

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

ADDRESS (number and street) 5900 South Western Avenue  
Suite 102  
 Check if different than previously reported. (ACC)  
Sioux Falls SD 57108

2. **FEC IDENTIFICATION NUMBER** C00394163  
**3. IS THIS REPORT**  NEW (N) **OR**  AMENDED (A)

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

5. Covering Period 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 R. Blake Curd

Signature of Treasurer Electronically Filed by R. Blake Curd Date 01 30 2010

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

Office Use Only **FEC FORM 3X** (Rev. 12/2004)

**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" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</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>	Y	Y	Y	Y	2	0	0	9		110565.83
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period .....	23570.83									
(c) Total Receipts (from Line 19) .....	208373.14	344778.14								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	231943.97	455343.97								
7. Total Disbursements (from Line 31) .....	158068.00	381468.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	73875.97	73875.97								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

FEC Form 3X (Rev. 06/2004)

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) .....	200703.10	336808.10
(ii) Unitemized .....	1670.04	1970.04
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	202373.14	338778.14
(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) .....	203373.14	339778.14
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 .....	5000.00	5000.00
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)) .....	208373.14	344778.14
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	208373.14	344778.14

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
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.....	157000.00	380400.00
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))..	158068.00	381468.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	158068.00	381468.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	203373.14	339778.14
34. Total Contribution Refunds (from Line 28(d)) .....	1068.00	1068.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	202305.14	338710.14
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 / 82  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Samir Abu-Ghazaleh</p> <p>Mailing Address 1000 E. 21st Street #3000</p> <p>City State Zip Code Sioux Falls SD 57105</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation OB/GYN &amp; GYN Oncology, PC Physician</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">5000.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>  <span style="border: 1px solid black; padding: 2px;">0 8 / 0 7 / 2 0 0 9</span></p> <p><b>Transaction ID:</b> SA11AI.6843</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">5000.00</span></p> <p>Contribution</p>
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<p><b>B.</b> Full Name (Last, First, Middle Initial) Amit Agarwala</p> <p>Mailing Address 660 Golden Ridge Road</p> <p>City State Zip Code Golden CO 80401</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation Panorama Orthoped. &amp; Spine Ctr Physician</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">238.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>  <span style="border: 1px solid black; padding: 2px;">0 7 / 1 4 / 2 0 0 9</span></p> <p><b>Transaction ID:</b> SA11AI.6722</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">238.00</span></p> <p>Contribution</p>
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<p><b>C.</b> Full Name (Last, First, Middle Initial) Robert Akins</p> <p>Mailing Address 5000 South Minnesota</p> <p>City State Zip Code Sioux Falls SD 57108</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation Sinus Specialty Clinics Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">5000.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>  <span style="border: 1px solid black; padding: 2px;">0 7 / 2 1 / 2 0 0 9</span></p> <p><b>Transaction ID:</b> SA11AI.6743</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">5000.00</span></p> <p>Contribution</p>
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<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">10238.00</span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 2px;"> </span>

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

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

FOR LINE NUMBER: PAGE 7 / 82

(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)

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 Occupation  
Orthopaedic Spine Specialists Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3000.00

Date of Receipt

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

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 Occupation  
Anderson Orthopaedics Orthopedic Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
750.00

Date of Receipt

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

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 Occupation  
Orthopedics Center 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.6872

Amount of Each Receipt this Period

1000.00
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Contribution

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

4750.00
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**TOTAL** This Period (last page this line number only) ..... ▶

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# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 82
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Ross Bacon		Date of Receipt
	Mailing Address 101 Tower Road Suite 120		<input type="text" value="07"/> / <input type="text" value="21"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Dakota Dunes	SD	57049
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.6744
Name of Employer Ear Nose & Throat Consultants		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="5000.00"/>
			Contribution

<b>B.</b>	Full Name (Last, First, Middle Initial) Jeff L. Bendt		Date of Receipt
	Mailing Address 2820 Mt. Rushmore Rd.		<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. <b>C</b>		Transaction ID: SA11AI.6937
Name of Employer Rapid City Medical Center		Occupation Gynecologist	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="400.00"/>
			Contribution

<b>C.</b>	Full Name (Last, First, Middle Initial) Marcia Beshara		Date of Receipt
	Mailing Address 2820 Mt. Rushmore Rd.		<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. <b>C</b>		Transaction ID: SA11AI.6940
Name of Employer Rapid City Medical Center		Occupation Ophthalmologist	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="500.00"/>
			Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="5900.00"/>
<b>TOTAL</b> 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 9 / 82  
(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)  
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  
MM / DD / YYYY  
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  
MM / DD / YYYY  
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  
MM / DD / YYYY  
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 / 82  
(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)  
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 Y  
07 / 14 / 2009

**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 Y  
12 / 23 / 2009

**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 Y  
07 / 14 / 2009

**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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 82  
(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: PAGE 12 / 82  
(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)  
 Clark Duchene  
 Mailing Address PO Box 6850  
 City State Zip Code  
 Rapid City SD 57709  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 2 / 2 3 / 2 0 0 9  
**Transaction ID:** SA11AI.6944  
 Amount of Each Receipt this Period  
 485.00  
 Contribution  
 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) ▼ 485.00

**B.** Full Name (Last, First, Middle Initial)  
 Quentin Durward  
 Mailing Address 575 Sioux Point Road  
 City State Zip Code  
 Dakota Dunes SD 57049  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 8 / 0 5 / 2 0 0 9  
**Transaction ID:** SA11AI.6768  
 Amount of Each Receipt this Period  
 1000.00  
 Contribution  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 CNOS Physician  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1000.00

**C.** Full Name (Last, First, Middle Initial)  
 Paul Dvirnak  
 Mailing Address 575 Rivergate Lane Suite 209  
 City State Zip Code  
 Durango CO 81301  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 9 / 2 1 / 2 0 0 9  
**Transaction ID:** SA11AI.6865  
 Amount of Each Receipt this Period  
 800.00  
 Contribution  
 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) ▼ 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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 82

