ID number of contributing
federal political committee.

C

Name of Employer
Orthopaedic & Sports Medi-
cine

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
1 0 / 2 2 / 2 0 0 8

Transaction ID: SA11AI.6197

Amount of Each Receipt this Period

1000.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Regent Management Services

Mailing Address 36 Regent Drive

City

Oak Brook

State

IL

Zip Code

60523

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
1 0 / 2 7 / 2 0 0 8

Transaction ID: SA11AI.6200

Amount of Each Receipt this Period

5000.00

Partnership Contribution/
See Attribution Below

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 24 / 42

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 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

A.

Full Name (Last, First, Middle Initial)

Margaret Mallon

Mailing Address 36 Regent Drive

City

Oak Brooke

State

IL

Zip Code

60523

FEC ID number of contributing
federal political committee.

C

Name of Employer
Regent Management Services

Occupation
Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.6200.0

Amount of Each Receipt this Period

500.00

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Thomas Mallon

Mailing Address 4 Westbrook Corporate Center
Suite #440

City

Westchester

State

IL

Zip Code

60154

FEC ID number of contributing
federal political committee.

C

Name of Employer
Regent Surgical Health

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

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

Transaction ID: SA11AI.6200.1

Amount of Each Receipt this Period

2500.00

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

Thomas J. Mallon Special Trust

Mailing Address 36 Regent Drive

City

Oak Brook

State

IL

Zip Code

60523

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

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

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 25 / 42

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 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

A.

Full Name (Last, First, Middle Initial)

Charles Rhoades

Mailing Address 3651 College Blvd.

City

Leawood

State

KS

Zip Code

66211

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dickson-Dively Midwest Or-
thop.

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
1 0 / 2 2 / 2 0 0 8

Transaction ID: SA11AI.6198

Amount of Each Receipt this Period

1000.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Stuart Rice

Mailing Address 4141 Fifth Street

City

Rapid City

State

SD

Zip Code

57701

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Spine Center

Occupation
Neurosurgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2414.04

Date of Receipt

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

Transaction ID: SA11AI.6174

Amount of Each Receipt this Period

2414.04

Contribution

C.

Full Name (Last, First, Middle Initial)

Daniel Saale

Mailing Address 11221 Roe Avenue
Suite 320

City

Leawood

State

KS

Zip Code

66211

FEC ID number of contributing
federal political committee.

C

Name of Employer
Nueterra Holdings, LLC

Occupation
Executive VP & CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

801.22

Date of Receipt

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

Transaction ID: SA11AI.7902

Amount of Each Receipt this Period

88.72

Partner of Nueterra Hold-
ings/ Memo of Surgical Ins-
t. of Reading

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional)

3414.04

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 26 / 42

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 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

A.

Full Name (Last, First, Middle Initial)

John Schario

Mailing Address 11221 Roe Avenue
Suite 320

City State Zip Code
Leawood KS 66211

FEC ID number of contributing
federal political committee.

C

Name of Employer
Nueterra Holdings, LLC

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

901.22

Date of Receipt

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

Transaction ID: SA11AI.7898

Amount of Each Receipt this Period

88.72

Partner of Nueterra Holdings/ Memo of Surgical Inst. of Reading

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

James Scherrer

Mailing Address P.O. Box 6850

City State Zip Code
Rapid City SD 57709

FEC ID number of contributing
federal political committee.

C

Name of Employer
Black Hills Orthopedics

Occupation
Business Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

764.00

Date of Receipt

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

Transaction ID: SA11AI.6175

Amount of Each Receipt this Period

764.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Rand L. Schleusener

Mailing Address PO Box 6850

City State Zip Code
Rapid City SD 57709

FEC ID number of contributing
federal political committee.

C

Name of Employer
Black Hills Orthopedic

Occupation
Orthopedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1368.00

Date of Receipt

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

Transaction ID: SA11AI.6176

Amount of Each Receipt this Period

1368.00

Contribution

SUBTOTAL of Receipts This Page (optional)

2132.00

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 27 / 42

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 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

A.

Full Name (Last, First, Middle Initial)

Edward L. Seljeskog

Mailing Address 4141 Fifth Street

City

Rapid City

State

SD

Zip Code

57701

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Spine Center

Occupation

Neurosurgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

710.00

Date of Receipt

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

Transaction ID: SA11AI.6177

Amount of Each Receipt this Period

710.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Scott Soleau

Mailing Address 10101 Park Rowe Circle

City

Baton Rouge

State

LA

Zip Code

70810

FEC ID number of contributing
federal political committee.

