

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) X

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day Report for the: Post-Election, General, Runoff, Special

5. Covering Period 07 01 2009 through 12 31 2009

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.

Table with 7 columns and 1 row. Column 1: Office Use Only. Column 7: 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	7

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	9

	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>0</td><td>9</td></tr></table>	X	Y	Y	Y	2	0	0	9		126821.41
X	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period	41826.91									
(c) Total Receipts (from Line 19)	218566.10	354971.60								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	260393.01	481793.01								
7. Total Disbursements (from Line 31)	153068.00	374468.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	107325.01	107325.01								
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	7

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	9

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)	205971.10	342076.60
(ii) Unitemized	1595.00	1895.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	207566.10	343971.60
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	1000.00	1000.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	208566.10	344971.60
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	10000.00	10000.00
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))	218566.10	354971.60
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	218566.10	354971.60

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.....	152000.00	373400.00
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	1068.00	1068.00
(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))	1068.00	1068.00
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))..	153068.00	374468.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	153068.00	374468.00

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)	208566.10	344971.60
34. Total Contribution Refunds (from Line 28(d))	1068.00	1068.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	207498.10	343903.60
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 / 84
(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)
Samir Abu-Ghazaleh

Mailing Address 1000 E. 21st Street
#3000

City State Zip Code
Sioux Falls SD 57105

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

Name of Employer Occupation
OB/GYN & GYN Oncology, PC Physician

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 07 / 2009

Transaction ID: SA11AI.6843

Amount of Each Receipt this Period
5000.00

Contribution

B. Full Name (Last, First, Middle Initial)
Amit Agarwala

Mailing Address 660 Golden Ridge Road

City State Zip Code
Golden CO 80401

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

Name of Employer Occupation
Panorama Orthoped. & Spine Ctr Physician

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
238.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 14 / 2009

Transaction ID: SA11AI.6722

Amount of Each Receipt this Period
238.00

Contribution

C. Full Name (Last, First, Middle Initial)
Robert Akins

Mailing Address 5000 South Minnesota

City State Zip Code
Sioux Falls SD 57108

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

Name of Employer Occupation
Sinus Specialty Clinics Surgeon

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 21 / 2009

Transaction ID: SA11AI.6743

Amount of Each Receipt this Period
5000.00

Contribution

SUBTOTAL of Receipts This Page (optional) ► **10238.00**

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 7 / 84
(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)
Joseph Alhaedeff
Mailing Address 1855 Powder Mill Road

City State Zip Code
York PA 17402

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

Name of Employer: Orthopaedic Spine Specialists
Occupation: Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3000.00

Date of Receipt: MM / DD / YYYY
10 / 20 / 2009
Transaction ID: SA11AI.6901
Amount of Each Receipt this Period: 3000.00
Contribution

B. Full Name (Last, First, Middle Initial)
Dale Anderson
Mailing Address 101 E. Minnesota Ave. #210

City State Zip Code
Rapid City SD 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 ▼
750.00

Date of Receipt: MM / DD / YYYY
12 / 23 / 2009
Transaction ID: SA11AI.6936
Amount of Each Receipt this Period: 750.00
Contribution

C. Full Name (Last, First, Middle Initial)
David Anderson
Mailing Address 2021 N. Waldron Street

City State Zip Code
Hutchinson KS 67502

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

Name of Employer: Orthopedics Center
Occupation: Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt: MM / DD / YYYY
09 / 30 / 2009
Transaction ID: SA11AI.6872
Amount of Each Receipt this Period: 1000.00
Contribution

SUBTOTAL of Receipts This Page (optional) ► **4750.00**

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 / 84
(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

<p>A. Full Name (Last, First, Middle Initial) Ross Bacon</p> <p>Mailing Address 101 Tower Road Suite 120</p> <p>City State Zip Code Dakota Dunes SD 57049</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Ear Nose & Throat Consultants Physician</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 5000.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 07 / 21 / 2009</p> <p>Transaction ID: SA11AI.6744</p> <p>Amount of Each Receipt this Period 5000.00</p> <p>Contribution</p>
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<p>B. Full Name (Last, First, Middle Initial) Jeff L. Bendt</p> <p>Mailing Address 2820 Mt. Rushmore Rd.</p> <p>City State Zip Code Rapid City SD 57701</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Rapid City Medical Center Gynecologist</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 400.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 12 / 23 / 2009</p> <p>Transaction ID: SA11AI.6937</p> <p>Amount of Each Receipt this Period 400.00</p> <p>Contribution</p>
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<p>C. Full Name (Last, First, Middle Initial) Marcia Beshara</p> <p>Mailing Address 2820 Mt. Rushmore Rd.</p> <p>City State Zip Code Rapid City SD 57701</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Rapid City Medical Center Ophthalmologist</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 500.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 12 / 23 / 2009</p> <p>Transaction ID: SA11AI.6940</p> <p>Amount of Each Receipt this Period 500.00</p> <p>Contribution</p>
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SUBTOTAL of Receipts This Page (optional)	5900.00
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 9 / 84
(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)
Jonathan Blau

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 Texas Spine & Joint Hospital
Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 03 / 2009
Transaction ID: SA11AI.6921
Amount of Each Receipt this Period 500.00
Contribution

B. Full Name (Last, First, Middle Initial)
Christopher Brian

Mailing Address 660 Golden Ridge Road

City Golden State CO Zip Code 80401

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

Name of Employer Panorama Orthoped. & Spine Ctr
Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 238.00

Date of Receipt 07 / 14 / 2009
Transaction ID: SA11AI.6723
Amount of Each Receipt this Period 238.00
Contribution

C. Full Name (Last, First, Middle Initial)
Paul Cink

Mailing Address 2315 West 57th Street

City Sioux Falls State SD Zip Code 57108

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

Name of Employer Midwest ENT
Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 07 / 14 / 2009
Transaction ID: SA11AI.6721
Amount of Each Receipt this Period 5000.00
Contribution

SUBTOTAL of Receipts This Page (optional) ► 5738.00

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 / 84
(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 Conklin

Mailing Address 660 Golden Ridge Road

City State Zip Code
Golden CO 80401

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

Name of Employer
Panorama Orthoped. & Spine Ctr

Occupation
Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
238.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	1	4	/	2	0	0	9

Transaction ID: SA11AI.6724

Amount of Each Receipt this Period
238.00

Contribution

B. Full Name (Last, First, Middle Initial)
Bryan Denhartog

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 ▼
685.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	3	/	2	0	0	9

Transaction ID: SA11AI.6943

Amount of Each Receipt this Period
685.00

Contribution

C. Full Name (Last, First, Middle Initial)
Bharat Desai

Mailing Address 660 Golden Ridge Road

City State Zip Code
Golden CO 80401

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

Name of Employer
Panorama Orthoped. & Spine Ctr

Occupation
Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
238.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	1	4	/	2	0	0	9

Transaction ID: SA11AI.6725

Amount of Each Receipt this Period
238.00

Contribution

SUBTOTAL of Receipts This Page (optional) ► **1161.00**

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 / 84
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Timothy M. Dettmer

Mailing Address 250 South Crescent Drive

City State Zip Code
Mason City IA 50402

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

Name of Employer Occupation
Mason City Clinic Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
07 / 29 / 2009

Transaction ID: SA11AI.6763

Amount of Each Receipt this Period
250.00

Contribution

B. Full Name (Last, First, Middle Initial)
Timothy M. Dettmer

Mailing Address 250 South Crescent Drive

City State Zip Code
Mason City IA 50402

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

Name of Employer Occupation
Mason City Clinic Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt
MM / DD / YYYY
11 / 03 / 2009

Transaction ID: SA11AI.6922

Amount of Each Receipt this Period
250.00

Contribution

C. Full Name (Last, First, Middle Initial)
Wade Dosch

Mailing Address 1200 South 7th Avenue

City State Zip Code
Sioux Falls SD 57105

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

Name of Employer Occupation
McGreevy Clinic Avera Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
08 / 17 / 2009

Transaction ID: SA11AI.6853

Amount of Each Receipt this Period
1000.00

Contribution

SUBTOTAL of Receipts This Page (optional) ► 1500.00

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 12 / 84
	<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) Clark Duchene	Date of Receipt MM / DD / YYYY 12 / 23 / 2009
	Mailing Address PO Box 6850	Transaction ID: SA11AI.6944
	City State Zip Code Rapid City SD 57709	Amount of Each Receipt this Period 485.00
	FEC ID number of contributing federal political committee. C	Contribution
	Name of Employer Occupation Black Hills Orthopedics Orthopedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 485.00	

B.	Full Name (Last, First, Middle Initial) Quentin Durward	Date of Receipt MM / DD / YYYY 08 / 05 / 2009
	Mailing Address 575 Sioux Point Road	Transaction ID: SA11AI.6768
	City State Zip Code Dakota Dunes SD 57049	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	Contribution
	Name of Employer Occupation CNOS Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

C.	Full Name (Last, First, Middle Initial) Paul Dvirnak	Date of Receipt MM / DD / YYYY 09 / 21 / 2009
	Mailing Address 575 Rivergate Lane Suite 209	Transaction ID: SA11AI.6865
	City State Zip Code Durango CO 81301	Amount of Each Receipt this Period 800.00
	FEC ID number of contributing federal political committee. C	Contribution
	Name of Employer Occupation Animas Surgical Hospital Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	

SUBTOTAL of Receipts This Page (optional)	▶	2285.00
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 13 / 84
(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)
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 ▼
737.00

Date of Receipt
MM / DD / YYYY
12 / 23 / 2009

Transaction ID: SA11AI.6945

Amount of Each Receipt this Period
737.00

Contribution

B.

Full Name (Last, First, Middle Initial)
Raymond Emerson

Mailing Address 575 North Sioux Point Road

City State Zip Code
Dakota Dunes SD 57049

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

Name of Employer
CNOS

Occupation
Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
09 / 30 / 2009

Transaction ID: SA11AI.6871

Amount of Each Receipt this Period
250.00

Contribution

C.

Full Name (Last, First, Middle Initial)
Gracia Etienne

Mailing Address 1855 Power Mill Road

City State Zip Code
York PA 17402

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

Name of Employer
OSS Ambulatory Surgery Ctr
LLP

Occupation
Physician/Partner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3528.00

Date of Receipt
MM / DD / YYYY
10 / 28 / 2009

Transaction ID: SA11AI.6913

Amount of Each Receipt this Period
3000.00

Contribution

SUBTOTAL of Receipts This Page (optional) ► **3987.00**

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 / 84
(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)
Paula Formasa

Mailing Address 575 Sioux Point Road

City State Zip Code
Dakota Dunes SD 57049

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

Name of Employer
CNOS

Occupation
Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1500.00

Date of Receipt
MM / DD / YYYY
08 / 07 / 2009

Transaction ID: SA11AI.6839

Amount of Each Receipt this Period
1500.00

Contribution

B.

Full Name (Last, First, Middle Initial)
Mark Forrest

Mailing Address 575 Rivergate Lane
Suite 209

City State Zip Code
Durango CO 81301

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

Name of Employer
Durango Urological

Occupation
Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
800.00

Date of Receipt
MM / DD / YYYY
07 / 21 / 2009

Transaction ID: SA11AI.6745

Amount of Each Receipt this Period
800.00

Contribution

C.