(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 Occupation  
Black Hills Orthopedics Orthopedic Surgeon

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼  
737.00

Date of Receipt

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

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 Occupation  
CNOS Physician

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼  
250.00

Date of Receipt

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

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 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  
1 0 / 2 8 / 2 0 0 9

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 / 82  
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 82

(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)  
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 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.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 Occupation  
Black Hills Orthopedics 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 Y  
12 / 23 / 2009

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 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.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 / 82

(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: 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.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: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 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: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 82

(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

<b>A.</b>	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. <b>C</b> Name of Employer Panorama Orthoped. & Spine Ctr Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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.6728 Amount of Each Receipt this Period 238.00 Contribution
<b>B.</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. <b>C</b> Name of Employer OSS Ambulatory Surgery Ctr LLP Occupation Physician/Partner Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 3000.00	Date of Receipt M M / D D / Y Y Y Y 10 / 20 / 2009 Transaction ID: SA11AI.6903 Amount of Each Receipt this Period 3000.00 Contribution
<b>C.</b>	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. <b>C</b> Name of Employer OSS Ambulatory Surgery Ctr LLP Occupation Physician/Partner Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 3528.00	Date of Receipt M M / D D / 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 / 82  
(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)  
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  
Siouxland Women's Health Ctr.

Occupation  
Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
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  
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 / 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  
Orthopaedic Surgery and Sports

Occupation  
Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
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 / 82

(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 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.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 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 / 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 Occupation  
Self-Employed 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  
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 / 82  
(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)  
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:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      1000.00

Date of Receipt  

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

**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:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      1000.00

Date of Receipt  

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

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

Date of Receipt  

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

**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 / 82  
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<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		Date of Receipt MM / DD / YYYY 07 / 14 / 2009
Mailing Address 660 Golden Ridge Road		Transaction ID: SA11AI.6731
City Golden	State CO	Zip Code 80401
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 238.00
Name of Employer Panorama Orthoped. & Spine Ctr	Occupation Physician	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 238.00	

**B.**

Full Name (Last, First, Middle Initial) Matthew Johnson		Date of Receipt MM / DD / YYYY 10 / 09 / 2009
Mailing Address 575 North Sioux Point Road		Transaction ID: SA11AI.6896
City Dakota Dunes	State SD	Zip Code 57049
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1500.00
Name of Employer CNOS	Occupation Physician	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	

**C.**

Full Name (Last, First, Middle Initial) Paul Johnson		Date of Receipt MM / DD / YYYY 07 / 29 / 2009
Mailing Address 705 North Sioux Point Road Suite 100		Transaction ID: SA11AI.6764
City Dakota Dunes	State SD	Zip Code 57049
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer Midlands Clinic	Occupation Physician	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2738.00
<b>TOTAL</b> 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 / 82  
(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)  
Todd Johnson

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 Surgery Center Anesthesiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

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

**Transaction ID:** SA11AI.6748

Amount of Each Receipt this Period  
1500.00

Contribution

**B.** Full Name (Last, First, Middle Initial)  
Leanne Jordan

Mailing Address 1 Mercado Street Suite 105

City State Zip Code  
Durango CO 83101

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

Name of Employer Occupation  
Four Corners OBGYN Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

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

**Transaction ID:** SA11AI.6749

Amount of Each Receipt this Period  
400.00

Contribution

**C.** 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

**SUBTOTAL** of Receipts This Page (optional) ..... ► 4900.00

**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 / 82

(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 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 Physician/Partner  
LLP

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

Date of Receipt

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

Transaction ID: SA11AI.6916

Amount of Each Receipt this Period

3000.00

Contribution

**B.**

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: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 1500.00

Date of Receipt

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

Transaction ID: SA11AI.6900

Amount of Each Receipt this Period

1500.00

Contribution

**C.**

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 Occupation  
Panorama Orthoped. & Spine Ctr Physician

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

Date of Receipt

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

Transaction ID: SA11AI.6732

Amount of Each Receipt this Period

238.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

4738.00

**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 / 82  
(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)  
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 Occupation  
Black Hills Orthopedics Orthopedic Surgeon

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

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

Transaction ID: SA11AI.6950

Amount of Each Receipt this Period  
500.00

Contribution

**B.** 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 Occupation  
Midwest Ear Nose & Throat Physician

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

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

Transaction ID: SA11AI.6850

Amount of Each Receipt this Period  
5000.00

Contribution

**C.** 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  
MM / DD / YYYY  
12 / 23 / 2009

Transaction ID: SA11AI.6951

Amount of Each Receipt this Period  
221.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► 5721.00

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

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

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

FOR LINE NUMBER: PAGE 25 / 82  
(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)  
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) ▼

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

**Transaction ID:** SA11AI.6925

Amount of Each Receipt this Period  
500.00

Contribution

**B.** 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) ▼

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

**Transaction ID:** SA11AI.6750

Amount of Each Receipt this Period  
640.00

Contribution

**C.** 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: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼

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

**Transaction ID:** SA11AI.6845

Amount of Each Receipt this Period  
5000.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **6140.00**

**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 26 / 82

(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 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: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 3250.00

Date of Receipt

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

Transaction ID: SA11AI.6905

Amount of Each Receipt this Period

3000.00

Contribution

B.

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: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 238.10

Date of Receipt

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

Transaction ID: SA11AI.6733

Amount of Each Receipt this Period

238.10

Contribution

C.