C

Name of Employer
The NeuroMedical Center

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
1 1 / 0 4 / 2 0 0 8

Transaction ID: SA11AI.6265

Amount of Each Receipt this Period

1000.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Steven K. Staires

Mailing Address 1101 Kaliste Saloom Road

City

Lafayette

State

LA

Zip Code

70508

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lafayette Surgical Hospital

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
1 0 / 2 1 / 2 0 0 8

Transaction ID: SA11AI.6189

Amount of Each Receipt this Period

1000.00

Contribution

SUBTOTAL of Receipts This Page (optional)

2710.00

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 28 / 42

(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)

Kevin Standefer

Mailing Address 11221 Roe Avenue
Suite 320City State Zip Code
Leawood KS 66211FEC ID number of contributing
federal political committee.**C**Name of Employer
Nueterra Holdings, LLCOccupation
Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

801.23

Date of Receipt

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

Transaction ID: SA11AI.7905

Amount of Each Receipt this Period

88.73

Partner of Nueterra Holdings/
Memo of Surgical Inst.
of Reading**[MEMO ITEM]****B.**

Full Name (Last, First, Middle Initial)

Surgical Institute of Reading

Mailing Address 2752 Century Blvd.

City State Zip Code
Wyomissing PA 19610FEC 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
1	0		2	1		2	0	0	8

Transaction ID: SA11AI.6193

Amount of Each Receipt this Period

5000.00

Partnership Contribution/
See Attribution Below**C.**

Full Name (Last, First, Middle Initial)

David Allen

Mailing Address 6 Bordeaux Dr.

City State Zip Code
Mohnton PA 19540FEC ID number of contributing
federal political committee.**C**Name of Employer
Surgical Institute of ReadingOccupation
Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

268.14

Date of Receipt

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

Transaction ID: SA11AI.6193.0

Amount of Each Receipt this Period

268.14

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional)

5000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 29 / 42

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 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

A.

Full Name (Last, First, Middle Initial)

Stephen P. Banco

Mailing Address 1816 Reading Blvd.

City

Wyomissing

State

PA

Zip Code

19610

FEC ID number of contributing
federal political committee.

C

Name of Employer
Surgical Institute of Rea-
ding

Occupation
Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

268.14

Date of Receipt

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

Transaction ID: SA11AI.6193.1

Amount of Each Receipt this Period

268.14

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Thomas C. Beetel

Mailing Address 967 Imperial Dr.

City

Mohnton

State

PA

Zip Code

19540

FEC ID number of contributing
federal political committee.

C

Name of Employer
Surgical Institute of Rea-
ding

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

268.14

Date of Receipt

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

Transaction ID: SA11AI.6193.2

Amount of Each Receipt this Period

268.14

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

Tonie Crandall

Mailing Address 2387 Welsch Rd.

City

Mohnton

State

PA

Zip Code

19540

FEC ID number of contributing
federal political committee.

C

Name of Employer
Surgical Institute of Rea-
ding

Occupation
Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

268.14

Date of Receipt

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

Transaction ID: SA11AI.6193.3

Amount of Each Receipt this Period

268.14

[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 30 / 42

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 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

A.

Full Name (Last, First, Middle Initial)

Jeffrey S. Driben

Mailing Address 1894 Brandywine Ct.

City

Wyomissing

State

PA

Zip Code

19610

FEC ID number of contributing
federal political committee.

C

Name of Employer
Surgical Institute of Rea-
ding

Occupation
Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

268.14

Date of Receipt

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

Transaction ID: SA11AI.6193.4

Amount of Each Receipt this Period

268.14

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Stephen H. Fehnel

Mailing Address 410 N. Tulpehucken Rd.

City

Reading

State

PA

Zip Code

19601

FEC ID number of contributing
federal political committee.

C

Name of Employer
Surgical Institute of Rea-
ding

Occupation
Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

268.14

Date of Receipt

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

Transaction ID: SA11AI.6193.5

Amount of Each Receipt this Period

268.14

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

Robert J. Howard

Mailing Address 12 Mildred Lane

City

Fleetwood

State

PA

Zip Code

19522

FEC ID number of contributing
federal political committee.