Full Name (Last, First, Middle Initial)
Douglas Foulk

Mailing Address 660 Golden Ridge Road

City State Zip Code
Golden CO 80401

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

Name of Employer
Panorama Orthoped. & Spine
Ctr

Occupation
Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
238.00

Date of Receipt
MM / DD / YYYY
07 / 14 / 2009

Transaction ID: SA11AI.6726

Amount of Each Receipt this Period
238.00

Contribution

SUBTOTAL of Receipts This Page (optional) ► **2538.00**

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 15 / 84
(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)
Thomas Frierhood

Mailing Address 660 Golden Ridge Road

City State Zip Code
Golden CO 80401

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

Name of Employer
Panorama Orthoped. & Spine Ctr
Occupation
Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
238.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	1	4	/	2	0	0	9

Transaction ID: SA11AI.6727

Amount of Each Receipt this Period
238.00

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 ▼
592.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	3	/	2	0	0	9

Transaction ID: SA11AI.6946

Amount of Each Receipt this Period
592.00

Contribution

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

Mailing Address 1855 Power Mill Road

City State Zip Code
York PA 17402

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

Name of Employer
OSS Ambulatory Surgery Ctr LLP
Occupation
Physician/Partner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3528.00

Date of Receipt

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

Transaction ID: SA11AI.6914

Amount of Each Receipt this Period
3000.00

Contribution

SUBTOTAL of Receipts This Page (optional) ► **3830.00**

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 / 84
(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)
James J. Gilhool

Mailing Address 1855 Power Mill Road

City State Zip Code
York PA 17402

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

Name of Employer Occupation
OSS Ambulatory Surgery Ctr LLP Physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 3528.00

Date of Receipt

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

Transaction ID: SA11AI.6902

Amount of Each Receipt this Period

3000.00

Contribution

B.

Full Name (Last, First, Middle Initial)
Charles Gordon

Mailing Address 1814 Roseland Blvd.
Suite 200

City State Zip Code
Tyler TX 75701

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

Name of Employer Occupation
Gordon Spine Associates 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 / 0 3 / 2 0 0 9

Transaction ID: SA11AI.6924

Amount of Each Receipt this Period

500.00

Contribution

C.

Full Name (Last, First, Middle Initial)
Brett Gosney

Mailing Address 5900 South Western Avenue
Suite #102

City State Zip Code
Sioux Falls SD 57108

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

Name of Employer Occupation
Animas Surgical Hospital CEO

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 240.00

Date of Receipt

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

Transaction ID: SA11AI.6867

Amount of Each Receipt this Period

240.00

Contribution

SUBTOTAL of Receipts This Page (optional)

3740.00

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 17 / 84
(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)
Charles Gottlob

Mailing Address 660 Golden Ridge Road

City State Zip Code
Golden CO 80401

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

Name of Employer Occupation
Panorama Orthoped. & Spine Ctr Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 238.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 14 / 2009

Transaction ID: SA11AI.6728

Amount of Each Receipt this Period
238.00

Contribution

B. Full Name (Last, First, Middle Initial)
Julie Groff

Mailing Address 1855 Power Mill Road

City State Zip Code
York PA 17402

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

Name of Employer Occupation
OSS Ambulatory Surgery Ctr LLP Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 3000.00

Date of Receipt
M M / D D / Y Y Y Y Y
10 / 20 / 2009

Transaction ID: SA11AI.6903

Amount of Each Receipt this Period
3000.00

Contribution

C. Full Name (Last, First, Middle Initial)
Dennis Grolman

Mailing Address 1855 Power Mill Road

City State Zip Code
York PA 17402

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

Name of Employer Occupation
OSS Ambulatory Surgery Ctr LLP Physician/Partner

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 3528.00

Date of Receipt
M M / D D / Y Y Y Y Y
10 / 28 / 2009

Transaction ID: SA11AI.6915

Amount of Each Receipt this Period
3000.00

Contribution

SUBTOTAL of Receipts This Page (optional) ► **6238.00**

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 / 84
(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)
Kevin Hamburger
Mailing Address 1000 Jackson Street
City State Zip Code
Sioux City IA 51105
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Siouxland Women's Health Ctr. Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00
Date of Receipt 08 / 03 / 2009
Transaction ID: SA11AI.6766
Amount of Each Receipt this Period 1000.00
Contribution

B. Full Name (Last, First, Middle Initial)
Craig Hedges
Mailing Address 2315 W. 57th St.
City State Zip Code
Sioux Falls SD 57108
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Midwest Ear, Nose & Throat Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 5000.00
Date of Receipt 08 / 21 / 2009
Transaction ID: SA11AI.6860
Amount of Each Receipt this Period 5000.00
Contribution

C. Full Name (Last, First, Middle Initial)
Barry J. Henry
Mailing Address 401 North College Road Suite 2
City State Zip Code
Lafayette LA 70505
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Orthopaedic Surgery and Sports Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00
Date of Receipt 07 / 21 / 2009
Transaction ID: SA11AI.6746
Amount of Each Receipt this Period 1000.00
Contribution

SUBTOTAL of Receipts This Page (optional) ► 7000.00
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 / 84
(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)
Christopher Hirose

Mailing Address 660 Golden Ridge Road

City State Zip Code
Golden CO 80401

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

Name of Employer
Panorama Orthoped. & Spine Ctr
Occupation
Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
238.00

Date of Receipt
MM / DD / YYYY
07 / 14 / 2009

Transaction ID: SA11AI.6729

Amount of Each Receipt this Period
238.00

Contribution

B.

Full Name (Last, First, Middle Initial)
Douglas Hofmann

Mailing Address 1855 Power Mill Road

City State Zip Code
York PA 17402

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

Name of Employer
OSS Ambulatory Surgery Ctr LLP
Occupation
Physician/Partner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3528.00

Date of Receipt
MM / DD / YYYY
10 / 20 / 2009

Transaction ID: SA11AI.6904

Amount of Each Receipt this Period
3000.00

Contribution

C.

Full Name (Last, First, Middle Initial)
Richard Howard

Mailing Address 6301 South Minnesota Avenue #300

City State Zip Code
Sioux Falls SD 57108

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 ▼
1000.00

Date of Receipt
MM / DD / YYYY
11 / 13 / 2009

Transaction ID: SA11AI.6932

Amount of Each Receipt this Period
1000.00

Contribution

SUBTOTAL of Receipts This Page (optional) ► **4238.00**

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 / 84
(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)
Michael Hurlburt

Mailing Address 575 Sioux Point Road

City State Zip Code
Dakota Dunes SD 57049

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

Name of Employer
CNOS

Occupation
Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
08 / 07 / 2009

Transaction ID: SA11AI.6841

Amount of Each Receipt this Period
1000.00

Contribution

B.

Full Name (Last, First, Middle Initial)
Thomas Jacobson

Mailing Address 575 Sioux Point Road

City State Zip Code
Dakota Dunes SD 57049

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

Name of Employer
CNOS

Occupation
Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
08 / 07 / 2009

Transaction ID: SA11AI.6842

Amount of Each Receipt this Period
1000.00

Contribution

C.

Full Name (Last, First, Middle Initial)
Raeburn Jenkins

Mailing Address 660 Golden Ridge Road

City State Zip Code
Golden CO 80401

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

Name of Employer
Panorama Orthoped. & Spine Ctr

Occupation
Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
238.00

Date of Receipt
MM / DD / YYYY
07 / 14 / 2009

Transaction ID: SA11AI.6730

Amount of Each Receipt this Period
238.00

Contribution

SUBTOTAL of Receipts This Page (optional) ► **2238.00**

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 / 84

(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)
James Johnson

Mailing Address 660 Golden Ridge Road

City State Zip Code
Golden CO 80401

FEC ID number of contributing federal political committee. C

Name of Employer
Panorama Orthoped. & Spine Ctr

Occupation
Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
238.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 14 / 2009

Transaction ID: SA11AI.6731

Amount of Each Receipt this Period
238.00

Contribution

B.

Full Name (Last, First, Middle Initial)
Matthew Johnson

Mailing Address 575 North Sioux Point Road

City State Zip Code
Dakota Dunes SD 57049

FEC ID number of contributing federal political committee. C

Name of Employer
CNOS

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
10 / 09 / 2009

Transaction ID: SA11AI.6896

Amount of Each Receipt this Period
1500.00

Contribution

C.

Full Name (Last, First, Middle Initial)
Paul Johnson

Mailing Address 705 North Sioux Point Road
Suite 100

City State Zip Code
Dakota Dunes SD 57049

FEC ID number of contributing federal political committee. C

Name of Employer
Midlands Clinic

Occupation
Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 29 / 2009

Transaction ID: SA11AI.6764

Amount of Each Receipt this Period
1000.00

Contribution

SUBTOTAL of Receipts This Page (optional) 2738.00

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 / 84
(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) Todd Johnson		Date of Receipt MM / DD / YYYY 07 / 21 / 2009
Mailing Address 600 Sioux Point Road		Transaction ID: SA11AI.6748
City Dakota Dunes	State SD	Zip Code 57049
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1500.00	
Name of Employer Siouxland Surgery Center	Occupation Anesthesiologist	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	

B.

Full Name (Last, First, Middle Initial) Leanne Jordan		Date of Receipt MM / DD / YYYY 07 / 21 / 2009
Mailing Address 1 Mercado Street Suite 105		Transaction ID: SA11AI.6749
City Durango	State CO	Zip Code 83101
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 400.00	
Name of Employer Four Corners OBGYN	Occupation Physician	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

C.

Full Name (Last, First, Middle Initial) Michael Kadrmias		Date of Receipt MM / DD / YYYY 12 / 23 / 2009
Mailing Address PO Box 6850		Transaction ID: SA11AI.7451
City Rapid City	State SD	Zip Code 57709
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 268.00	
Name of Employer Black Hills Orthopedics	Occupation Orthopedic Surgeon	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 268.00	

SUBTOTAL of Receipts This Page (optional)	▶	2168.00
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 / 84
(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)
Thomas Kenny

Mailing Address 101 Tower Road
Suite 120

City State Zip Code
Dakota Dunes SD 57049

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

Name of Employer Occupation
Ear Nose & Throat Consultants Physician

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3000.00

Date of Receipt
MM / DD / YYYY
07 / 21 / 2009

Transaction ID: SA11AI.6759

Amount of Each Receipt this Period
3000.00

Contribution

B. Full Name (Last, First, Middle Initial)
Michael A. Klein

Mailing Address 1855 Power Mill Road

City State Zip Code
York PA 17402

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

Name of Employer Occupation
OSS Ambulatory Surgery Ctr LLP Physician/Partner

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3528.00

Date of Receipt
MM / DD / YYYY
10 / 28 / 2009

Transaction ID: SA11AI.6916

Amount of Each Receipt this Period
3000.00

Contribution

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

Mailing Address 2500 North Mayfair Road
#500

City State Zip Code
Wauwatosa WI 53220

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

Name of Employer Occupation
Orthopaedic Hosp. of Wisconsin Physician

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1500.00

Date of Receipt
MM / DD / YYYY
10 / 10 / 2009

Transaction ID: SA11AI.6900

Amount of Each Receipt this Period
1500.00

Contribution

SUBTOTAL of Receipts This Page (optional) ▶ **7500.00**

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 / 84
(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)
Peter Lammens

Mailing Address 660 Golden Ridge Road

City State Zip Code
Golden CO 80401

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

Name of Employer
Panorama Orthoped. & Spine Ctr

Occupation
Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
238.00

Date of Receipt
MM / DD / YYYY
07 / 14 / 2009

Transaction ID: SA11AI.6732

Amount of Each Receipt this Period
238.00

Contribution

B.

Full Name (Last, First, Middle Initial)
David H. Lang

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 ▼
500.00

Date of Receipt
MM / DD / YYYY
12 / 23 / 2009

Transaction ID: SA11AI.6950

Amount of Each Receipt this Period
500.00

Contribution

C.