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

Date of Receipt

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

Transaction ID: SA11AI.6855

Amount of Each Receipt this Period

500.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

3738.10

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

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

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

FOR LINE NUMBER: PAGE 27 / 82  
(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)  
Thomass Mallon

Mailing Address 4 Westbrook Corporate Center  
Suite #440

City Westchester State IL Zip Code 60154

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

Name of Employer Regent Surgical Health Occupation CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 10 / 28 / 2009  
Transaction ID: SA11AI.6917  
Amount of Each Receipt this Period 5000.00  
Contribution

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

Mailing Address 250 South Crescent

City Mason City State IA Zip Code 50402

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

Name of Employer Mason City Clinic Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 03 / 2009  
Transaction ID: SA11AI.6926  
Amount of Each Receipt this Period 250.00  
Contribution

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

Mailing Address 8121 National Ave.  
Ste. 200

City Oklahoma City State OK Zip Code 73110-7570

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

Name of Employer Oklahoma Heart Hospital Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 09 / 2009  
Transaction ID: SA11AI.6898  
Amount of Each Receipt this Period 1000.00  
Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► 6250.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 28 / 82

(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)  
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  
Durango Urological Associates

Occupation  
Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt

M M / D D / Y Y Y Y  
09 / 21 / 2009

Transaction ID: SA11AI.6866

Amount of Each Receipt this Period

240.00

Contribution

B.

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  
Siouxland Urology Associates

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  
08 / 07 / 2009

Transaction ID: SA11AI.6837

Amount of Each Receipt this Period

1000.00

Contribution

C.

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  
08 / 17 / 2009

Transaction ID: SA11AI.6854

Amount of Each Receipt this Period

1500.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

2740.00

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

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

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

FOR LINE NUMBER: PAGE 29 / 82  
(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)  
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  
MM / DD / YYYY  
07 / 14 / 2009

**Transaction ID:** SA11AI.6734

Amount of Each Receipt this Period  
238.00

Contribution

**B.** 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  
MM / DD / YYYY  
09 / 30 / 2009

**Transaction ID:** SA11AI.6870

Amount of Each Receipt this Period  
1000.00

Contribution

**C.** 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  
MM / DD / YYYY  
08 / 07 / 2009

**Transaction ID:** SA11AI.6838

Amount of Each Receipt this Period  
1000.00

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 30 / 82

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)  
Steven 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 Occupation  
CNOS 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 / 07 / 2009

Transaction ID: SA11AI.6840

Amount of Each Receipt this Period

1000.00

Contribution

B.

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 Occupation  
Plastic Surgery 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  
09 / 07 / 2009

Transaction ID: SA11AI.6846

Amount of Each Receipt this Period

5000.00

Contribution

C.

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 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  
07 / 14 / 2009

Transaction ID: SA11AI.6735

Amount of Each Receipt this Period

238.00

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 31 / 82  
(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)  
Michael Mitrick

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 ▼ 3528.00

Date of Receipt 10 / 20 / 2009

Transaction ID: SA11AI.6906

Amount of Each Receipt this Period 3000.00

Contribution

**B.** Full Name (Last, First, Middle Initial)  
Cynthia Moser

Mailing Address 1128 Historic 4th Street

City Sioux City State IA Zip Code 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 08 / 03 / 2009

Transaction ID: SA11AI.6767

Amount of Each Receipt this Period 250.00

Contribution

**C.** 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

**SUBTOTAL** of Receipts This Page (optional) ..... ► 6250.00

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

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

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

FOR LINE NUMBER: PAGE 32 / 82  
(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)  
Joe Olsen

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:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 9 / 0 8 / 2 0 0 9

**Transaction ID:** SA11AI.6864

Amount of Each Receipt this Period  
1000.00

Contribution

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

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:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      2028.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 8 / 2 0 0 9

**Transaction ID:** SA11AI.6918

Amount of Each Receipt this Period  
1500.00

Contribution

**C.** 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 Black Hills Orthopedics      Occupation 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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **3350.00**

**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 / 82  
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<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 Parkinson		Date of Receipt MM / DD / YYYY 07 / 21 / 2009
Mailing Address 575 Rivergate Lane Suite 212		Transaction ID: SA11AI.6753
City Durango	State CO	Zip Code 81301
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 800.00
Name of Employer Four Corners Eye Clinic	Occupation Physician	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	

**B.**

Full Name (Last, First, Middle Initial) Lawrence Pollack		Date of Receipt MM / DD / YYYY 10 / 20 / 2009
Mailing Address 1855 Power Mill Road		Transaction ID: SA11AI.6908
City York	State PA	Zip Code 17402
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 3000.00
Name of Employer OSS Ambulatory Surgery Ctr LLP	Occupation Physician/Partner	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3528.00	

**C.**

Full Name (Last, First, Middle Initial) Eric Potthoff		Date of Receipt MM / DD / YYYY 08 / 17 / 2009
Mailing Address 250 South Crescent		Transaction ID: SA11AI.6851
City Mason City	State IA	Zip Code 50402
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Mason City Clinic	Occupation Physician	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	800.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	4050.00

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 34 / 82  
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<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) Eric Potthoff		Date of Receipt MM / DD / YYYY 11 / 13 / 2009	
Mailing Address 250 South Crescent		<b>Transaction ID:</b> SA11AI.6933	
City Mason City	State IA	Zip Code 50402	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		Contribution	
Name of Employer Mason City Clinic	Occupation Physician	Aggregate Year-to-Date 750.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

**B.**

Full Name (Last, First, Middle Initial) Sarah Powell		Date of Receipt MM / DD / YYYY 08 / 10 / 2009	
Mailing Address 101 Tower Road Suite 120		<b>Transaction ID:</b> SA11AI.6849	
City Dakota Dunes	State SD	Zip Code 57049	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C		Contribution	
Name of Employer ENT Consultants	Occupation Physician	Aggregate Year-to-Date 1000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

**C.**

Full Name (Last, First, Middle Initial) John Priddy		Date of Receipt MM / DD / YYYY 11 / 03 / 2009	
Mailing Address 3414 Golden Road		<b>Transaction ID:</b> SA11AI.6927	
City Tyler	State TX	Zip Code 75701	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C		Contribution	
Name of Employer Azalea Orthopedics	Occupation Physician	Aggregate Year-to-Date 500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	1750.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 35 / 82  
(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) Thomas Puschak		Date of Receipt MM / DD / YYYY 07 / 14 / 2009
Mailing Address 660 Golden Ridge Road		<b>Transaction ID:</b> SA11AI.6736
City Golden	State CO	Zip Code 80401
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 238.00
Name of Employer Panorama Orthoped. & Spine Ctr	Occupation Physician	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 238.00	

