

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** C00394163
3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day PRE-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12G)
Election on _____ in the State of _____
(d) 30-Day Post -Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period 08 01 2010 through 08 31 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 John Richardson

Signature of Treasurer Electronically Filed by John Richardson Date 06 29 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

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

Report Covering the Period: From:

M	M
0	8

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	8

D	D
3	1

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>X</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	X	Y	Y	Y	2	0	1	0		107325.01
X	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period	12825.01									
(c) Total Receipts (from Line 19)	9999.70	29999.70								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	22824.71	137324.71								
7. Total Disbursements (from Line 31)	7000.00	121500.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	15824.71	15824.71								
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**

Write or Type Committee Name

PHYSICIAN HOSPITALS OF AMERICA POLITICAL ACTION COMMITTEE

Report Covering the Period: From:

M	M
0	8

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	8

D	D
3	1

Y	Y	Y	Y
2	0	1	0

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)	5000.00	15500.00
(ii) Unitemized	4999.70	4999.70
(iii) TOTAL (add Lines 11(a)(i) and (ii)	9999.70	20499.70
(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)	9999.70	24499.70
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))	9999.70	29999.70
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	9999.70	29999.70

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.....	7000.00	121500.00
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))..	7000.00	121500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	7000.00	121500.00

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)	9999.70	24499.70
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	9999.70	24499.70
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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 17
(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)
 Physicians and Investors, LLC

Mailing Address **454 Upper Mill Heights**

City **Salina** State **KS** Zip Code **67401**

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 **08 / 09 / 2010**
Transaction ID: SA11AI.7358
 Amount of Each Receipt this Period **5000.00**
 Partnership Contribution/
 See Attribution Below

B. Full Name (Last, First, Middle Initial)
 William Alsop

Mailing Address **737 East Crawford Street**

City **Salina** State **KS** Zip Code **67401**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Salina Surgical Hospital** Occupation **Physician**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **322.58**

Date of Receipt **08 / 09 / 2010**
Transaction ID: SA11AI.7358.0
 Amount of Each Receipt this Period **161.29**
 Contribution
[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
 Monica Bachamp

Mailing Address **600 South Santa Fe, Suite E**

City **Salina** State **KS** Zip Code **67401**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Salina Surgical Hospital** Occupation **Physician**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **322.58**

Date of Receipt **08 / 09 / 2010**
Transaction ID: SA11AI.7358.1
 Amount of Each Receipt this Period **161.29**
 Contribution
[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 7 / 17
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
PHYSICIAN HOSPITALS OF AMERICA POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
Jerrod Cossette

Mailing Address 520 South Santa Fe Avenue

City State Zip Code
Salina KS 67401

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Salina Surgical Hospital Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 322.58

Date of Receipt: 08 / 09 / 2010
Transaction ID: SA11AI.7358.2
Amount of Each Receipt this Period: 161.29
Contribution: [MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
Frank Griffith

Mailing Address 400 South Santa Fe Avenue

City State Zip Code
Salina KS 67401

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Salina Surgical Hospital Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 322.58

Date of Receipt: 08 / 09 / 2010
Transaction ID: SA11AI.7358.3
Amount of Each Receipt this Period: 161.29
Contribution: [MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
Gary Harbin

Mailing Address 523 South Santa Fe

City State Zip Code
Salina KS 67401

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Salina Surgical Hospital Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 322.58

Date of Receipt: 08 / 09 / 2010
Transaction ID: SA11AI.7358.4
Amount of Each Receipt this Period: 161.29
Contribution: [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: (check only one)	PAGE 8 / 17
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
PHYSICIAN HOSPITALS OF AMERICA POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) Paul Johnson		Date of Receipt
	Mailing Address 737 East Crawford Street		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 08 / 09 / 2010
	City	State	Zip Code
	Salina	KS	67401
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.7358.5
Name of Employer Salina Surgical Hospital		Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 322.58	<input type="text"/> 161.29
			Contribution
			[MEMO ITEM]

B.	Full Name (Last, First, Middle Initial) Jeffrey Knox		Date of Receipt
	Mailing Address 655 South Santa Fe Avenue		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 08 / 09 / 2010
	City	State	Zip Code
	Salina	KS	67401
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.7358.6
Name of Employer Salina Surgical Hospital		Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 322.58	<input type="text"/> 161.29
			Contribution
			[MEMO ITEM]

C.	Full Name (Last, First, Middle Initial) Ted Macy		Date of Receipt
	Mailing Address 520 South Santa Fe Avenue		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 08 / 09 / 2010
	City	State	Zip Code
	Salina	KS	67401
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.7358.7
Name of Employer Salina Surgical Hospital		Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 322.58	<input type="text"/> 161.29
			Contribution
			[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 0.00
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 9 / 17
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
PHYSICIAN HOSPITALS OF AMERICA POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
Earl Matthews

Mailing Address 400 South Santa Fe Avenue

City State Zip Code
Salina KS 67401

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Salina Surgical Hospital Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 322.58