C

Name of Employer
Surgical Institute of Rea-
ding

Occupation
Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

268.14

Date of Receipt

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

Transaction ID: SA11AI.6193.6

Amount of Each Receipt this Period

268.14

[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 31 / 42

(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)

John V. LaManna

Mailing Address 2 Randee Lane

City

Reading

State

PA

Zip Code

19607

FEC ID number of contributing
federal political committee.

C

Name of Employer
Surgical Institute of Rea-
dingOccupation
Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

268.14

Date of Receipt

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

Transaction ID: SA11AI.6193.7

Amount of Each Receipt this Period

268.14

[MEMO ITEM]**B.**

Full Name (Last, First, Middle Initial)

Joseph R. Levan

Mailing Address 3385 Harwood Lane

City

Sinking Spring

State

PA

Zip Code

19608

FEC ID number of contributing
federal political committee.

C

Name of Employer
Surgical Institute of Rea-
dingOccupation
Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

268.14

Date of Receipt

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

Transaction ID: SA11AI.6193.8

Amount of Each Receipt this Period

268.14

[MEMO ITEM]**C.**

Full Name (Last, First, Middle Initial)

Charles K. Lutz

Mailing Address 4751 Boyertown Pike

City

Reading

State

PA

Zip Code

19606

FEC ID number of contributing
federal political committee.

C

Name of Employer
Surgical Institute of Rea-
dingOccupation
Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

268.14

Date of Receipt

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

Transaction ID: SA11AI.6193.9

Amount of Each Receipt this Period

268.14

[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 32 / 42

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 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

A.

Full Name (Last, First, Middle Initial)

John A. Martin, Jr.

Mailing Address 1833 Limekiln Rd

City

Douglassville

State

PA

Zip Code

19518

FEC ID number of contributing
federal political committee.

C

Name of Employer
Surgical Institute of Rea-
ding

Occupation
Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

268.14

Date of Receipt

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

Transaction ID: SA11AI.6193.10

Amount of Each Receipt this Period

268.14

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Paul C. Neuman

Mailing Address 486 Wheatfield Dr.

City

Lilitz

State

PA

Zip Code

17543

FEC ID number of contributing
federal political committee.

C

Name of Employer
Surgical Institute of Rea-
ding

Occupation
Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

268.14

Date of Receipt

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

Transaction ID: SA11AI.6193.11

Amount of Each Receipt this Period

268.14

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

James P. Restrepo

Mailing Address 1175 Reading Blvd.

City

Wyomissing

State

PA

Zip Code

19610

FEC ID number of contributing
federal political committee.

C

Name of Employer
Surgical Institute of Rea-
ding

Occupation
Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

268.14

Date of Receipt

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

Transaction ID: SA11AI.6193.12

Amount of Each Receipt this Period

268.14

[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 33 / 42

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 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

A.

Full Name (Last, First, Middle Initial)

Kevin M. Terefenko

Mailing Address 1939 Wickford Place

City

Wyomissing

State

PA

Zip Code

19610

FEC ID number of contributing
federal political committee.

C

Name of Employer
Surgical Institute of Rea-
ding

Occupation
Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

268.14

Date of Receipt

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

Transaction ID: SA11AI.6193.13

Amount of Each Receipt this Period

268.14

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

John P. Stelmach

Mailing Address 1715 Alsace Rd

City

Reading

State

PA

Zip Code

19604

FEC ID number of contributing
federal political committee.

C

Name of Employer
Surgical Institute of Rea-
ding

Occupation
Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

268.13

Date of Receipt

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

Transaction ID: SA11AI.6193.14

Amount of Each Receipt this Period

268.13

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

Alan Tuckman

Mailing Address 2933 Cotswold Rd

City

Sinking Springs

State

PA

Zip Code

19608

FEC ID number of contributing
federal political committee.

C

Name of Employer
Surgical Institute of Rea-
ding

Occupation
Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

268.13

Date of Receipt

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

Transaction ID: SA11AI.6193.15

Amount of Each Receipt this Period

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)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 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

A.