**B.**

Full Name (Last, First, Middle Initial) Thorir Ragnarsson		Date of Receipt MM / DD / YYYY 08 / 21 / 2009
Mailing Address 575 Sioux Point Road		<b>Transaction ID:</b> SA11AI.6857
City Dakota Dunes	State SD	Zip Code 57049
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer CNOS	Occupation Physician	Contribution
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) Mark Renfro		Date of Receipt MM / DD / YYYY 11 / 03 / 2009
Mailing Address 700 Olympic Plaza Suite #850		<b>Transaction ID:</b> SA11AI.6928
City Tyler	State TX	Zip Code 75701
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Tyler Neurosurgical Associates	Occupation Physician	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1738.00</b>
<b>TOTAL</b> 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 / 82  
(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)  
Randall Rice

Mailing Address 575 Rivergate Lane

City Durango State CO Zip Code 81301

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

Name of Employer: Randall Rice Anesthesia Serv. Occupation: Surgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 560.00

Date of Receipt: 07 / 21 / 2009  
Transaction ID: SA11AI.6754  
Amount of Each Receipt this Period: 560.00  
Contribution

**B.** Full Name (Last, First, Middle Initial)  
Stuart Rice

Mailing Address 4141 Fifth Street

City Rapid City State SD Zip Code 57701

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

Name of Employer: The Spine Center Occupation: Neurosurgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt: 12 / 23 / 2009  
Transaction ID: SA11AI.6956  
Amount of Each Receipt this Period: 2000.00  
Contribution

**C.** Full Name (Last, First, Middle Initial)  
William Rizk

Mailing Address 705 North Sioux Point Road Suite 100

City Dakota Dunes State SD Zip Code 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 ▼ 750.00

Date of Receipt: 07 / 23 / 2009  
Transaction ID: SA11AI.6762  
Amount of Each Receipt this Period: 750.00  
Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► 3310.00

**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 / 82
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Chris Roach	Date of Receipt MM / DD / YYYY 07 / 21 / 2009
	Mailing Address 1 Mercado Street Suite 105	<b>Transaction ID:</b> SA11AI.6755
	City State Zip Code Mancos CO 81328-9312	Amount of Each Receipt this Period 560.00
	FEC ID number of contributing federal political committee. C	Contribution
	Name of Employer Four Corners OBGYN Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date <input type="checkbox"/> 560.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Stephen Robbins	Date of Receipt MM / DD / YYYY 10 / 05 / 2009
	Mailing Address 2015 E. Newport	<b>Transaction ID:</b> SA11AI.6875
	City State Zip Code Milwaukee WI 53211	Amount of Each Receipt this Period 1500.00
	FEC ID number of contributing federal political committee. C	Contribution
	Name of Employer Milwaukee Spinal Specialists Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date <input type="checkbox"/> 1500.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Walter Robinson	Date of Receipt MM / DD / YYYY 07 / 14 / 2009
	Mailing Address 660 Golden Ridge Road	<b>Transaction ID:</b> SA11AI.6737
	City State Zip Code Golden CO 80401	Amount of Each Receipt this Period 238.00
	FEC ID number of contributing federal political committee. C	Contribution
	Name of Employer Panorama Orthoped. & Spine Ctr Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date <input type="checkbox"/> 238.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="checkbox"/> 2298.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="checkbox"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 38 / 82  
(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)  
David Rosinsky

Mailing Address 1200 S. Euclid #212

City State Zip Code  
Sioux Falls SD 57105

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

Name of Employer Occupation  
Urology Specialists Surgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt: 08 / 21 / 2009  
Transaction ID: SA11AI.6859  
Amount of Each Receipt this Period: 5000.00  
Contribution

**B.** Full Name (Last, First, Middle Initial)  
Edmund Rowland

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: 07 / 14 / 2009  
Transaction ID: SA11AI.6738  
Amount of Each Receipt this Period: 238.00  
Contribution

**C.** Full Name (Last, First, Middle Initial)  
Chad M. Rutter

Mailing Address 1750 5th Avenue Suite #201

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: 10 / 28 / 2009  
Transaction ID: SA11AI.6919  
Amount of Each Receipt this Period: 3000.00  
Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► **8238.00**

**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 39 / 82  
(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 Scherrer

Mailing Address P.O. Box 6850

City State Zip Code  
Rapid City SD 57709

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

Name of Employer Occupation  
Black Hills Orthopedics Business Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 382.00

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

Transaction ID: SA11AI.6957

Amount of Each Receipt this Period  
382.00

Contribution

**B.**

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 Occupation  
Black Hills Orthopedic 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

**C.**

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 Occupation  
Azalea Orthopedics 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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1607.00**

**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 40 / 82

(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)  
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 Occupation  
Midwest ENT 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  
0 8 / 2 4 / 2 0 0 9

Transaction ID: SA11AI.6862

Amount of Each Receipt this Period

5000.00

Contribution

B.

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 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  
0 7 / 1 4 / 2 0 0 9

Transaction ID: SA11AI.6739

Amount of Each Receipt this Period

238.00

Contribution

C.

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 Occupation  
The Spine Center Neurosurgeon

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1356.00

Date of Receipt

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

Transaction ID: SA11AI.6960

Amount of Each Receipt this Period

356.00

Contribution

SUBTOTAL of Receipts This Page (optional) .....