Full Name (Last, First, Middle Initial)
Laura Larsen

Mailing Address 2315 W 57th Street

City State Zip Code
Sioux Falls SD 57108

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

Name of Employer
Midwest Ear Nose & Throat

Occupation
Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
MM / DD / YYYY
08 / 17 / 2009

Transaction ID: SA11AI.6850

Amount of Each Receipt this Period
5000.00

Contribution

SUBTOTAL of Receipts This Page (optional) ► **5738.00**

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 25 / 84

(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)

Patricia Lawlor

Mailing Address 342 Westberry Court W

City State Zip Code
Rapid City SD 57702

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

Name of Employer Occupation
N/A Homemaker

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 221.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 3 / 2 0 0 9

Transaction ID: SA11AI.6951

Amount of Each Receipt this Period

221.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Jon Ledlie

Mailing Address 700 Olympic Plaza
Suite 850

City State Zip Code
Tyler TX 75701

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

Name of Employer Occupation
Tyler Neurosurgical Associates Physician

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 3 / 2 0 0 9

Transaction ID: SA11AI.6925

Amount of Each Receipt this Period

500.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Lloyd Lifton

Mailing Address 575 Rivergate Lane
Suite 207

City State Zip Code
Durango CO 81301

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

Name of Employer Occupation
Animas Surgical Hospital Physician

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 640.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 1 / 2 0 0 9

Transaction ID: SA11AI.6750

Amount of Each Receipt this Period

640.00

Contribution

SUBTOTAL of Receipts This Page (optional)

1361.00

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 26 / 84
(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)
Peter Looby

Mailing Address 810 East 23rd Street

City State Zip Code
Sioux Falls SD 57105

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

Name of Employer Occupation
Orthopedic Institute Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
MM / DD / YYYY
08 / 07 / 2009

Transaction ID: SA11AI.6845

Amount of Each Receipt this Period
5000.00

Contribution

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

Mailing Address 1855 Power Mill Road

City State Zip Code
York PA 17402

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

Name of Employer Occupation
OSS Realty Company, LP Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 3250.00

Date of Receipt
MM / DD / YYYY
10 / 20 / 2009

Transaction ID: SA11AI.6905

Amount of Each Receipt this Period
3000.00

Contribution

C. Full Name (Last, First, Middle Initial)
Lonnie Loutzenhiser

Mailing Address 660 Golden Ridge Road

City State Zip Code
Golden CO 80401

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

Name of Employer Occupation
Panorama Orthoped. & Spine Ctr Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 238.10

Date of Receipt
MM / DD / YYYY
07 / 14 / 2009

Transaction ID: SA11AI.6733

Amount of Each Receipt this Period
238.10

Contribution

SUBTOTAL of Receipts This Page (optional) ► **8238.10**

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 27 / 84
(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)
Wade Lukken

Mailing Address 600 Sioux Point Road

City State Zip Code
Dakota Dunes SD 57049

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

Name of Employer Occupation
Siouxland Anesthesia Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
08 / 17 / 2009

Transaction ID: SA11AI.6855

Amount of Each Receipt this Period
500.00

Contribution

B. Full Name (Last, First, Middle Initial)
Thomas Mallon

Mailing Address 4 Westbrook Corporate Center Suite #440

City State Zip Code
Westchester IL 60154

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

Name of Employer Occupation
Regent Surgical Health CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
MM / DD / YYYY
10 / 28 / 2009

Transaction ID: SA11AI.6917

Amount of Each Receipt this Period
5000.00

Contribution

C. Full Name (Last, First, Middle Initial)
Donald Maschka

Mailing Address 250 South Crescent

City State Zip Code
Mason City IA 50402

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

Name of Employer Occupation
Mason City Clinic Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
11 / 03 / 2009

Transaction ID: SA11AI.6926

Amount of Each Receipt this Period
250.00

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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 28 / 84
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 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)
Jerome Peter Mathias

Mailing Address 8121 National Ave.
Ste. 200

City State Zip Code
Oklahoma City OK 73110-7570

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

Name of Employer Occupation
Oklahoma Heart Hospital Physician

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
10 / 09 / 2009

Transaction ID: SA11AI.6898

Amount of Each Receipt this Period
1000.00

Contribution

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

Mailing Address 575 Rivergate Lane #209

City State Zip Code
Durango CO 81301

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

Name of Employer Occupation
Durango Urological Associates Physician

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt
MM / DD / YYYY
09 / 21 / 2009

Transaction ID: SA11AI.6866

Amount of Each Receipt this Period
240.00

Contribution

C. Full Name (Last, First, Middle Initial)
Kenneth McCalla

Mailing Address 455 North Sioux Point Road

City State Zip Code
North Sioux City IA 51105

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

Name of Employer Occupation
Siouxland Urology Associates Physician

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
08 / 07 / 2009

Transaction ID: SA11AI.6837

Amount of Each Receipt this Period
1000.00

Contribution

SUBTOTAL of Receipts This Page (optional) ► **2240.00**

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 29 / 84
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 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)
Michael McGowan

Mailing Address 2127 South Minnesota Avenue

City State Zip Code
Sioux Falls SD 57105

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 ▼
1500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	1	7	/	2	0	0	9

Transaction ID: SA11AI.6854

Amount of Each Receipt this Period
1500.00

Contribution

B. Full Name (Last, First, Middle Initial)
Patrick McNair

Mailing Address 660 Golden Ridge Road

City State Zip Code
Golden CO 80401

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

Name of Employer Panorama Orthoped. & Spine Ctr
Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
238.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	1	4	/	2	0	0	9

Transaction ID: SA11AI.6734

Amount of Each Receipt this Period
238.00

Contribution

C. Full Name (Last, First, Middle Initial)
Mary Meierhenry

Mailing Address 1200 South 7th Avenue

City State Zip Code
Sioux Falls SD 57105

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

Name of Employer McGreevy Clinic Avera
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
0	9	/	3	0	/	2	0	0	9

Transaction ID: SA11AI.6870

Amount of Each Receipt this Period
1000.00

Contribution

SUBTOTAL of Receipts This Page (optional) ► **2738.00**

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

**SCHEDULE A (FEC Form 3X)
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 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)
Robert Meis

Mailing Address 575 Sioux Point Road

City State Zip Code
Dakota Dunes SD 57049

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

Name of Employer
CNOS 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
0	8	/	0	7	/	2	0	0	9

Transaction ID: SA11AI.6838

Amount of Each Receipt this Period
1000.00

Contribution

B. Full Name (Last, First, Middle Initial)
Steven Meyer

Mailing Address 575 Sioux Point Road

City State Zip Code
Dakota Dunes SD 57049

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

Name of Employer
CNOS 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
0	8	/	0	7	/	2	0	0	9

Transaction ID: SA11AI.6840

Amount of Each Receipt this Period
1000.00

Contribution

C. Full Name (Last, First, Middle Initial)
Vaughn Meyer

Mailing Address 911 East 20th Street

City State Zip Code
Sioux Falls SD 57105

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

Name of Employer
Plastic Surgery Associates Occupation
Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	0	7	/	2	0	0	9

Transaction ID: SA11AI.6846

Amount of Each Receipt this Period
5000.00

Contribution

SUBTOTAL of Receipts This Page (optional) ► **7000.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

A.

Full Name (Last, First, Middle Initial)
Mark Mills

Mailing Address 660 Golden Ridge Road

City State Zip Code
Golden CO 80401

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

Name of Employer
Panorama Orthoped. & Spine Ctr
Occupation
Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
238.00

Date of Receipt
MM / DD / YYYY
07 / 14 / 2009

Transaction ID: SA11AI.6735

Amount of Each Receipt this Period
238.00

Contribution

B.

Full Name (Last, First, Middle Initial)
Michael Mitrick

Mailing Address 1855 Power Mill Road

City State Zip Code
York PA 17402

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

Name of Employer
OSS Ambulatory Surgery Ctr LLP
Occupation
Physician/Partner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3528.00

Date of Receipt
MM / DD / YYYY
10 / 20 / 2009

Transaction ID: SA11AI.6906

Amount of Each Receipt this Period
3000.00

Contribution

C.

Full Name (Last, First, Middle Initial)
Cynthia Moser

Mailing Address 1128 Historic 4th Street

City State Zip Code
Sioux City IA 51104

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

Name of Employer
Hediman Law Firm
Occupation
Attorney

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
08 / 03 / 2009

Transaction ID: SA11AI.6767

Amount of Each Receipt this Period
250.00

Contribution

SUBTOTAL of Receipts This Page (optional) ► **3488.00**

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

**SCHEDULE A (FEC Form 3X)
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(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)
Kevin Muzzio

Mailing Address 1855 Power Mill Road

City York State PA Zip Code 17402

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

Name of Employer OSS Ambulatory Surgery Ctr LLP Occupation Physician/Partner

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 3000.00

Date of Receipt 10 / 20 / 2009

Transaction ID: SA11AI.6907

Amount of Each Receipt this Period 3000.00

Contribution

B. 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 ▼ 1000.00

Date of Receipt 09 / 08 / 2009

Transaction ID: SA11AI.6864

Amount of Each Receipt this Period 1000.00

Contribution

C. Full Name (Last, First, Middle Initial)
K. Nicholas Pandelidis

Mailing Address 1855 Power Mill Road

City York State PA Zip Code 17402

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

Name of Employer OSS Ambulatory Surgery Ctr LLP Occupation Physician/Partner

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2028.00

Date of Receipt 10 / 28 / 2009

Transaction ID: SA11AI.6918

Amount of Each Receipt this Period 1500.00

Contribution

SUBTOTAL of Receipts This Page (optional) ► 5500.00

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 / 84

(check only one)

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<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)

Lew W. Papendick

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 Occupation
Black Hills Orthopedics Orthopedic Surgeon

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 850.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 3 / 2 0 0 9

Transaction ID: SA11AI.6966

Amount of Each Receipt this Period

850.00

Contribution

B.

Full Name (Last, First, Middle Initial)

John Parkinson

Mailing Address 575 Rivergate Lane
Suite 212

City State Zip Code
Durango CO 81301

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

Name of Employer Occupation
Four Corners Eye Clinic Physician

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 800.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 1 / 2 0 0 9

Transaction ID: SA11AI.6753

Amount of Each Receipt this Period

800.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Lawrence Pollack

Mailing Address 1855 Power Mill Road

City State Zip Code
York PA 17402

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

Name of Employer Occupation
OSS Ambulatory Surgery Ctr
LLP Physician/Partner

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 3528.00

Date of Receipt

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

Transaction ID: SA11AI.6908

Amount of Each Receipt this Period

3000.00

Contribution

SUBTOTAL of Receipts This Page (optional)

4650.00

TOTAL This Period (last page this line number only)

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

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FOR LINE NUMBER: PAGE 34 / 84
(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)
Eric J. Potthoff

Mailing Address 250 South Crescent

City State Zip Code
Mason City IA 50402

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

Name of Employer Occupation
Mason City Clinic Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
08 / 17 / 2009

Transaction ID: SA11AI.6851

Amount of Each Receipt this Period
250.00

Contribution

B. Full Name (Last, First, Middle Initial)
Eric J. Potthoff

Mailing Address 250 South Crescent

City State Zip Code
Mason City IA 50402

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

Name of Employer Occupation
Mason City Clinic Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt
MM / DD / YYYY
11 / 13 / 2009

Transaction ID: SA11AI.6933

Amount of Each Receipt this Period
250.00

Contribution

C. Full Name (Last, First, Middle Initial)
Sarah Powell

Mailing Address 101 Tower Road
Suite 120

City State Zip Code
Dakota Dunes SD 57049

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

Name of Employer Occupation
ENT Consultants Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
08 / 10 / 2009

Transaction ID: SA11AI.6849

Amount of Each Receipt this Period
1000.00

Contribution

SUBTOTAL of Receipts This Page (optional) ► **1500.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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Detailed Summary Page

FOR LINE NUMBER: PAGE 35 / 84
(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)
John Priddy

Mailing Address 3414 Golden Road

City State Zip Code
Tyler TX 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 ▼
500.00

Date of Receipt
MM / DD / YYYY
11 / 03 / 2009

Transaction ID: SA11AI.6927

Amount of Each Receipt this Period
500.00

Contribution

B.