Full Name (Last, First, Middle Initial)

Nueterra Holdings, LLC

Mailing Address 11221 Roe Avenue
Suite #320

City State Zip Code
Leawood KS 66211

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

709.78

Date of Receipt

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

Transaction ID: SA11AI.6193.16

Amount of Each Receipt this Period

709.78

Partnership Contribution/
See Attribution

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Daniel Tasset

Mailing Address 11221 Roe Avenue
Suite 320

City State Zip Code
Leawood KS 66211

FEC ID number of contributing
federal political committee.

C

Name of Employer
Nueterra Holdings, LLC

Occupation
Chairman, Board of Directors

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2829.37

Date of Receipt

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

Transaction ID: SA11AI.7897

Amount of Each Receipt this Period

88.72

Partner of Nueterra Holdings/
Memo of Surgical Inst.
t. of Reading

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

Larry L. Teuber

Mailing Address 4141 5th Street

City State Zip Code
Rapid City SD 57701

FEC ID number of contributing
federal political committee.

C

Name of Employer
Neurosurgical & Spinal Surgery

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

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

Transaction ID: SA11AI.6179

Amount of Each Receipt this Period

2000.00

Contribution

SUBTOTAL of Receipts This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 35 / 42

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 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

A.

Full Name (Last, First, Middle Initial)

Patrick Tlustos

Mailing Address 1309 W. Main Street

City

State

Zip Code

Rapid City

SD

57702

FEC ID number of contributing
federal political committee.

C

Name of Employer
Northwestern Engineering
Co.

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1036.00

Date of Receipt

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

Transaction ID: SA11AI.6180

Amount of Each Receipt this Period

1036.00

Contribution

B.

Full Name (Last, First, Middle Initial)

TpHR, LLP

Mailing Address 14131 Midway
Suite 1050

City

State

Zip Code

Addison

TX

75001

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.6267

Amount of Each Receipt this Period

500.00

See Refund Mid Year 2011

C.

Full Name (Last, First, Middle Initial)

Tim Watt

Mailing Address 4141 5th Street

City

State

Zip Code

Rapid City

SD

57701

FEC ID number of contributing
federal political committee.

C

Name of Employer
Neurosurgical & Spinal Su-
rgery

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

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

Transaction ID: SA11AI.6190

Amount of Each Receipt this Period

800.00

Contribution

SUBTOTAL of Receipts This Page (optional)

2336.00

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 36 / 42

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 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

A.

Full Name (Last, First, Middle Initial)

Kirke Wheeler

Mailing Address 1201 East Euclid
#104

City State Zip Code
Sioux Falls SD 57105

FEC ID number of contributing
federal political committee.

C

Name of Employer
Surgical Associates

Occupation
Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3634.42

Date of Receipt

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

Transaction ID: SA11AI.6263

Amount of Each Receipt this Period

3500.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Matthew Witte

Mailing Address 1200 South Euclid Avenue
#212

City State Zip Code
Sioux Falls SD 57105

FEC ID number of contributing
federal political committee.

C

Name of Employer
Urology Specialists

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1535.56

Date of Receipt

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

Transaction ID: SA11AI.6268

Amount of Each Receipt this Period

1500.00

Contribution

SUBTOTAL of Receipts This Page (optional)

5000.00

TOTAL This Period (last page this line number only)

81629.54

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 37 / 42

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

NAME OF COMMITTEE (In Full)

PHYSICIAN HOSPITALS OF AMERICA POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

GIFFORDS FOR CONGRESS

Mailing Address PO Box 12886

City
TucsonState
AZZip Code
85732Purpose of Disbursement
ContributionCandidate Name
GABRIELLE GIFFORDSCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: AZ District: 08

Transaction ID: SB23.6225

Date of Disbursement

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

Amount of Each Disbursement this Period

1000.00									
---------	--	--	--	--	--	--	--	--	--

B.

Full Name (Last, First, Middle Initial)

GRAVES FOR CONGRESS

Mailing Address 2345 Grand Suite 2400

City
Kansas CityState
MOZip Code
64108Purpose of Disbursement
ContributionCandidate Name
SAMUEL B. GRAVESCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: MO District: 06

Transaction ID: SB23.6238

Date of Disbursement

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

Amount of Each Disbursement this Period

1000.00									
---------	--	--	--	--	--	--	--	--	--

C.