5594.00

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 / 82  
(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
							17

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

**A.**

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

**B.**

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 Midwest Ear Nose & Throat Occupation 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

**C.**

Full Name (Last, First, Middle Initial)  
Siouxland Women's Health Care

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

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

Transaction ID: SA11AI.6835

Amount of Each Receipt this Period  
1000.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► **6000.00**

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

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

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

FOR LINE NUMBER: PAGE 42 / 82  
(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)  
Specialty Management Services of Ouachita  
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  

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

**Transaction ID:** SA11AI.6858  
 Amount of Each Receipt this Period  
5000.00  
 Contribution

**B.** 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  

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

**Transaction ID:** SA11AI.6740  
 Amount of Each Receipt this Period  
238.00  
 Contribution

**C.** Full Name (Last, First, Middle Initial)  
Jeff Stephany  
Mailing Address N54 @6135 Mill Street, Suite #200

City State Zip Code  
Cedarburg WI 53012

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 ▼  
1500.00

Date of Receipt  

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

**Transaction ID:** SA11AI.6920  
 Amount of Each Receipt this Period  
1500.00  
 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 43 / 82
	<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

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

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

<b>C.</b>	Full Name (Last, First, Middle Initial) Douglas Straehley	Date of Receipt MM / DD / YYYY 07 / 14 / 2009
	Mailing Address 660 Golden Ridge Road	Transaction ID: SA11AI.6741
	City Golden State CO Zip Code 80401	Amount of Each Receipt this Period 238.00
	FEC ID number of contributing federal political committee. <b>C</b>	Contribution
	Name of Employer Panorama Orthoped. & Spine Ctr Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 238.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	1718.00
<b>TOTAL</b> 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 / 82  
(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)  
Surgical Care Affiliates

Mailing Address 3000 Riverchase Galleria  
Suite 500

City Hoover State AL Zip Code 35244

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 22 / 2009

**Transaction ID:** SA11AI.6761

Amount of Each Receipt this Period  
5000.00

Contribution

**B.** Full Name (Last, First, Middle Initial)  
Larry L. Teuber

Mailing Address 4141 5th Street

City Rapid City State SD Zip Code 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

**C.** Full Name (Last, First, Middle Initial)  
Bradley Thaemert

Mailing Address 911 E. 20th Street  
#800

City Sioux Falls State SD Zip Code 57105

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

Name of Employer Occupation  
Surgical Institute  
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  
08 / 10 / 2009

**Transaction ID:** SA11AI.6848

Amount of Each Receipt this Period  
1000.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► **9763.00**

**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 / 82  
(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)  
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: MM / DD / YYYY  
08 / 07 / 2009

**Transaction ID:** SA11AI.6844

Amount of Each Receipt this Period: 1000.00

Contribution

**B.** 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: MM / DD / YYYY  
11 / 03 / 2009

**Transaction ID:** SA11AI.6931

Amount of Each Receipt this Period: 1000.00

Contribution

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

Mailing Address 1309 W. Main Street

City State Zip Code  
Rapid City SD 57702

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

Name of Employer Northwestern Engineering Co.      Occupation CEO

Receipt For:  Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 518.00

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

**Transaction ID:** SA11AI.6964

Amount of Each Receipt this Period: 518.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2518.00

**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 / 82

(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

<b>A.</b>	Full Name (Last, First, Middle Initial) Steven J. Triantafyllou		Date of Receipt MM / DD / YYYY 10 / 20 / 2009		
	Mailing Address 1855 Power Mill Road		<b>Transaction ID:</b> SA11AI.6910		
	City York	State PA	Zip Code 17402	Amount of Each Receipt this Period 3000.00	
	FEC ID number of contributing federal political committee. C		Contribution		
	Name of Employer OSS Ambulatory Surgery Ctr LLP	Occupation Physician/Partner	Aggregate Year-to-Date 3527.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

<b>B.</b>	Full Name (Last, First, Middle Initial) Daniel Tynan		Date of Receipt MM / DD / YYYY 09 / 08 / 2009		
	Mailing Address 1210 W. 18th Street, Suite 204		<b>Transaction ID:</b> SA11AI.6863		
	City Sioux Falls	State SD	Zip Code 57104	Amount of Each Receipt this Period 2500.00	
	FEC ID number of contributing federal political committee. C		Contribution		
	Name of Employer Avera Neurosurgery	Occupation Neurosurgeon	Aggregate Year-to-Date 2500.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	8500.00
<b>TOTAL</b> 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 / 82

(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)  
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

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

Transaction ID: SA11AI.6758

Amount of Each Receipt this Period

1500.00

Contribution

**B.**

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

M M / D D / Y Y Y Y Y  
07 / 02 / 2009

Transaction ID: SA11AI.6720

Amount of Each Receipt this Period

1000.00

Contribution

**C.**

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  
Midlans Clinic 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  
10 / 01 / 2009

Transaction ID: SA11AI.6874

Amount of Each Receipt this Period

500.00

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 48 / 82

(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 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

M M / D D / Y Y Y Y Y  
08 / 17 / 2009

Transaction ID: SA11AI.6856

Amount of Each Receipt this Period

1000.00

Contribution

**B.**

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 Occupation  
The Milwaukee Hand Center Physician

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 01 / 2009

Transaction ID: SA11AI.6873

Amount of Each Receipt this Period

1500.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)  
Tim Watt

Mailing Address 4141 5th Street

City State Zip Code  
Rapid City SD 57701

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

Name of Employer Occupation  
Neurosurgical & Spinal Surgery Physician

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 721.00

Date of Receipt

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

Transaction ID: SA11AI.6965

Amount of Each Receipt this Period

721.00

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 49 / 82

(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)

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 Occupation  
Surgical Institute 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 / 21 / 2009

Transaction ID: SA11AI.6760

Amount of Each Receipt this Period  
1000.00

Contribution

B.

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 Associa- Physician  
tes

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

Date of Receipt

M M / D D / Y Y Y Y  
09 / 30 / 2009

Transaction ID: SA11AI.6869

Amount of Each Receipt this Period  
5000.00

Contribution

C.