Full Name (Last, First, Middle Initial)
Thomas Puschak

Mailing Address 660 Golden Ridge Road

City State Zip Code
Golden CO 80401

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

Name of Employer Panorama Orthoped. & Spine Ctr Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
238.00

Date of Receipt
MM / DD / YYYY
07 / 14 / 2009

Transaction ID: SA11AI.6736

Amount of Each Receipt this Period
238.00

Contribution

C.

Full Name (Last, First, Middle Initial)
Thorir Ragnarsson

Mailing Address 575 Sioux Point Road

City State Zip Code
Dakota Dunes SD 57049

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

Name of Employer CNOS Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
08 / 21 / 2009

Transaction ID: SA11AI.6857

Amount of Each Receipt this Period
1000.00

Contribution

SUBTOTAL of Receipts This Page (optional) ► **1738.00**

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 / 84

(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)
Richard M. Ratino

Mailing Address 1583 Plum Creek Road

City State Zip Code
Sioux City IA 51103

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

Name of Employer Occupation
Siouxland Women's Health-care Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M / D D / Y Y Y Y
08 / 08 / 2009

Transaction ID: SA11AI.6835

Amount of Each Receipt this Period

1000.00

Contribution

B.

Full Name (Last, First, Middle Initial)
Mark Renfro

Mailing Address 700 Olympic Plaza
Suite #850

City State Zip Code
Tyler TX 75701

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

Name of Employer Occupation
Tyler Neurosurgical Associates Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M / D D / Y Y Y Y
11 / 03 / 2009

Transaction ID: SA11AI.6928

Amount of Each Receipt this Period

500.00

Contribution

C.

Full Name (Last, First, Middle Initial)
Randall Rice

Mailing Address 575 Rivergate Lane

City State Zip Code
Durango CO 81301

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

Name of Employer Occupation
Randall Rice Anesthesia Serv. Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
560.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 21 / 2009

Transaction ID: SA11AI.6754

Amount of Each Receipt this Period

560.00

Contribution

SUBTOTAL of Receipts This Page (optional)

2060.00

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 37 / 84
	<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) Stuart Rice		Date of Receipt
	Mailing Address 4141 Fifth Street		<input type="text" value="12"/> / <input type="text" value="23"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Rapid City	SD	57701
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.6956
Name of Employer The Spine Center		Occupation Neurosurgeon	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 ▼ <input type="text" value="2000.00"/>	<input type="text" value="2000.00"/>
			Contribution

B.	Full Name (Last, First, Middle Initial) William Rizk		Date of Receipt
	Mailing Address 705 North Sioux Point Road Suite 100		<input type="text" value="07"/> / <input type="text" value="23"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Dakota Dunes	SD	57049
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.6762
Name of Employer Midlands Clinic		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 ▼ <input type="text" value="750.00"/>	<input type="text" value="750.00"/>
			Contribution

C.	Full Name (Last, First, Middle Initial) Chris Roach		Date of Receipt
	Mailing Address 1 Mercado Street Suite 105		<input type="text" value="07"/> / <input type="text" value="21"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Mancos	CO	81328-9312
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.6755
Name of Employer Four Corners OBGYN		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 ▼ <input type="text" value="560.00"/>	<input type="text" value="560.00"/>
			Contribution

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="3310.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 38 / 84
(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)
Stephen Robbins

Mailing Address 2015 E. Newport

City Milwaukee State WI Zip Code 53211

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

Name of Employer Milwaukee Spinal Specialists Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt MM / DD / YYYY 10 / 05 / 2009

Transaction ID: SA11AI.6875

Amount of Each Receipt this Period 1500.00

Contribution

B.

Full Name (Last, First, Middle Initial)
Walter Robinson

Mailing Address 660 Golden Ridge Road

City Golden State CO Zip Code 80401

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

Name of Employer Panorama Orthoped. & Spine Ctr Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 238.00

Date of Receipt MM / DD / YYYY 07 / 14 / 2009

Transaction ID: SA11AI.6737

Amount of Each Receipt this Period 238.00

Contribution

C.

Full Name (Last, First, Middle Initial)
David Rosinsky

Mailing Address 1200 S. Euclid #212

City Sioux Falls State SD Zip Code 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 ▼ 5000.00

Date of Receipt MM / DD / YYYY 08 / 21 / 2009

Transaction ID: SA11AI.6859

Amount of Each Receipt this Period 5000.00

Contribution

SUBTOTAL of Receipts This Page (optional) ► **6738.00**

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 39 / 84
	<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) Edmund Rowland		Date of Receipt
	Mailing Address 660 Golden Ridge Road		<input type="text" value="07"/> / <input type="text" value="14"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Golden	CO	80401
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.6738
Name of Employer Panorama Orthoped. & Spine Ctr		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 ▼	<input type="text" value="238.00"/>
			Contribution

B.	Full Name (Last, First, Middle Initial) Chad M. Rutter		Date of Receipt
	Mailing Address 1750 5th Avenue Suite #201		<input type="text" value="10"/> / <input type="text" value="28"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	York	PA	17402
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.6919
Name of Employer OSS Ambulatory Surgery Ctr LLP		Occupation Physician/Partner	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 ▼	<input type="text" value="3000.00"/>
			Contribution

C.	Full Name (Last, First, Middle Initial) James Scherrer		Date of Receipt
	Mailing Address P.O. Box 6850		<input type="text" value="12"/> / <input type="text" value="23"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Rapid City	SD	57709
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.6957
Name of Employer Black Hills Orthopedics		Occupation Business Director	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 ▼	<input type="text" value="382.00"/>
			Contribution

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="3620.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 40 / 84
(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)
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 ▼
725.00

Date of Receipt
MM / DD / YYYY
12 / 23 / 2009

Transaction ID: SA11AI.6958

Amount of Each Receipt this Period
725.00

Contribution

B.

Full Name (Last, First, Middle Initial)
William Schreiber

Mailing Address 3414 Golden Road

City State Zip Code
Tyler TX 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 ▼
500.00

Date of Receipt
MM / DD / YYYY
11 / 03 / 2009

Transaction ID: SA11AI.6929

Amount of Each Receipt this Period
500.00

Contribution

C.

Full Name (Last, First, Middle Initial)
Kenneth Scott

Mailing Address 2315 West 57th Street

City State Zip Code
Sioux Falls SD 57108

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

Name of Employer
Midwest ENT

Occupation
Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
MM / DD / YYYY
08 / 24 / 2009

Transaction ID: SA11AI.6862

Amount of Each Receipt this Period
5000.00

Contribution

SUBTOTAL of Receipts This Page (optional) ▶ **6225.00**

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 41 / 84
(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)
Mitchell Seeman

Mailing Address 660 Golden Ridge Road

City State Zip Code
Golden CO 80401

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

Name of Employer
Panorama Orthoped. & Spine Ctr

Occupation
Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
238.00

Date of Receipt
MM / DD / YYYY
07 / 14 / 2009

Transaction ID: SA11AI.6739

Amount of Each Receipt this Period
238.00

Contribution

B.

Full Name (Last, First, Middle Initial)
Edward L. Seljeskog

Mailing Address 4141 Fifth Street

City State Zip Code
Rapid City SD 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 ▼
1356.00

Date of Receipt
MM / DD / YYYY
12 / 23 / 2009

Transaction ID: SA11AI.6960

Amount of Each Receipt this Period
356.00

Contribution

C.

Full Name (Last, First, Middle Initial)
Susan Sicuranza

Mailing Address 8831 Serendipity Lane

City State Zip Code
Seven Valleys PA 17360

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

Name of Employer
N/A

Occupation
Homemaker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3000.00

Date of Receipt
MM / DD / YYYY
11 / 03 / 2009

Transaction ID: SA11AI.6930

Amount of Each Receipt this Period
3000.00

Contribution

SUBTOTAL of Receipts This Page (optional) ► **3594.00**

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 42 / 84
(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)
Chandar Singaram

Mailing Address 1905 West 57th Street

City State Zip Code
Sioux Falls SD 57108

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

Name of Employer Occupation
Midwest Ear Nose & Throat Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
MM / DD / YYYY
07 / 21 / 2009

Transaction ID: SA11AI.6756

Amount of Each Receipt this Period
2000.00

Contribution

B. Full Name (Last, First, Middle Initial)
Specialty Management Services of Ouachita, LLC

Mailing Address 500 Hall Street

City State Zip Code
Monroe LA 71201

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
MM / DD / YYYY
08 / 21 / 2009

Transaction ID: SA11AI.6858

Amount of Each Receipt this Period
5000.00

Partnership Contribution/
No Partner Reaches Itemiz-
ation

C. Full Name (Last, First, Middle Initial)
Eric Stahl

Mailing Address 660 Golden Ridge Road

City State Zip Code
Golden CO 80401

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

Name of Employer Occupation
Panorama Orthoped. & Spine Ctr Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 238.00

Date of Receipt
MM / DD / YYYY
07 / 14 / 2009

Transaction ID: SA11AI.6740

Amount of Each Receipt this Period
238.00

Contribution

SUBTOTAL of Receipts This Page (optional) ► **7238.00**

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 43 / 84
(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)
Jeff Stephany
 Mailing Address N54 @6135 Mill Street, Suite #200
 City Cedarburg State WI Zip Code 53012
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Orthopaedic Assoc. Milwaukee Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1500.00
 Date of Receipt 10 / 28 / 2009
Transaction ID: SA11AI.6920
 Amount of Each Receipt this Period 1500.00
 Contribution

B. Full Name (Last, First, Middle Initial)
Joseph Stilwell
 Mailing Address 575 Rivergate Lane Suite 95
 City Durango State CO Zip Code 81301
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Stilwell Foot & Ankle, PC Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 480.00
 Date of Receipt 07 / 21 / 2009
Transaction ID: SA11AI.6757
 Amount of Each Receipt this Period 480.00
 Contribution

C. Full Name (Last, First, Middle Initial)
Steven Stokesbary
 Mailing Address 575 North Sioux Point Road
 City Dakota Dunes State SD Zip Code 57049
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CNOS Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00
 Date of Receipt 10 / 20 / 2009
Transaction ID: SA11AI.6909
 Amount of Each Receipt this Period 1000.00
 Contribution

SUBTOTAL of Receipts This Page (optional) ► 2980.00
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 44 / 84

(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)

Douglas Straehley

Mailing Address 660 Golden Ridge Road

City State Zip Code
Golden CO 80401

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

Name of Employer Occupation
Panorama Orthoped. & Spine Ctr Physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 238.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 14 2009

Transaction ID: SA11AI.6741

Amount of Each Receipt this Period

238.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Robert Suga

Mailing Address 810 East 23rd Street

City State Zip Code
Sioux Falls SD 57105

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

Name of Employer Occupation
Orthopedic Institute Physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 09 2009

Transaction ID: SA11AI.7498

Amount of Each Receipt this Period

5000.00

Contribution

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 Occupation
Neurosurgical & Spinal Surgery Physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 3763.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 23 2009

Transaction ID: SA11AI.6963

Amount of Each Receipt this Period

3763.00

Contribution

SUBTOTAL of Receipts This Page (optional)

9001.00

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 45 / 84
(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)
Bradley Thaemert

Mailing Address 911 E. 20th Street
#800

City State Zip Code
Sioux Falls SD 57105

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

Name of Employer Surgical Institute 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
0	8	/	1	0	/	2	0	0	9

Transaction ID: SA11AI.6848

Amount of Each Receipt this Period
1000.00

Contribution

B. Full Name (Last, First, Middle Initial)
Mel Thaler

Mailing Address 3813 Kiwanis Circle

City State Zip Code
Sioux Falls SD 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 ▼
1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	0	7	/	2	0	0	9

Transaction ID: SA11AI.6844

Amount of Each Receipt this Period
1000.00

Contribution

C. Full Name (Last, First, Middle Initial)
Claire Tibiletti

Mailing Address 1814 Roseland Blvd.
Suite 200

City State Zip Code
Tyler TX 75701

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

Name of Employer Texas Spine & Joint 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	1	/	0	3	/	2	0	0	9

Transaction ID: SA11AI.6931

Amount of Each Receipt this Period
1000.00

Contribution

SUBTOTAL of Receipts This Page (optional) ► **3000.00**

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

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

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

FOR LINE NUMBER: PAGE 46 / 84

(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)

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 Occupation
Northwestern Engineering Co. CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
518.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 3 / 2 0 0 9

Transaction ID: SA11AI.6964

Amount of Each Receipt this Period

518.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Treasure Valley Hospital

Mailing Address 8800 West Emerald Street

City State Zip Code
Boise ID 83704

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
0 7 / 2 2 / 2 0 0 9

Transaction ID: SA11AI.6761

Amount of Each Receipt this Period

5000.00

See Refund Mid Year 2011

C.