Full Name (Last, First, Middle Initial)

HARRY MITCHELL FOR CONGRESS

Mailing Address PO Box 23748

City
TempeState
AZZip Code
85285Purpose of Disbursement
ContributionCandidate Name
HARRY E MITCHELLCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: AZ District: 05

Transaction ID: SB23.6228

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 38 / 42

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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

NAME OF COMMITTEE (In Full)

PHYSICIAN HOSPITALS OF AMERICA POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

HELLER FOR CONGRESS

Mailing Address 7840 Red Leaf Drive

City
Las Vegas

State
NV

Zip Code
89131

Purpose of Disbursement
Contribution

Candidate Name
DEAN HELLER

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

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

State: NV District: 02

Transaction ID: SB23.6245

Date of Disbursement

10 / 27 / 2008

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

HOOSIERS FOR HILL

Mailing Address PO Box 1071

City
Seymour

State
IN

Zip Code
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: SB23.6237

Date of Disbursement

10 / 27 / 2008

Amount of Each Disbursement this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

JON PORTER FOR CONGRESS COMMITTEE

Mailing Address 1420 CYRESS CREEK RD STE 200-320

City
CEDAR PARK

State
TX

Zip Code
78613

Purpose of Disbursement
Contribution

Candidate Name
JON PORTER

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

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

State: TX District: 31

Transaction ID: SB23.6248

Date of Disbursement

10 / 27 / 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)

	21b		22	X	23		24		25		26
	27		28a		28b		28c		29		30b

PHYSICIAN HOSPITALS OF AMERICA POLITICAL ACTION COMMITTEE

FEC Schedule B (Form 3X) (Revised 02/2003)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 40 / 42

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

NAME OF COMMITTEE (In Full)

PHYSICIAN HOSPITALS OF AMERICA POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

RANGEL FOR CONGRESS

Transaction ID: SB23.6255

Date of Disbursement

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

Mailing Address PO Box 5577
MANHATTANVILLE STA

City New York State NY Zip Code 10027

Amount of Each Disbursement this Period

Purpose of Disbursement
Contribution

Category/ Type

Candidate Name
CHARLES B RANGELOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: NY District: 15

1500.00

B.

Full Name (Last, First, Middle Initial)

SALI FOR CONGRESS

Transaction ID: SB23.6231

Date of Disbursement

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

Mailing Address PO Box 71

City Kuna State ID Zip Code 83634

Amount of Each Disbursement this Period

Purpose of Disbursement
Contribution

Category/ Type

Candidate Name
WILLIAM T SALIOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: ID District: 01

1000.00

C.

Full Name (Last, First, Middle Initial)

SCHMIDT FOR CONGRESS COMMITTEE

Transaction ID: SB23.6242

Date of Disbursement

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

Mailing Address 771 Wards Corner Rd

City Loveland State OH Zip Code 45140

Amount of Each Disbursement this Period

Purpose of Disbursement
Contribution

Category/ Type

Candidate Name
JEANNETTE H SCHMIDTOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: OH District: 02

1000.00

SUBTOTAL of Disbursements This Page (optional)

3500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

PAGE 41 / 42

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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

NAME OF COMMITTEE (In Full)

PHYSICIAN HOSPITALS OF AMERICA POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

SHELLEY MOORE CAPITO FOR CONGRESS

Mailing Address PO Box 11519

City
Charleston

State
WV

Zip Code
25339

Purpose of Disbursement
Contribution

Candidate Name
SHELLEY MOORE CAPITO

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

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

State: WV District: 02

Transaction ID: SB23.6252

Date of Disbursement

10 / 27 / 2008

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

STEVE CHABOT FOR CONGRESS

Mailing Address 3339 Harrison Ave.

City
Cincinnati

State
OH

Zip Code
45211

Purpose of Disbursement
Contribution

Candidate Name
STEVE CHABOT

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

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

State: OH District: 01

Transaction ID: SB23.6241

Date of Disbursement

10 / 27 / 2008

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)

14500.00

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 42 / 42

<input 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 checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

NAME OF COMMITTEE (In Full)

PHYSICIAN HOSPITALS OF AMERICA POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Darlys Hofer

Mailing Address 1200 South Euclid Avenue
#212

City State Zip Code
Sioux Falls SD 57105

Purpose of Disbursement

Refund of Contribution

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB28A.6272

Date of Disbursement

/ /

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)

5000.00

TOTAL This Period (last page this line number only)

5000.00