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 Physician  
Ctr

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.6742

Amount of Each Receipt this Period  
238.00

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 50 / 82  
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<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) Rory Wright		Date of Receipt MM / DD / YYYY 10 / 20 / 2009
Mailing Address 575 West Riverwoods Parkways Suite #100		Transaction ID: SA11AI.6912
City Glendale	State WI	Zip Code 53212
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Orthopaedic Assoc. Milwaukee	Occupation Physician	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

**B.**

Full Name (Last, First, Middle Initial) Robert Zimmerman		Date of Receipt MM / DD / YYYY 07 / 29 / 2009
Mailing Address 600 Sioux Point Road		Transaction ID: SA11AI.6765
City Dakota Dunes	State SD	Zip Code 57049
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00
Name of Employer Dunes Anesthesia	Occupation Physician	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

**C.**

Full Name (Last, First, Middle Initial) Timothy Zoellner		Date of Receipt MM / DD / YYYY 08 / 21 / 2009
Mailing Address 810 East 23rd Street		Transaction ID: SA11AI.6861
City Sioux Falls	State SD	Zip Code 57105
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Orthopedic Institute	Occupation Physician	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	4000.00
<b>TOTAL</b> This Period (last page this line number only) .....	200703.10

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 51 / 82	
	(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"/> 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**

<b>A.</b>	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"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="1000.00"/>
<b>TOTAL</b> 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 52 / 82
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 15
		<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

<b>A.</b>	Full Name (Last, First, Middle Initial) MIKE CRAPO FOR US SENATE		Date of Receipt
	Mailing Address PO BOX 1948		<input type="text" value="10"/> / <input type="text" value="09"/> / <input type="text" value="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
Name of Employer	Occupation	5000.00	
Receipt For: 2010	Aggregate Year-to-Date ▼	Refund of Check Dated 4/6- /09: Primary 2010	
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="5000.00"/>		
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="5000.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text" value="5000.00"/>

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

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

FOR LINE NUMBER: (check only one)

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

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

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

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="4000.00"/>
<b>TOTAL</b> 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) ANNA ESHOO FOR CONGRESS	Transaction ID: SB23.7091 Date of Disbursement 12 / 02 / 2009
	Mailing Address 555 Capitol Mall, Suite 1425	Amount of Each Disbursement this Period 1000.00
	City Sacramento State CA Zip Code 95814	
	Purpose of Disbursement Contribution	Category/Type
	Candidate Name ANNA ESHOO	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 14	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B.	Full Name (Last, First, Middle Initial) BACHMANN FOR CONGRESS	Transaction ID: SB23.7051 Date of Disbursement 10 / 16 / 2009
	Mailing Address PO Box 25950	Amount of Each Disbursement this Period 1000.00
	City Woodbury State MN Zip Code 55125	
	Purpose of Disbursement Contribution	Category/Type
	Candidate Name MICHELE BACHMANN	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 06	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C.	Full Name (Last, First, Middle Initial) BILL CASSIDY FOR CONGRESS	Transaction ID: SB23.7066 Date of Disbursement 10 / 20 / 2009
	Mailing Address 3482 DRUSILLA LANE SUITE 1	Amount of Each Disbursement this Period 1000.00
	City BATON ROUGE State LA Zip Code 70809	
	Purpose of Disbursement Contribution	Category/Type
	Candidate Name WILLIAM CASSIDY	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 06	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	3000.00
<b>TOTAL</b> 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) BRIGHT FOR CONGRESS.COM	Transaction ID: SB23.7044
	Mailing Address P.O.Box 2106	Date of Disbursement 10 / 16 / 2009
	City Montgomery State AL Zip Code 36102	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Contribution Candidate Name BOBBY NEAL MR. SR. BRIGHT Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AL District: 02 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) CASTLE CAMPAIGN FUND	Transaction ID: SB23.7061
	Mailing Address PO Box 133	Date of Disbursement 10 / 19 / 2009
	City Wilmington State DE Zip Code 19899	Amount of Each Disbursement this Period 2000.00
	Purpose of Disbursement Contribution Candidate Name MICHAEL N CASTLE Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: DE District: 00 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) CASTLE CAMPAIGN FUND	Transaction ID: SB23.7092
	Mailing Address PO Box 133	Date of Disbursement 12 / 04 / 2009
	City Wilmington State DE Zip Code 19899	Amount of Each Disbursement this Period 2000.00
	Purpose of Disbursement Contribution Candidate Name MICHAEL N CASTLE Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: DE District: 00 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	5000.00
<b>TOTAL</b> 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><b>A.</b> Full Name (Last, First, Middle Initial) CHARLES BOUSTANY JR MD FOR CONGRESS INC</p> <p>Mailing Address Post Office Box 80126</p> <p>City Lafayette State LA Zip Code 70598</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name CHARLES DR. JR. BOUSTANY</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 07</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.6981</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 2 / 2 0 0 9</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) CHARLIE CRIST FOR US SENATE</p> <p>Mailing Address PO BOX 1694</p> <p>City TALLAHASSEE State FL Zip Code 32302</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name CHARLIE CRIST</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 00</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.6995</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 9 / 2 0 0 9</p> <p>Amount of Each Disbursement this Period 2500.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) CHARLIE DENT FOR CONGRESS</p> <p>Mailing Address PO Box 442</p> <p>City Allentown State PA Zip Code 18105</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name CHARLES W DENT</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 15</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.7042</p> <p>Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 6 / 2 0 0 9</p> <p>Amount of Each Disbursement this Period 1000.00</p>

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p>4500.00</p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	