Full Name (Last, First, Middle Initial)

Steven J. Triantafyllou

Mailing Address 1855 Power Mill Road

City State Zip Code
York PA 17402

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

Name of Employer Occupation
OSS Ambulatory Surgery Ctr LLP Physician/Partner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3527.00

Date of Receipt

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

Transaction ID: SA11AI.6910

Amount of Each Receipt this Period

3000.00

Contribution

SUBTOTAL of Receipts This Page (optional)

8518.00

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 47 / 84
(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)
Daniel Tynan
Mailing Address 1210 W. 18th Street, Suite 204
City State Zip Code
Sioux Falls SD 57104
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Avera Neurosurgery Neurosurgeon
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2500.00
Date of Receipt: 09 / 08 / 2009
Transaction ID: SA11AI.6863
Amount of Each Receipt this Period: 2500.00
Contribution

B. Full Name (Last, First, Middle Initial)
Linda VanGiesen
Mailing Address 1855 Power Mill Road
City State Zip Code
York PA 17402
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
OSS Ambulatory Surgery Ctr LLP Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 3000.00
Date of Receipt: 10 / 20 / 2009
Transaction ID: SA11AI.6911
Amount of Each Receipt this Period: 3000.00
Contribution

C. Full Name (Last, First, Middle Initial)
William Vereen
Mailing Address 575 Rivergate Lane Suite 105
City State Zip Code
Durango CO 81301
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Animas Plastic Surgery Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1500.00
Date of Receipt: 07 / 21 / 2009
Transaction ID: SA11AI.6758
Amount of Each Receipt this Period: 1500.00
Contribution

SUBTOTAL of Receipts This Page (optional) ► 7000.00
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 48 / 84
(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)
Keith A. Vollstedt

Mailing Address 612 North Sioux Point Road

City State Zip Code
Dakota Dunes SD 57049

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

Name of Employer Occupation
General Surgery & Diagnostics Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt: MM / DD / YYYY
07 / 02 / 2009

Transaction ID: SA11AI.6720

Amount of Each Receipt this Period: 1000.00

Contribution

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

Mailing Address 705 North Sioux Point Road Suite #100

City State Zip Code
Dakota Dunes SD 57049

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

Name of Employer Occupation
Midlands Clinic Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: MM / DD / YYYY
10 / 01 / 2009

Transaction ID: SA11AI.6874

Amount of Each Receipt this Period: 500.00

Contribution

C. Full Name (Last, First, Middle Initial)
Patrick Walsh

Mailing Address 455 North Sioux Point Road

City State Zip Code
North Sioux City IA 51105

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

Name of Employer Occupation
Siouxland Urology Associates Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: MM / DD / YYYY
08 / 17 / 2009

Transaction ID: SA11AI.6856

Amount of Each Receipt this Period: 1000.00

Contribution

SUBTOTAL of Receipts This Page (optional) ► 2500.00

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 49 / 84
(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)
Greg Watchmaker
Mailing Address 1535 West Market Street
City State Zip Code
Mequon WI 53092
FEC ID number of contributing federal political committee. **C**
Name of Employer The Milwaukee Hand Center Occupation Physician
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1500.00
Date of Receipt 10 / 01 / 2009
Transaction ID: SA11AI.6873
Amount of Each Receipt this Period 1500.00
Contribution

B. 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 Surgery Occupation Physician
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 721.00
Date of Receipt 12 / 23 / 2009
Transaction ID: SA11AI.6965
Amount of Each Receipt this Period 721.00
Contribution

C. Full Name (Last, First, Middle Initial)
Donald Wingert
Mailing Address 911 East 20th Street
City State Zip Code
Sioux Falls SD 57108
FEC ID number of contributing federal political committee. **C**
Name of Employer Surgical Institute Occupation Physician
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00
Date of Receipt 07 / 21 / 2009
Transaction ID: SA11AI.6760
Amount of Each Receipt this Period 1000.00
Contribution

SUBTOTAL of Receipts This Page (optional) ► 3221.00
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 50 / 84
(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)
John Wolpert

Mailing Address 455 Sioux Point Road

City State Zip Code
Dakota Dunes SD 57049

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

Name of Employer Occupation
Siouxland Urology Associates Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 30 / 2009

Transaction ID: SA11AI.6869

Amount of Each Receipt this Period
5000.00

Contribution

B.

Full Name (Last, First, Middle Initial)
Douglas Wong

Mailing Address 660 Golden Ridge Road

City State Zip Code
Golden CO 80401

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

Name of Employer Occupation
Panorama Orthoped. & Spine Ctr Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 238.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 14 / 2009

Transaction ID: SA11AI.6742

Amount of Each Receipt this Period
238.00

Contribution

C.

Full Name (Last, First, Middle Initial)
Rory Wright

Mailing Address 575 West Riverwoods Parkway
Suite 100

City State Zip Code
Glendale WI 53212

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

Name of Employer Occupation
Orthopaedic Assoc. Milwaukee 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
10 / 20 / 2009

Transaction ID: SA11AI.6912

Amount of Each Receipt this Period
1000.00

Contribution

SUBTOTAL of Receipts This Page (optional) ► **6238.00**

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 51 / 84
(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)
Robert Zimmerman

Mailing Address 600 Sioux Point Road

City State Zip Code
Dakota Dunes SD 57049

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

Name of Employer Occupation
Dunes Anesthesia Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
MM / DD / YYYY
07 / 29 / 2009

Transaction ID: SA11AI.6765

Amount of Each Receipt this Period
2000.00

Contribution

B. Full Name (Last, First, Middle Initial)
Timothy Zoellner

Mailing Address 810 East 23rd Street

City State Zip Code
Sioux Falls SD 57105

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

Name of Employer Occupation
Orthopedic Institute Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
08 / 21 / 2009

Transaction ID: SA11AI.6861

Amount of Each Receipt this Period
1000.00

Contribution

SUBTOTAL of Receipts This Page (optional) ► 3000.00

TOTAL This Period (last page this line number only) ► 205971.10

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 52 / 84
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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) SURGICAL CARE AFFILIATES POLITICAL ACTION COMMITTEE		Date of Receipt
	Mailing Address 3000 RIVERCHASE GALLERIA SUITE 500		<input type="text" value="08"/> / <input type="text" value="07"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	BIRMINGHAM	AL	35244
	FEC ID number of contributing federal political committee.		<input type="text" value="C00440743"/>
Name of Employer		Occupation	Transaction ID: SA11C.6834 Amount of Each Receipt this Period <input type="text" value="1000.00"/> Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="1000.00"/>	

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="1000.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value="1000.00"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 53 / 84
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input checked="" 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) COBURN FOR SENATE 2010		Date of Receipt
Mailing Address PO BOX 977		<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 07 / 21 / 2009
City	State	Zip Code
MUSKOGEE	OK	74402
FEC ID number of contributing federal political committee.		Transaction ID: SA16.7449
C C00409888		Amount of Each Receipt this Period
		5000.00
Name of Employer	Occupation	Refund of Contribution Dated 6/13/09
Receipt For: 2010	Aggregate Year-to-Date ▼	
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General		
<input type="checkbox"/> Other (specify) ▼	5000.00	

B.

Full Name (Last, First, Middle Initial) MIKE CRAPO FOR US SENATE		Date of Receipt
Mailing Address PO BOX 1948		<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 10 / 09 / 2009
City	State	Zip Code
BOISE	ID	83701
FEC ID number of contributing federal political committee.		Transaction ID: SA16.6899
C C00330886		Amount of Each Receipt this Period
		5000.00
Name of Employer	Occupation	Refund of Check Dated 4/6-/09
Receipt For: 2010	Aggregate Year-to-Date ▼	
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General		
<input type="checkbox"/> Other (specify) ▼	5000.00	

SUBTOTAL of Receipts This Page (optional)	10000.00
TOTAL This Period (last page this line number only)	10000.00

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) ADLER FOR CONGRESS</p> <p>Mailing Address 14 KNIGHTSWOOD DRIVE</p> <p>City MARLTON State NJ Zip Code 08053</p> <p>Purpose of Disbursement Contribution <input type="checkbox"/></p> <p>Candidate Name JOHN H. ADLER</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 03</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.7095 Date of Disbursement 12 / 07 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>B. Full Name (Last, First, Middle Initial) ANDY HARRIS FOR CONGRESS</p> <p>Mailing Address PO Box 1527</p> <p>City Annapolis State MD Zip Code 21404</p> <p>Purpose of Disbursement Contribution <input type="checkbox"/></p> <p>Candidate Name ANDREW P HARRIS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 01</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.7027 Date of Disbursement 10 / 02 / 2009</p> <p>Amount of Each Disbursement this Period 1500.00</p>
<p>C. Full Name (Last, First, Middle Initial) ANNA ESHOO FOR CONGRESS</p> <p>Mailing Address 555 Capitol Mall, Suite 1425</p> <p>City Sacramento State CA Zip Code 95814</p> <p>Purpose of Disbursement Contribution <input type="checkbox"/></p> <p>Candidate Name ANNA ESHOO</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 14</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.6974 Date of Disbursement 07 / 10 / 2009</p> <p>Amount of Each Disbursement this Period 1500.00</p>

SUBTOTAL of Disbursements This Page (optional)	4000.00
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)

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

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

A.	Full Name (Last, First, Middle Initial) ANNA ESHOO FOR CONGRESS	Transaction ID: SB23.7091 Date of Disbursement																			
	Mailing Address 555 Capitol Mall, Suite 1425	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>2</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		0	2		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		0	2		2	0	0	9												
	City Sacramento State CA Zip Code 95814	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Contribution	<table border="1"><tr><td>1000.00</td></tr></table>	1000.00																		
1000.00																					
	Candidate Name ANNA ESHOO	Category/Type																			
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			
	State: CA District: 14																				

B.	Full Name (Last, First, Middle Initial) BACHMANN FOR CONGRESS	Transaction ID: SB23.7051 Date of Disbursement																			
	Mailing Address PO Box 25950	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>0</td><td></td><td>1</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	6		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		1	6		2	0	0	9												
	City Woodbury State MN Zip Code 55125	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Contribution	<table border="1"><tr><td>1000.00</td></tr></table>	1000.00																		
1000.00																					
	Candidate Name MICHELE BACHMANN	Category/Type																			
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			
	State: MN District: 06																				

C.	Full Name (Last, First, Middle Initial) BILL CASSIDY FOR CONGRESS	Transaction ID: SB23.7066 Date of Disbursement																			
	Mailing Address 3482 DRUSILLA LANE SUITE 1	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	0		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	0		2	0	0	9												
	City BATON ROUGE State LA Zip Code 70809	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Contribution	<table border="1"><tr><td>1000.00</td></tr></table>	1000.00																		
1000.00																					
	Candidate Name WILLIAM CASSIDY	Category/Type																			
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			
	State: LA District: 06																				

SUBTOTAL of Disbursements This Page (optional)	<table border="1"><tr><td>3000.00</td></tr></table>	3000.00
3000.00		
TOTAL This Period (last page this line number only)	<table border="1"><tr><td></td></tr></table>	

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 56 / 84

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

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

A. Full Name (Last, First, Middle Initial)
BRIGHT FOR CONGRESS.COM

Mailing Address P.O.Box 2106

City Montgomery State AL Zip Code 36102

Purpose of Disbursement
Contribution

Candidate Name
BOBBY NEAL BRIGHT, Sr.

