Image# 10931614663

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)

5900 South Western Avenue

Suite 102

Check if different than previously reported. (ACC)

Sioux Falls | SD | 57108 –

2. **FEC IDENTIFICATION NUMBER** | CITY | STATE | ZIPCODE

C00394163

3. IS THIS REPORT [X] NEW (N) **OR** [ ] AMENDED (A)

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:

- [ ] April 15 Quarterly Report(Q1)
- [ ] July 15 Quarterly Report(Q2)
- [ ] October 15 Quarterly Report(Q3)
- [ ] January 31 Quarterly Report(YE)
- [ ] July 31 Mid-Year Report(Non-election Year Only) (MY)
- [ ] Termination Report (TER)

(b) Monthly Report Due On:

- [ ] Feb 20 (M2)
- [ ] Mar 20 (M3)
- [ ] Apr 20 (M4)
- [ ] May 20 (M5)
- [ ] Jun 20 (M6)
- [ ] Jul 20 (M7)
- [ ] Aug 20 (M8)
- [ ] Sep 20 (M9)
- [X] Oct 20 (M10)
- [ ] Nov 20 (M11) (Non-Election Year Only)
- [ ] Dec 20 (M12) (Non-Election Year Only)
- [ ] Jan 31 (YE)

(c) 12-Day **PRE**-Election Report for the:

- [ ] Primary (12P)
- [ ] General (12G)
- [ ] Runoff (12R)
- [ ] Convention (12C)
- [ ] Special (12S)

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 09 01 2010 through 09 30 2010

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: Brett Gosney

Signature of Treasurer: Electronically Filed by Brett Gosney Date 10 20 2010

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)

FE6AN026

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

FEC **Form 3X** (Rev. 02/2003)

Write or Type Committee Name
PHYSICIAN HOSPITALS OF AMERICA POLITICAL ACTION COMMITTEE

Report Covering the Period: From: 09 01 2010 To: 09 30 2010

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2010		73875.97
(b) Cash on Hand at Begining of Reporting Period	12375.67	
(c) Total Receipts (from Line 19)	0.00	34999.70
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	12375.67	108875.67
7. Total Disbursements (from Line 31)	12000.00	108500.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	375.67	375.67
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	

[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

Write or Type Committee Name

PHYSICIAN HOSPITALS OF AMERICA POLITICAL ACTION COMMITTEE

Report Covering the Period: From: 09 01 2010 To: 09 30 2010

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)	0.00	20500.00
(ii) Unitemized	0.00	4999.70
(iii) TOTAL (add Lines 11(a)(i) and (ii))	0.00	25499.70
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	4000.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	0.00	29499.70
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	5500.00
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))	0.00	34999.70
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	0.00	34999.70

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	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees	12000.00	108500.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
26. Loan Repayments Made	0.00	0.00
27. Loans Made	0.00	0.00
28. Refunds of Contributions To: (a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20)) (a) Shared Federal Election Activity (from Schedule H6) (i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))	12000.00	108500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	12000.00	108500.00

DETAILED SUMMARY PAGE

of Disbursements

FEC **Form 3X** (Rev. 02/2003)

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)	0.00	29499.70
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	0.00	29499.70
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

Image# 10931614668

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)
21b 22 X 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)
CONGRESSIONAL TRUST 2010
Mailing Address 228 S WASHINGTON STREET SUITE 115
City ALEXANDRIA State VA Zip Code 22314
Purpose of Disbursement See Memo Below.
Candidate Name
Category/ Type
Office Sought: House Senate President
State: District:
Disbursement For: 2010 Primary General X Other (specify) Other
Transaction ID: SB23.7423
Date of Disbursement 09 / 30 / 2010
Amount of Each Disbursement this Period 3000.00

B.
Full Name (Last, First, Middle Initial)
REPUBLICAN NATIONAL COMMITTEE
Mailing Address 310 FIRST STREET SE
City WASHINGTON State DC Zip Code 20003
Purpose of Disbursement Contribution
Candidate Name
Category/ Type
Office Sought: House Senate President
State: District:
Disbursement For: 2010 Primary General X Other (specify) Other
Transaction ID: SB23.7423.0
Date of Disbursement 09 / 30 / 2010
Amount of Each Disbursement this Period 1500.00
[MEMO ITEM]

C.
Full Name (Last, First, Middle Initial)
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE
Mailing Address 320 FIRST STREET .
City WASHINGTON State DC Zip Code 20003
Purpose of Disbursement Contribution
Candidate Name
Category/ Type
Office Sought: House Senate President
State: District:
Disbursement For: 2010 Primary General X Other (specify) Other
Transaction ID: SB23.7423.1
Date of Disbursement 09 / 30 / 2010
Amount of Each Disbursement this Period 1500.00
[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶ **3000.00**

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

Image# 10931614669

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)
21b 22 X 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)
FRIENDS OF DOC HASTINGS
Mailing Address PO Box 2926
City Pasco State WA Zip Code 99302
Purpose of Disbursement Contribution
Candidate Name DOC HASTINGS
Category/ Type
Office Sought: X House / Senate / President
State: WA District: 04
Disbursement For: 2010 — Primary / X General / Other (specify)
Transaction ID: SB23.7422
Date of Disbursement 09 / 30 / 2010
Amount of Each Disbursement this Period 1000.00

B.
Full Name (Last, First, Middle Initial)
MIKE PENCE COMMITTEE
Mailing Address P. O. Box 408
City Anderson State IN Zip Code 46015
Purpose of Disbursement Contribution
Candidate Name MIKE PENCE
Category/ Type
Office Sought: X House / Senate / President
State: IN District: 06
Disbursement For: 2010 — Primary / X General / Other (specify)
Transaction ID: SB23.7421
Date of Disbursement 09 / 06 / 2010
Amount of Each Disbursement this Period 2000.00

C.
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: X House / Senate / President
State: OH District: 01
Disbursement For: 2010 — Primary / X General / Other (specify)
Transaction ID: SB23.7428
Date of Disbursement 09 / 30 / 2010
Amount of Each Disbursement this Period 1000.00

SUBTOTAL of Disbursements This Page (optional) ▶ **4000.00**

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

Image# 10931614670

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)

☐ 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)
TEXAS FREEDOM FUND

Mailing Address 104 East Hume Avenue

City: Alexandria | State: VA | Zip Code: 22301

Purpose of Disbursement: Contribution

Candidate Name

Category/ Type

Office Sought: ☐ House ☐ Senate ☐ President

State: District:

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

Other

Transaction ID: SB23.7429

Date of Disbursement: MM / DD / YYYY: 09 / 11 / 2010

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) ▶	**12000.00**