# 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><b>A.</b> Full Name (Last, First, Middle Initial) CHARLIE MELANCON CAMPAIGN COMMITTEE INC</p> <p>Mailing Address 511 CONGRESS ST PO BOX 549</p> <p>City NAPOLEONVILLE State LA Zip Code 70390</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name CHARLIE JR MELANCON</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 03</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.6970</p> <p>Date of Disbursement MM / DD / YYYY 07 / 02 / 2009</p> <p>Amount of Each Disbursement this Period 2500.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) CHILDERS FOR CONGRESS</p> <p>Mailing Address PO BOX 177</p> <p>City BOONEVILLE State MS Zip Code 38829</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name TRAVIS W CHILDERS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MS District: 01</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.7067</p> <p>Date of Disbursement MM / DD / YYYY 10 / 23 / 2009</p> <p>Amount of Each Disbursement this Period 2000.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) CONGRESSMAN WAXMAN CAMPAIGN COMMITTEE</p> <p>Mailing Address 6380 Wilshire Blvd. #1612</p> <p>City Los Angeles State CA Zip Code 90048</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name HENRY A. WAXMAN</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 30</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.7030</p> <p>Date of Disbursement MM / DD / YYYY 10 / 05 / 2009</p> <p>Amount of Each Disbursement this Period 2500.00</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

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

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	7000.00
<b>TOTAL</b> 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="20"/> <input type="text" value="09"/>
	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="20"/> <input type="text" value="09"/>
	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: 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) 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="20"/> <input type="text" value="09"/>
	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: 00	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="12500.00"/>
<b>TOTAL</b> 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) DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE	Transaction ID: SB23.6977 Date of Disbursement
	Mailing Address 430 South Capitol Street, SE 2nd Floor	<input type="text" value="07"/> / <input type="text" value="13"/> / <input type="text" value="2009"/>
	City Washington State DC Zip Code 20003	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="1000.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ State: District: Other	

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

C.	Full Name (Last, First, Middle Initial) EDDIE BERNICE JOHNSON FOR CONGRESS	Transaction ID: SB23.7000 Date of Disbursement
	Mailing Address 3102 Maple Avenue, Suite 605	<input type="text" value="08"/> / <input type="text" value="10"/> / <input type="text" value="2009"/>
	City Dallas State TX Zip Code 75201	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="1000.00"/>
	Candidate Name EDDIE BERNICE JOHNSON	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: TX District: 30	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="6000.00"/>
<b>TOTAL</b> 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) FEINSTEIN FOR SENATE	Transaction ID: SB23.7007 Date of Disbursement
	Mailing Address 1212 S VICTORY BLVD	<input type="text" value="09"/> / <input type="text" value="04"/> / <input type="text" value="2009"/>
	City BURBANK State CA Zip Code 91502	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="1000.00"/>
	Candidate Name DIANNE FEINSTEIN	Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 00	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) FLEMING FOR CONGRESS	Transaction ID: SB23.7070 Date of Disbursement
	Mailing Address P.O. Box 1236 BOX 281	<input type="text" value="10"/> / <input type="text" value="28"/> / <input type="text" value="2009"/>
	City Minden State LA Zip Code 71058	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="1000.00"/>
	Candidate Name JOHN CALVIN JR. FLEMING	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 04	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) FLEMING FOR CONGRESS	Transaction ID: SB23.7082 Date of Disbursement
	Mailing Address P.O. Box 1236 BOX 281	<input type="text" value="11"/> / <input type="text" value="17"/> / <input type="text" value="2009"/>
	City Minden State LA Zip Code 71058	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="1000.00"/>
	Candidate Name JOHN CALVIN JR. FLEMING	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 04	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="3000.00"/>
<b>TOTAL</b> 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

<p><b>A.</b> Full Name (Last, First, Middle Initial) <b>FREEDOM FUND</b></p> <p>Mailing Address 1155 21st Street NW Suite 300</p> <p>City Washington State DC Zip Code 20036</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: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other</p>	<p><b>Transaction ID:</b> SB23.7088 <b>Date of Disbursement</b> 12 / 01 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) <b>FRIENDS OF BYRON DORGAN</b></p> <p>Mailing Address PO BOX 871</p> <p>City BISMARCK State ND Zip Code 58502</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name BYRON L DORGAN</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: ND District: 00</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.6991 <b>Date of Disbursement</b> 10 / 19 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) <b>FRIENDS OF LOIS CAPPS</b></p> <p>Mailing Address PO Box 23940</p> <p>City Santa Barbara State CA Zip Code 93121</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name LOIS G CAPPS</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><b>Transaction ID:</b> SB23.6985 <b>Date of Disbursement</b> 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	Transaction ID: SB23.7020 Date of Disbursement
	Mailing Address PO Box 50100	<input type="text" value="09"/> / <input type="text" value="28"/> / <input type="text" value="2009"/>
	City Springfield State MO Zip Code 65805	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="1500.00"/>
	Candidate Name ROY BLUNT	Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 00	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) FRIENDS OF SCHUMER	Transaction ID: SB23.7078 Date of Disbursement
	Mailing Address 509 MADISON AVE SUITE 1902	<input type="text" value="11"/> / <input type="text" value="17"/> / <input type="text" value="2009"/>
	City NEW YORK State NY Zip Code 10022	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="2000.00"/>
	Candidate Name CHARLES E SCHUMER	Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NY 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) FRIENDS OF SCHUMER	Transaction ID: SB23.7103 Date of Disbursement
	Mailing Address 509 MADISON AVE SUITE 1902	<input type="text" value="12"/> / <input type="text" value="14"/> / <input type="text" value="2009"/>
	City NEW YORK State NY Zip Code 10022	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="2000.00"/>
	Candidate Name CHARLES E SCHUMER	Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 00	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="5500.00"/>
<b>TOTAL</b> 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) <b>FUND FOR THE MAJORITY</b> Mailing Address 1212 S VICTORY BLVD City BURBANK State CA Zip Code 91502 Purpose of Disbursement Contribution Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other	Transaction ID: SB23.7079 Date of Disbursement 11 / 17 / 2009 Amount of Each Disbursement this Period 5000.00 Category/Type
B.	Full Name (Last, First, Middle Initial) <b>GEOFF DAVIS FOR CONGRESS</b> Mailing Address 3161 Dixie Highway Suite F City Erlanger State KY Zip Code 41018 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) ▼	Transaction ID: SB23.7057 Date of Disbursement 10 / 16 / 2009 Amount of Each Disbursement this Period 2000.00 Category/Type
C.	Full Name (Last, First, Middle Initial) <b>GEORGIANS FOR ISAKSON</b> Mailing Address POST OFFICE BOX 250116 City ATLANTA State GA Zip Code 30325 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: 00 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.7087 Date of Disbursement 11 / 23 / 2009 Amount of Each Disbursement this Period 1000.00 Category/Type