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: AL District: 02

Transaction ID: SB23.7044

Date of Disbursement

10 / 16 / 2009

Amount of Each Disbursement this Period

1000.00

B. Full Name (Last, First, Middle Initial)
CASTLE CAMPAIGN FUND

Mailing Address PO Box 133

City Wilmington State DE Zip Code 19899

Purpose of Disbursement
Contribution

Candidate Name
MICHAEL N. CASTLE

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: DE District:

Transaction ID: SB23.7061

Date of Disbursement

10 / 19 / 2009

Amount of Each Disbursement this Period

2000.00

C. Full Name (Last, First, Middle Initial)
CASTLE CAMPAIGN FUND

Mailing Address PO Box 133

City Wilmington State DE Zip Code 19899

Purpose of Disbursement
Contribution

Candidate Name
MICHAEL N. CASTLE

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: DE District:

Transaction ID: SB23.7092

Date of Disbursement

12 / 04 / 2009

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional) ▶

5000.00

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)

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

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

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

Mailing Address Post Office Box 80126

City Lafayette State LA Zip Code 70598

Purpose of Disbursement
Contribution

Candidate Name
Dr. Charles Boustany, Jr.

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: LA District: 07

Transaction ID: SB23.6981

Date of Disbursement

07 / 22 / 2009

Amount of Each Disbursement this Period

1000.00

B. Full Name (Last, First, Middle Initial)
CHARLIE CRIST FOR US SENATE

Mailing Address PO BOX 1694

City TALLAHASSEE State FL Zip Code 32302

Purpose of Disbursement
Contribution

Candidate Name
CHARLIE CRIST

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: FL District:

Transaction ID: SB23.6995

Date of Disbursement

07 / 29 / 2009

Amount of Each Disbursement this Period

2500.00

C. Full Name (Last, First, Middle Initial)
CHARLIE DENT FOR CONGRESS

Mailing Address PO Box 442

City Allentown State PA Zip Code 18105

Purpose of Disbursement
Contribution

Candidate Name
CHARLES W DENT

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: PA District: 15

Transaction ID: SB23.7042

Date of Disbursement

10 / 16 / 2009

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) ▶

4500.00

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)

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

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

A.	Full Name (Last, First, Middle Initial) CHARLIE MELANCON CAMPAIGN COMMITTEE INC	Transaction ID: SB23.6970 Date of Disbursement 07 / 02 / 2009
	Mailing Address 511 CONGRESS ST PO BOX 549	Amount of Each Disbursement this Period 2500.00
	City NAPOLEONVILLE State LA Zip Code 70390	
	Purpose of Disbursement Contribution	Category/Type
	Candidate Name CHARLIE MELANCON, Jr.	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 03	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) CHILDERS FOR CONGRESS	Transaction ID: SB23.7067 Date of Disbursement 10 / 23 / 2009
	Mailing Address PO BOX 177	Amount of Each Disbursement this Period 2000.00
	City BOONEVILLE State MS Zip Code 38829	
	Purpose of Disbursement Contribution	Category/Type
	Candidate Name TRAVIS W CHILDERS	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MS District: 01	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) CONGRESSMAN WAXMAN CAMPAIGN COMMITTEE	Transaction ID: SB23.7030 Date of Disbursement 10 / 05 / 2009
	Mailing Address 6380 Wilshire Blvd. #1612	Amount of Each Disbursement this Period 2500.00
	City Los Angeles State CA Zip Code 90048	
	Purpose of Disbursement Contribution	Category/Type
	Candidate Name HENRY A. WAXMAN	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 30	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	7000.00
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 59 / 84

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

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

A.	Full Name (Last, First, Middle Initial) CONTINUING A MAJORITY PARTY ACTION COMMITTEE (CAM-PAC)	Transaction ID: SB23.7011
	Mailing Address 5915 Eastman Avenue Suite 100	Date of Disbursement 09 / 08 / 2009
	City Midland State MI Zip Code 48640	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
B.	Full Name (Last, First, Middle Initial) CURD FOR CONGRESS	Transaction ID: SB23.7033
	Mailing Address PO Box 2464	Date of Disbursement 10 / 07 / 2009
	City Sioux Falls State SD Zip Code 57101	Amount of Each Disbursement this Period 5000.00
	Purpose of Disbursement Candidate Name RICHARD BLAKE CURD	Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SD District: 00	
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
C.	Full Name (Last, First, Middle Initial) DAVE CAMP FOR CONGRESS 2008	Transaction ID: SB23.6969
	Mailing Address 5915 EASTMAN AVE. SUITE 100	Date of Disbursement 07 / 01 / 2009
	City MIDLAND State MI Zip Code 48640	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Candidate Name DAVID LEE CAMP	Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 04	
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	7000.00
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)

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

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

A.	Full Name (Last, First, Middle Initial) DAVE CAMP FOR CONGRESS 2008	Transaction ID: SB23.7083 Date of Disbursement
	Mailing Address 5915 EASTMAN AVE. SUITE 100	<input type="text" value="11"/> / <input type="text" value="17"/> / <input type="text" value="2009"/>
	City MIDLAND State MI Zip Code 48640	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="2500.00"/>
	Candidate Name DAVID LEE CAMP	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 04	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) DAVID VITTER FOR US SENATE	Transaction ID: SB23.7004 Date of Disbursement
	Mailing Address PO BOX 8175	<input type="text" value="09"/> / <input type="text" value="04"/> / <input type="text" value="2009"/>
	City METAIRIE State LA Zip Code 70011	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="5000.00"/>
	Candidate Name DAVID VITTER	Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: LA District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) DAVID VITTER FOR US SENATE	Transaction ID: SB23.7077 Date of Disbursement
	Mailing Address PO BOX 8175	<input type="text" value="11"/> / <input type="text" value="11"/> / <input type="text" value="2009"/>
	City METAIRIE State LA Zip Code 70011	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="5000.00"/>
	Candidate Name DAVID VITTER	Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: LA District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="12500.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**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 61 / 84

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

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

A.	Full Name (Last, First, Middle Initial) DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE	Transaction ID: SB23.6977 Date of Disbursement 07 / 13 / 2009
	Mailing Address 430 South Capitol Street, SE 2nd Floor	Amount of Each Disbursement this Period 1000.00
	City Washington State DC Zip Code 20003	
	Purpose of Disbursement	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE	Transaction ID: SB23.7026 Date of Disbursement 10 / 01 / 2009
	Mailing Address 430 South Capitol Street, SE 2nd Floor	Amount of Each Disbursement this Period 4000.00
	City Washington State DC Zip Code 20003	
	Purpose of Disbursement	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) EDDIE BERNICE JOHNSON FOR CONGRESS	Transaction ID: SB23.7000 Date of Disbursement 08 / 10 / 2009
	Mailing Address 3102 Maple Avenue, Suite 605	Amount of Each Disbursement this Period 1000.00
	City Dallas State TX Zip Code 75201	
	Purpose of Disbursement Contribution	Category/Type
	Candidate Name EDDIE BERNICE JOHNSON	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 30	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	6000.00
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)

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

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

A. Full Name (Last, First, Middle Initial)
EDDIE BERNICE JOHNSON FOR CONGRESS

Mailing Address 3102 Maple Avenue, Suite 605

City Dallas State TX Zip Code 75201

Purpose of Disbursement
Contribution

Candidate Name
EDDIE BERNICE JOHNSON

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: TX District: 30

Transaction ID: SB23.7098

Date of Disbursement

12 / 07 / 2009

Amount of Each Disbursement this Period

2000.00

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

Mailing Address P.O. Box 62

City Evansville State IN Zip Code 47701

Purpose of Disbursement
Contribution

Candidate Name
BRAD ELLSWORTH

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: IN District: 08

Transaction ID: SB23.7065

Date of Disbursement

10 / 19 / 2009

Amount of Each Disbursement this Period

3500.00

C. Full Name (Last, First, Middle Initial)
ELLSWORTH FOR CONGRESS COMMITTEE

Mailing Address P.O. Box 62

City Evansville State IN Zip Code 47701

Purpose of Disbursement
Contribution

Candidate Name
BRAD ELLSWORTH

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: IN District: 08

Transaction ID: SB23.7081

Date of Disbursement

11 / 17 / 2009

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional) ▶

8000.00

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)

<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) FEINSTEIN FOR SENATE</p> <p>Mailing Address 1212 S VICTORY BLVD</p> <p>City BURBANK State CA Zip Code 91502</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name DIANNE FEINSTEIN</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CA District:</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.7007</p> <p>Date of Disbursement 09 / 04 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>B. Full Name (Last, First, Middle Initial) FLEMING FOR CONGRESS</p> <p>Mailing Address P.O. Box 1236 BOX 281</p> <p>City Minden State LA Zip Code 71058</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name JOHN CALVIN FLEMING, Jr.</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 04</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.7070</p> <p>Date of Disbursement 10 / 28 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>C. Full Name (Last, First, Middle Initial) FLEMING FOR CONGRESS</p> <p>Mailing Address P.O. Box 1236 BOX 281</p> <p>City Minden State LA Zip Code 71058</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name JOHN CALVIN FLEMING, Jr.</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 04</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.7082</p> <p>Date of Disbursement 11 / 17 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>

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)

<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) FREEDOM FUND</p> <p>Mailing Address 1155 21st Street NW Suite 300</p> <p>City Washington State DC Zip Code 20036</p> <p>Purpose of Disbursement <input type="checkbox"/> Contribution</p> <p>Candidate Name <input type="checkbox"/> Category/Type</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.7088</p> <p>Date of Disbursement 12 / 01 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>B. Full Name (Last, First, Middle Initial) FRIENDS OF BYRON DORGAN</p> <p>Mailing Address PO BOX 871</p> <p>City BISMARCK State ND Zip Code 58502</p> <p>Purpose of Disbursement <input type="checkbox"/> Contribution</p> <p>Candidate Name BYRON L DORGAN <input type="checkbox"/> Category/Type</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: ND District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.6991</p> <p>Date of Disbursement 10 / 19 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>C. Full Name (Last, First, Middle Initial) FRIENDS OF LOIS CAPPS</p> <p>Mailing Address PO Box 23940</p> <p>City Santa Barbara State CA Zip Code 93121</p> <p>Purpose of Disbursement <input type="checkbox"/> Contribution</p> <p>Candidate Name LOIS G. CAPPS <input type="checkbox"/> Category/Type</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 23</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.6985</p> <p>Date of Disbursement 07 / 23 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>

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)

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

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

A.