Date of Receipt: 08 / 09 / 2010
Transaction ID: SA11AI.7358.8
Amount of Each Receipt this Period: 161.29
Contribution
[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
William Mauch

Mailing Address 501 South Santa Fe Avenue

City State Zip Code
Salina KS 67401

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Salina Surgical Hospital Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 322.58

Date of Receipt: 08 / 09 / 2010
Transaction ID: SA11AI.7358.9
Amount of Each Receipt this Period: 161.29
Contribution
[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
Michael Meier

Mailing Address 520 South Santa Fe Avenue

City State Zip Code
Salina KS 67401

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Salina Surgical Hospital Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 322.58

Date of Receipt: 08 / 09 / 2010
Transaction ID: SA11AI.7358.10
Amount of Each Receipt this Period: 161.29
Contribution
[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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 17
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
PHYSICIAN HOSPITALS OF AMERICA POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
Joel Parriott

Mailing Address 655 South Santa Fe Avenue

City State Zip Code
Salina KS 67401

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Salina Surgical Hospital Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 322.58

Date of Receipt
MM / DD / YYYY
08 / 09 / 2010

Transaction ID: SA11AI.7358.11

Amount of Each Receipt this Period
161.29

Contribution
[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
David Peterson

Mailing Address 400 Santa Fe Avenue

City State Zip Code
Salina KS 67401

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Salina Surgical Hospital Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 322.58

Date of Receipt
MM / DD / YYYY
08 / 09 / 2010

Transaction ID: SA11AI.7358.12

Amount of Each Receipt this Period
161.29

Contribution
[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
David Prendergast

Mailing Address 5715 North Struecks

City State Zip Code
Salina KS 67401

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Salina Surgical Hospital Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 322.58

Date of Receipt
MM / DD / YYYY
08 / 09 / 2010

Transaction ID: SA11AI.7358.13

Amount of Each Receipt this Period
161.29

Contribution
[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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 17
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
PHYSICIAN HOSPITALS OF AMERICA POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial) Steven Sebree		Date of Receipt MM / DD / YYYY 08 / 09 / 2010
Mailing Address 737 East Crawford Street		Transaction ID: SA11AI.7358.14
City Salina	State KS	Zip Code 67401
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 161.29
Name of Employer Salina Surgical Hospital	Occupation Physician	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 322.58	[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial) Brian Smith		Date of Receipt MM / DD / YYYY 08 / 09 / 2010
Mailing Address 400 South Santa Fe Avenue		Transaction ID: SA11AI.7358.15
City Salina	State KS	Zip Code 67401
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 161.29
Name of Employer Salina Surgical Hospital	Occupation Physician	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 322.58	[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial) David Smith		Date of Receipt MM / DD / YYYY 08 / 09 / 2010
Mailing Address 400 Santa Fe Avenue		Transaction ID: SA11AI.7358.16
City Salina	State KS	Zip Code 67401
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 161.29
Name of Employer Salina Surgical Hospital	Occupation Physician	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 322.58	[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)
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FOR LINE NUMBER: PAGE 12 / 17
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
PHYSICIAN HOSPITALS OF AMERICA POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
Mark Snyder

Mailing Address 520 South Santa Fe Avenue

City State Zip Code
Salina KS 67401

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Salina Surgical Hospital Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 322.29

Date of Receipt
MM / DD / YYYY
08 / 09 / 2010

Transaction ID: SA11AI.7358.17

Amount of Each Receipt this Period
161.29

Contribution
[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
Lawrence Stoskopf

Mailing Address 520 South Santa Fe Avenue

City State Zip Code
Salina KS 67401

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Salina Surgical Hospital Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 322.58

Date of Receipt
MM / DD / YYYY
08 / 09 / 2010

Transaction ID: SA11AI.7358.18

Amount of Each Receipt this Period
161.29

Contribution
[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
Gary Weiner

Mailing Address 1410 East Iron Avenue

City State Zip Code
Salina KS 67401

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Salina Surgical Hospital Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 322.58

Date of Receipt
MM / DD / YYYY
08 / 09 / 2010

Transaction ID: SA11AI.7358.19

Amount of Each Receipt this Period
161.29

Contribution
[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 13 / 17

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
PHYSICIAN HOSPITALS OF AMERICA POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) AJ Schwartz Mailing Address 454 Upper Mill Heights City State Zip Code Salina KS 67401 FEC ID number of contributing federal political committee. C Name of Employer Occupation Salina Surgical Hospital Businessman Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 322.58	Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 0 9 / 2 0 1 0 Transaction ID: SA11AI.7358.20 Amount of Each Receipt this Period 161.29 Contribution [MEMO ITEM]
B.	Full Name (Last, First, Middle Initial) Ward Schraeder Mailing Address 4380 East Cloud City State Zip Code Salina KS 67401 FEC ID number of contributing federal political committee. C Name of Employer Occupation Salina Surgical Hospital Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 322.58	Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 0 9 / 2 0 1 0 Transaction ID: SA11AI.7358.21 Amount of Each Receipt this Period 161.29 Contribution [MEMO ITEM]
C.	Full Name (Last, First, Middle Initial) Lavelle Ellis Mailing Address 737 East Crawford Street City State Zip Code Salina KS 67401 FEC ID number of contributing federal political committee. C Name of Employer Occupation Salina Surgical Hospital Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 322.58	Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 0 9 / 2 0 1 0 Transaction ID: SA11AI.7358.22 Amount of Each Receipt this Period 161.29 Contribution [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 14 / 17
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
PHYSICIAN HOSPITALS OF AMERICA POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
Randy Hassler

Mailing Address 400 South Santa Fe Avenue

City Salina State KS Zip Code 67401

FEC ID number of contributing federal political committee. **C**

Name of Employer Salina Surgical Hospital Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 322.58

Date of Receipt 08 / 09 / 2010

Transaction ID: SA11AI.7358.23

Amount of Each Receipt this Period 161.29

Contribution [MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
Todd Herrenbruck

Mailing Address 400 South Santa Fe Avenue

City Salina State KS Zip Code 67401

FEC ID number of contributing federal political committee. **C**

Name of Employer Salina Surgical Hospital Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 322.58

Date of Receipt 08 / 09 / 2010

Transaction ID: SA11AI.7358.24

Amount of Each Receipt this Period 161.29

Contribution [MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
Ali Manguoglu

Mailing Address 521 South Santa Fe Avenue

City Salina State KS Zip Code 67401

FEC ID number of contributing federal political committee. **C**

Name of Employer Salina Surgical Hospital Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 322.58

Date of Receipt 08 / 09 / 2010

Transaction ID: SA11AI.7358.25

Amount of Each Receipt this Period 161.29

Contribution [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 15 / 17
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
PHYSICIAN HOSPITALS OF AMERICA POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial) Sukesh Kansal		Date of Receipt MM / DD / YYYY 08 / 09 / 2010
Mailing Address 1499 East Iron Avenue		Transaction ID: SA11AI.7358.26
City Salina	State KS	Zip Code 67401
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 161.29
Name of Employer Salina Surgical Hospital	Occupation Physician	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 322.58	[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial) Bradley Daily		Date of Receipt MM / DD / YYYY 08 / 09 / 2010
Mailing Address 520 South Santa Fe Avenue		Transaction ID: SA11AI.7358.27
City Salina	State KS	Zip Code 67401
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 161.29
Name of Employer Salina Surgical Hospital	Occupation Physician	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 322.58	[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial) Byron Grauerholz		Date of Receipt MM / DD / YYYY 08 / 09 / 2010
Mailing Address 520 South Santa Fe Avenue		Transaction ID: SA11AI.7358.28
City Salina	State KS	Zip Code 67401
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 161.29
Name of Employer Salina Surgical Hospital	Occupation Physician	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 322.58	[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional)	0.00
TOTAL This Period (last page this line number only)	5000.00

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)

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

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NAME OF COMMITTEE (In Full)
PHYSICIAN HOSPITALS OF AMERICA POLITICAL ACTION COMMITTEE

<p>A. Full Name (Last, First, Middle Initial) JANE NORTON FOR COLORADO INC</p> <p>Mailing Address 8006 EAST ARAPAHOE ROAD SUITE 150 ROOM 925</p> <p>City CENTENNIAL State CO Zip Code 80112</p> <p>Purpose of Disbursement Contribution Candidate Name JANE BERGMAN NORTON</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CO District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.7296.1 Date of Disbursement 08 / 03 / 2010</p> <p>Amount of Each Disbursement this Period 1250.00</p> <p>[MEMO ITEM]</p>
<p>B. Full Name (Last, First, Middle Initial) KIRK FOR SENATE</p> <p>Mailing Address P.O. Box 8</p> <p>City Winnetka State IL Zip Code 60093</p> <p>Purpose of Disbursement Contribution Candidate Name MARK STEVEN KIRK</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 10</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.7296.2 Date of Disbursement 08 / 03 / 2010</p> <p>Amount of Each Disbursement this Period 1250.00</p> <p>[MEMO ITEM]</p>
<p>C. Full Name (Last, First, Middle Initial) PORTMAN FOR SENATE COMMITTEE</p> <p>Mailing Address 8331 LITTLE HARBOR DRIVE</p> <p>City CINCINNATI State OH Zip Code 45244</p> <p>Purpose of Disbursement Contribution Candidate Name ROB PORTMAN</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OH District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.7296.3 Date of Disbursement 08 / 03 / 2010</p> <p>Amount of Each Disbursement this Period 1250.00</p> <p>[MEMO ITEM]</p>

SUBTOTAL of Disbursements This Page (optional)	0.00
TOTAL This Period (last page this line number only)	7000.00