Full Name (Last, First, Middle Initial)
FRIENDS OF ROY BLUNT

Mailing Address PO Box 50100

City Springfield State MO Zip Code 65805

Purpose of Disbursement
Contribution

Candidate Name
ROY BLUNT

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: MO District:

Transaction ID: SB23.7020
Date of Disbursement

09 / 28 / 2009

Amount of Each Disbursement this Period

1500.00

B.

Full Name (Last, First, Middle Initial)
FRIENDS OF SCHUMER

Mailing Address 509 MADISON AVE SUITE 1902

City NEW YORK State NY Zip Code 10022

Purpose of Disbursement
Contribution

Candidate Name
CHARLES E SCHUMER

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: NY District:

Transaction ID: SB23.7078
Date of Disbursement

11 / 17 / 2009

Amount of Each Disbursement this Period

2000.00

C.

Full Name (Last, First, Middle Initial)
FRIENDS OF SCHUMER

Mailing Address 509 MADISON AVE SUITE 1902

City NEW YORK State NY Zip Code 10022

Purpose of Disbursement
Contribution

Candidate Name
CHARLES E SCHUMER

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: NY District:

Transaction ID: SB23.7103
Date of Disbursement

12 / 14 / 2009

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional) ▶

5500.00

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)

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

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

A.	Full Name (Last, First, Middle Initial) GEOFF DAVIS FOR CONGRESS	Transaction ID: SB23.7057 Date of Disbursement 10 / 16 / 2009	
	Mailing Address 3161 Dixie Highway Suite F		
	City Erlanger State KY Zip Code 41018	Amount of Each Disbursement this Period 2000.00	
	Purpose of Disbursement Contribution Candidate Name GEOFFREY C DAVIS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 04 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type	
B.	Full Name (Last, First, Middle Initial) GEORGIANS FOR ISAKSON	Transaction ID: SB23.7087 Date of Disbursement 11 / 23 / 2009	
	Mailing Address POST OFFICE BOX 250116		
	City ATLANTA State GA Zip Code 30325	Amount of Each Disbursement this Period 1000.00	
	Purpose of Disbursement Contribution Candidate Name JOHN HARDY ISAKSON Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type	
C.	Full Name (Last, First, Middle Initial) GIFFORDS FOR CONGRESS	Transaction ID: SB23.7003 Date of Disbursement 09 / 02 / 2009	
	Mailing Address PO Box 12886		
	City Tucson State AZ Zip Code 85732	Amount of Each Disbursement this Period 1000.00	
	Purpose of Disbursement Contribution Candidate Name GABRIELLE GIFFORDS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 08 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type	

SUBTOTAL of Disbursements This Page (optional) ▶	4000.00
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 67 / 84

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

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

A.

Full Name (Last, First, Middle Initial)
GINGREY FOR CONGRESS

Transaction ID: SB23.6980
Date of Disbursement

Mailing Address PO Box U

07 / 21 / 2009

City State Zip Code
Marietta GA 30060

Amount of Each Disbursement this Period

3000.00

Purpose of Disbursement
Contribution

Category/
Type

Candidate Name
PHILLIP J. GINGREY

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: GA District: 11

B.

Full Name (Last, First, Middle Initial)
GRAVES FOR CONGRESS

Transaction ID: SB23.7111
Date of Disbursement

Mailing Address 2345 Grand Suite 2400

12 / 22 / 2009

City State Zip Code
Kansas City MO 64108

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement
Contribution

Category/
Type

Candidate Name
SAMUEL B. GRAVES

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: MO District: 06

C.

Full Name (Last, First, Middle Initial)
GRIFFITH FOR CONGRESS

Transaction ID: SB23.7100
Date of Disbursement

Mailing Address PO BOX 2916

12 / 08 / 2009

City State Zip Code
Huntsville AL 35804

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement
Contribution

Category/
Type

Candidate Name
Dr. PARKER GRIFFITH

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: AL District: 05

SUBTOTAL of Disbursements This Page (optional) ▶

5000.00

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)

<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) HELLER FOR CONGRESS</p> <p>Mailing Address 7840 Red Leaf Drive</p> <p>City Las Vegas State NV Zip Code 89131</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name DEAN HELLER</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 02</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.6982</p> <p>Date of Disbursement 07 / 22 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>B. Full Name (Last, First, Middle Initial) HOYER FOR CONGRESS</p> <p>Mailing Address 7905 MALCOLM ROAD SUITE 102</p> <p>City CLINTON State MD Zip Code 20735</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name STENY HAMILTON HOYER</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 05</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.7038</p> <p>Date of Disbursement 10 / 15 / 2009</p> <p>Amount of Each Disbursement this Period 5000.00</p>
<p>C. Full Name (Last, First, Middle Initial) JOHN CAMPBELL FOR CONGRESS</p> <p>Mailing Address 4590 Macarthur Boulevard Suite 500</p> <p>City Newport Beach State CA Zip Code 92660</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name JOHN B.T. CAMPBELL, III</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 48</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.7055</p> <p>Date of Disbursement 10 / 16 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

7000.00

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)

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

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

A.	Full Name (Last, First, Middle Initial) JOHN SALAZAR FOR CONGRESS	Transaction ID: SB23.7037 Date of Disbursement
	Mailing Address P.O. Box 534	<input type="text" value="10"/> <input type="text" value="12"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Pueblo State CO Zip Code 81002	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="1000.00"/>
	Candidate Name JOHN TONY SALAZAR	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 03	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) JON KYL FOR U S SENATE	Transaction ID: SB23.7019 Date of Disbursement
	Mailing Address PO BOX 10246	<input type="text" value="09"/> <input type="text" value="28"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City PHOENIX State AZ Zip Code 85064	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="5000.00"/>
	Candidate Name JON L KYL	Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District:	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) JON KYL FOR U S SENATE	Transaction ID: SB23.7064 Date of Disbursement
	Mailing Address PO BOX 10246	<input type="text" value="10"/> <input type="text" value="19"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City PHOENIX State AZ Zip Code 85064	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="5000.00"/>
	Candidate Name JON L KYL	Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="11000.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**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

A.

Full Name (Last, First, Middle Initial)
JON KYL FOR U S SENATE

Mailing Address PO BOX 10246

City PHOENIX State AZ Zip Code 85064

Purpose of Disbursement
Void of Check Dated 2/18/09

Candidate Name
JON L KYL

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: AZ District:

Transaction ID: SB23.7112
Date of Disbursement

10 / 19 / 2009

Amount of Each Disbursement this Period

-5000.00

B.

Full Name (Last, First, Middle Initial)
KIRK FOR CONGRESS

Mailing Address P.O. Box 8

City Winnetka State IL Zip Code 60093

Purpose of Disbursement
Contribution

Candidate Name
MARK STEVEN KIRK

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: IL District: 10

Transaction ID: SB23.6990
Date of Disbursement

07 / 27 / 2009

Amount of Each Disbursement this Period

1000.00

C.

Full Name (Last, First, Middle Initial)
KIRK FOR CONGRESS

Mailing Address P.O. Box 8

City Winnetka State IL Zip Code 60093

Purpose of Disbursement
Contribution

Candidate Name
MARK STEVEN KIRK

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: IL District: 10

Transaction ID: SB23.7014
Date of Disbursement

09 / 15 / 2009

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)

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

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

A.	Full Name (Last, First, Middle Initial) KIRK FOR SENATE Mailing Address P.O. Box 8 City Winnetka State IL Zip Code 60093 Purpose of Disbursement Contribution Candidate Name MARK STEVEN KIRK Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: IL District:	Transaction ID: SB23.7046 Date of Disbursement 10 / 16 / 2009	Amount of Each Disbursement this Period 1000.00
B.	Full Name (Last, First, Middle Initial) KIRK FOR SENATE Mailing Address P.O. Box 8 City Winnetka State IL Zip Code 60093 Purpose of Disbursement Contribution Candidate Name MARK STEVEN KIRK Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: IL District:	Transaction ID: SB23.7075 Date of Disbursement 11 / 02 / 2009	Amount of Each Disbursement this Period 1000.00
C.	Full Name (Last, First, Middle Initial) KIRK FOR SENATE Mailing Address P.O. Box 8 City Winnetka State IL Zip Code 60093 Purpose of Disbursement Contribution Candidate Name MARK STEVEN KIRK Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: IL District:	Transaction ID: SB23.7089 Date of Disbursement 12 / 02 / 2009	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)

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

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

A.	Full Name (Last, First, Middle Initial) KIRK FOR SENATE	Transaction ID: SB23.7090 Date of Disbursement 12 / 02 / 2009
	Mailing Address P.O. Box 8	Amount of Each Disbursement this Period 1500.00
	City Winnetka State IL Zip Code 60093	
	Purpose of Disbursement Contribution	Category/ Type
	Candidate Name MARK STEVEN KIRK	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: IL District:	

B.	Full Name (Last, First, Middle Initial) LEVIN FOR CONGRESS	Transaction ID: SB23.7040 Date of Disbursement 10 / 16 / 2009
	Mailing Address 230 North Avenue	Amount of Each Disbursement this Period 1500.00
	City Mt. Clemens State MI Zip Code 48043	
	Purpose of Disbursement Contribution	Category/ Type
	Candidate Name SANDER M. LEVIN	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: MI District: 12	

C.	Full Name (Last, First, Middle Initial) LISA MURKOWSKI FOR US SENATE	Transaction ID: SB23.7058 Date of Disbursement 10 / 16 / 2009
	Mailing Address PO BOX 100847	Amount of Each Disbursement this Period 1000.00
	City ANCHORAGE State AK Zip Code 99510	
	Purpose of Disbursement Contribution	Category/ Type
	Candidate Name LISA MURKOWSKI	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: AK District:	

SUBTOTAL of Disbursements This Page (optional)	4000.00
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)

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

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

A.	Full Name (Last, First, Middle Initial) LOFGREN FOR CONGRESS	Transaction ID: SB23.7039 Date of Disbursement 10 / 15 / 2009
	Mailing Address P.O. Box 8180 Suite 350	Amount of Each Disbursement this Period 2000.00
	City San Jose State CA Zip Code 95155	
	Purpose of Disbursement Contribution Candidate Name ZOE LOFGREN Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 16	Category/Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) LONE STAR LEADERSHIP PAC	Transaction ID: SB23.7024 Date of Disbursement 09 / 28 / 2009
	Mailing Address 7315 Wisconsin Avenue Suite 310 East	Amount of Each Disbursement this Period 5000.00
	City Bethesda State MD Zip Code 20814	
	Purpose of Disbursement Contribution Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) MARION BERRY FOR CONGRESS	Transaction ID: SB23.6979 Date of Disbursement 07 / 14 / 2009
	Mailing Address P.O. BOX 8084	Amount of Each Disbursement this Period 1500.00
	City JONESBORO State AR Zip Code 72403	
	Purpose of Disbursement Contribution Candidate Name MARION BERRY	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AR District: 01	
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	8500.00
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)

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

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

A.	Full Name (Last, First, Middle Initial) MARTIN HEINRICH FOR CONGRESS, INC. Mailing Address 2118 CENTRAL AVENUE SE #71 City Albuquerque State NM Zip Code 87106 Purpose of Disbursement Contribution Candidate Name MARTIN HEINRICH Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NM District: 01 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.6986 Date of Disbursement 07 / 27 / 2009 Amount of Each Disbursement this Period 1000.00
B.	Full Name (Last, First, Middle Initial) MARTIN HEINRICH FOR CONGRESS, INC. Mailing Address 2118 CENTRAL AVENUE SE #71 City Albuquerque State NM Zip Code 87106 Purpose of Disbursement Contribution Candidate Name MARTIN HEINRICH Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NM District: 01 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.7076 Date of Disbursement 11 / 02 / 2009 Amount of Each Disbursement this Period 2500.00
C.	Full Name (Last, First, Middle Initial) MICHAEL BURGESS FOR CONGRESS Mailing Address PO Box 2334 City Denton State TX Zip Code 76202 Purpose of Disbursement Contribution Candidate Name Dr. MICHAEL C. BURGESS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 26 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.7002 Date of Disbursement 08 / 14 / 2009 Amount of Each Disbursement this Period 500.00

SUBTOTAL of Disbursements This Page (optional) ▶	4000.00
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)

<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) MIKE ROSS FOR CONGRESS COMMITTEE</p> <p>Mailing Address PO Box 360</p> <p>City Prescott State AR Zip Code 71857</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name MICHAEL AVERY ROSS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: AR District: 04</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.7031</p> <p>Date of Disbursement 10 / 05 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>B. Full Name (Last, First, Middle Initial) MIKE ROSS FOR CONGRESS COMMITTEE</p> <p>Mailing Address PO Box 360</p> <p>City Prescott State AR Zip Code 71857</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name MICHAEL AVERY ROSS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: AR District: 04</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.7032</p> <p>Date of Disbursement 10 / 05 / 2009</p> <p>Amount of Each Disbursement this Period 1500.00</p>
<p>C. Full Name (Last, First, Middle Initial) MIKE ROSS FOR CONGRESS COMMITTEE</p> <p>Mailing Address PO Box 360</p> <p>City Prescott State AR Zip Code 71857</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name MICHAEL AVERY ROSS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: AR District: 04</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.7086</p> <p>Date of Disbursement 11 / 23 / 2009</p> <p>Amount of Each Disbursement this Period 2000.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

4500.00

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)

<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) MIKE THOMPSON FOR CONGRESS</p> <p>Mailing Address 5429 Madison Avenue</p> <p>City Sacramento State CA Zip Code 95841</p> <p>Purpose of Disbursement Contribution <input type="checkbox"/></p> <p>Candidate Name MIKE THOMPSON Category/Type <input type="checkbox"/></p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 01</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.7015 Date of Disbursement 09 / 28 / 2009</p> <p>Amount of Each Disbursement this Period 2500.00</p>
<p>B. Full Name (Last, First, Middle Initial) NANCY PELOSI FOR CONGRESS</p> <p>Mailing Address 607 14th Street, NW Suite 800</p> <p>City Washington State DC Zip Code 20005</p> <p>Purpose of Disbursement Contribution <input type="checkbox"/></p> <p>Candidate Name NANCY PELOSI Category/Type <input type="checkbox"/></p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 08</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.7071 Date of Disbursement 10 / 28 / 2009</p> <p>Amount of Each Disbursement this Period 5000.00</p>
<p>C. Full Name (Last, First, Middle Initial) NELSON 2012</p> <p>Mailing Address PO BOX 8666</p> <p>City OMAHA State NE Zip Code 68108</p> <p>Purpose of Disbursement Contribution <input type="checkbox"/></p> <p>Candidate Name BENJAMIN E. NELSON Category/Type <input type="checkbox"/></p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NE District:</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.6971 Date of Disbursement 07 / 02 / 2009</p> <p>Amount of Each Disbursement this Period 2000.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

9500.00

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)

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

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

A.	Full Name (Last, First, Middle Initial) NELSON 2012	Transaction ID: SB23.7104 Date of Disbursement																			
	Mailing Address PO BOX 8666	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>2</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		1	5		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		1	5		2	0	0	9												
	City OMAHA State NE Zip Code 68108	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Contribution	<table border="1"><tr><td>1000.00</td></tr></table>	1000.00																		
1000.00																					
	Candidate Name BENJAMIN E. NELSON	Category/Type																			
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NE District:	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

B.	Full Name (Last, First, Middle Initial) NEVADA STATE DEMOCRATIC PARTY	Transaction ID: SB23.7012 Date of Disbursement																			
	Mailing Address 409 Horn Street	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>9</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		1	3		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		1	3		2	0	0	9												
	City Las Vegas State NV Zip Code 89107	Amount of Each Disbursement this Period																			
	Purpose of Disbursement	<table border="1"><tr><td>2500.00</td></tr></table>	2500.00																		
2500.00																					
	Candidate Name	Category/Type																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

C.	Full Name (Last, First, Middle Initial) NODAK PAC	Transaction ID: SB23.6972 Date of Disbursement																			
	Mailing Address PO Box 75214	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>7</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		0	2		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	7		0	2		2	0	0	9												
	City Washington State DC Zip Code 20013	Amount of Each Disbursement this Period																			
	Purpose of Disbursement	<table border="1"><tr><td>2500.00</td></tr></table>	2500.00																		
2500.00																					
	Candidate Name	Category/Type																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

SUBTOTAL of Disbursements This Page (optional)	<table border="1"><tr><td>6000.00</td></tr></table>	6000.00
6000.00		
TOTAL This Period (last page this line number only)	<table border="1"><tr><td></td></tr></table>	

**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 78 / 84

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

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

A.	Full Name (Last, First, Middle Initial) OUR CONGRESS POLITICAL ACTION COMMITTEE	Transaction ID: SB23.7084 Date of Disbursement
	Mailing Address PO Box 344	<input type="text" value="11"/> / <input type="text" value="19"/> / <input type="text" value="2009"/>
	City Prescott State AR Zip Code 71857	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="2500.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) PAUL BROUN COMMITTEE	Transaction ID: SB23.7016 Date of Disbursement
	Mailing Address P.O. Box 1512	<input type="text" value="09"/> / <input type="text" value="28"/> / <input type="text" value="2009"/>
	City Athens State GA Zip Code 30601	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="1000.00"/>
	Candidate Name PAUL COLLINS BROUN	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 10	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) PENNSYLVANIA DEMOCRATIC PARTY	Transaction ID: SB23.7109 Date of Disbursement
	Mailing Address 300 North Second Street Eighth Floor	<input type="text" value="12"/> / <input type="text" value="17"/> / <input type="text" value="2009"/>
	City Harrisburg State PA Zip Code 17101	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="5000.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

8500.00

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

C. Form/Schedule : **SB23**
Transaction ID : **SB23.7109**

Contribution check made payable to 'Pennsylvania Victory 2010', a fundraising project of the Pennsylvania Democratic Party.

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

A. Full Name (Last, First, Middle Initial)
PETE SESSIONS FOR CONGRESS

Mailing Address PO Box 823047

City Dallas State TX Zip Code 75382

Purpose of Disbursement
Contribution

Candidate Name
PETE SESSIONS

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: TX District: 32

Transaction ID: SB23.7001

Date of Disbursement

/ /

Amount of Each Disbursement this Period

B. Full Name (Last, First, Middle Initial)
PETE SESSIONS FOR CONGRESS

Mailing Address PO Box 823047

City Dallas State TX Zip Code 75382

Purpose of Disbursement
Contribution

Candidate Name
PETE SESSIONS

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: TX District: 32

Transaction ID: SB23.7049

Date of Disbursement

/ /

Amount of Each Disbursement this Period

C. Full Name (Last, First, Middle Initial)
SECURE AMERICAS MAJORITY PAC (SAM-PAC)

Mailing Address P.O. Box 860159

City Plano State TX Zip Code 75086

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB23.7074

Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional) ►

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)

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

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

A.	Full Name (Last, First, Middle Initial) SOUDER FOR CONGRESS INC.	Transaction ID: SB23.7043 Date of Disbursement																			
	Mailing Address PO BOX 40233	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>0</td><td>/</td><td>1</td><td>6</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0	/	1	6	/	2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0	/	1	6	/	2	0	0	9												
	City FORT WAYNE State IN Zip Code 46804	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Contribution	<table border="1"><tr><td>1000.00</td></tr></table>	1000.00																		
1000.00																					
	Candidate Name MARK E SOUDER	Category/Type																			
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			
	State: IN District: 03																				

B.	Full Name (Last, First, Middle Initial) SOUTHERN PROSPERITY IN OPPORTUNITY PAC	Transaction ID: SB23.7093 Date of Disbursement																			
	Mailing Address 1831 BAY STREET SE	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>2</td><td>/</td><td>0</td><td>7</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2	/	0	7	/	2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	2	/	0	7	/	2	0	0	9												
	City WASHINGTON State DC Zip Code 20003	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Contribution	<table border="1"><tr><td>1000.00</td></tr></table>	1000.00																		
1000.00																					
	Candidate Name	Category/Type																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			
	State: District:																				

C.	Full Name (Last, First, Middle Initial) STABENOW FOR US SENATE	Transaction ID: SB23.6992 Date of Disbursement																			
	Mailing Address PO BOX 4945	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>7</td><td>/</td><td>2</td><td>9</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7	/	2	9	/	2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	7	/	2	9	/	2	0	0	9												
	City EAST LANSING State MI Zip Code 48826	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Contribution	<table border="1"><tr><td>1000.00</td></tr></table>	1000.00																		
1000.00																					
	Candidate Name DEBBIE STABENOW	Category/Type																			
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			
	State: MI District:																				

SUBTOTAL of Disbursements This Page (optional)	<table border="1"><tr><td>3000.00</td></tr></table>	3000.00
3000.00		
TOTAL This Period (last page this line number only)	<table border="1"><tr><td></td></tr></table>	

**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) TIBERI FOR CONGRESS</p> <p>Mailing Address 2021 E Dublin Granville Road Suite 2000</p> <p>City Columbus State OH Zip Code 43229</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name PATRICK J TIBERI</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 12</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.6989</p> <p>Date of Disbursement 07 / 27 / 2009</p> <p>Amount of Each Disbursement this Period 2000.00</p>
<p>B. Full Name (Last, First, Middle Initial) TIM MURPHY FOR CONGRESS</p> <p>Mailing Address PO Box 24551</p> <p>City Pttsburgh State PA Zip Code 15234</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name TIM MURPHY</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 18</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.7050</p> <p>Date of Disbursement 10 / 16 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>C. Full Name (Last, First, Middle Initial) TRUST PAC TEAM REPUBLICANS FOR UTILIZING SENSIBLE TACTI- CS</p> <p>Mailing Address 228 S. Washington Street Suite 115</p> <p>City Alexandria State VA Zip Code 22314</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.7054</p> <p>Date of Disbursement 10 / 16 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>

SUBTOTAL of Disbursements This Page (optional)	4000.00
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 83 / 84

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

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

A.

Full Name (Last, First, Middle Initial)
WALDEN FOR CONGRESS

Transaction ID: SB23.7041

Date of Disbursement

Mailing Address PO Box 1091

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	6		2	0	0	9

City State Zip Code
Hood River OR 97031

Amount of Each Disbursement this Period

1500.00

Purpose of Disbursement
Contribution

--

Candidate Name
GREGORY PAUL WALDEN

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: OR District: 02

SUBTOTAL of Disbursements This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

152000.00

**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 84 / 84

<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

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

A.

Full Name (Last, First, Middle Initial)
Jerome Peter Mathias

Transaction ID: SB28A.6998
Date of Disbursement

Mailing Address 8121 National Ave.
Ste. 200

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	3		2	0	0	9

City State Zip Code
Oklahoma City OK 73110-7570

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement
Refund of Contribution

Category/ Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

1000.00