**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

A.	Full Name (Last, First, Middle Initial) GRIFFITH FOR CONGRESS	Transaction ID: SB23.7100 Date of Disbursement 12 / 08 / 2009
	Mailing Address PO BOX 2916	Amount of Each Disbursement this Period 1000.00
	City Huntsville State AL Zip Code 35804	
	Purpose of Disbursement Contribution	Category/ Type
	Candidate Name PARKER DR. GRIFFITH	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AL District: 05	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) HELLER FOR CONGRESS	Transaction ID: SB23.6982 Date of Disbursement 07 / 22 / 2009
	Mailing Address 7840 Red Leaf Drive	Amount of Each Disbursement this Period 1000.00
	City Las Vegas State NV Zip Code 89131	
	Purpose of Disbursement Contribution	Category/ Type
	Candidate Name DEAN HELLER	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 02	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) HOYER FOR CONGRESS	Transaction ID: SB23.7038 Date of Disbursement 10 / 15 / 2009
	Mailing Address 7905 MALCOLM ROAD SUITE 102	Amount of Each Disbursement this Period 5000.00
	City CLINTON State MD Zip Code 20735	
	Purpose of Disbursement Contribution	Category/ Type
	Candidate Name STENY HAMILTON HOYER	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 05	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	7000.00
<b>TOTAL</b> 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><b>A.</b> 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. III CAMPBELL</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><b>Transaction ID:</b> SB23.7055</p> <p>Date of Disbursement 10 / 16 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) JOHN SALAZAR FOR CONGRESS</p> <p>Mailing Address P.O. Box 534</p> <p>City Pueblo State CO Zip Code 81002</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name JOHN TONY SALAZAR</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 03</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.7037</p> <p>Date of Disbursement 10 / 12 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) JON KYL FOR U S SENATE</p> <p>Mailing Address PO BOX 10246</p> <p>City PHOENIX State AZ Zip Code 85064</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name JON L KYL</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 00</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.7019</p> <p>Date of Disbursement 09 / 28 / 2009</p> <p>Amount of Each Disbursement this Period 5000.00</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**

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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

<b>A.</b>	Full Name (Last, First, Middle Initial) JON KYL FOR U S SENATE	Transaction ID: SB23.7064 Date of Disbursement 10 / 19 / 2009
	Mailing Address PO BOX 10246	Amount of Each Disbursement this Period 5000.00
	City PHOENIX State AZ Zip Code 85064	Category/ Type
	Purpose of Disbursement Contribution	
Candidate Name JON L KYL	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 00	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b>	Full Name (Last, First, Middle Initial) JON KYL FOR U S SENATE	Transaction ID: SB23.7112 Date of Disbursement 10 / 19 / 2009
	Mailing Address PO BOX 10246	Amount of Each Disbursement this Period -5000.00
	City PHOENIX State AZ Zip Code 85064	Category/ Type
	Purpose of Disbursement Void of Contribution Check Dated 2/18/09	
Candidate Name JON L KYL	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 00	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b>	Full Name (Last, First, Middle Initial) KIRK FOR CONGRESS	Transaction ID: SB23.6990 Date of Disbursement 07 / 27 / 2009
	Mailing Address P.O. Box 8	Amount of Each Disbursement this Period 1000.00
	City Winnetka State IL Zip Code 60093	Category/ Type
	Purpose of Disbursement Contribution	
Candidate Name MARK STEVEN KIRK	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 10	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

1000.00

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

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

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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

<b>A.</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 Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 10 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.7014 Date of Disbursement 09 / 15 / 2009
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Category/ Type

<b>B.</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 State: IL District: 00 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.7046 Date of Disbursement 10 / 16 / 2009
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Category/ Type

<b>C.</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 State: IL District: 00 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.7075 Date of Disbursement 11 / 02 / 2009
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Category/ Type

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

3000.00

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

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

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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: SB23.7089 Date of Disbursement 12 / 02 / 2009
	Mailing Address P.O. Box 8	Amount of Each Disbursement this Period 1000.00
	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 State: IL District: 00	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	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 State: IL District: 00	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	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 MR LEVIN	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 12	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	4000.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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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)  
LISA MURKOWSKI FOR US SENATE

Mailing Address PO BOX 100847

City ANCHORAGE State AK Zip Code 99510

Purpose of Disbursement  
Contribution

Candidate Name  
LISA MURKOWSKI

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: AK District: 00

Transaction ID: SB23.7058

Date of Disbursement

10 / 16 / 2009

Amount of Each Disbursement this Period

1000.00

**B.** Full Name (Last, First, Middle Initial)  
LOFGREN FOR CONGRESS

Mailing Address P.O. Box 8180  
Suite 350

City San Jose State CA Zip Code 95155

Purpose of Disbursement  
Contribution

Candidate Name  
ZOE LOFGREN

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: CA District: 16

Transaction ID: SB23.7039

Date of Disbursement

10 / 15 / 2009

Amount of Each Disbursement this Period

2000.00

**C.** Full Name (Last, First, Middle Initial)  
LONE STAR LEADERSHIP PAC

Mailing Address 7315 Wisconsin Avenue  
Suite 310 East

City Bethesda State MD Zip Code 20814

Purpose of Disbursement  
Contribution

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2009  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB23.7024

Date of Disbursement

09 / 28 / 2009

Amount of Each Disbursement this Period

5000.00

**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

**A.** Full Name (Last, First, Middle Initial)  
MARION BERRY FOR CONGRESS

Mailing Address P.O. BOX 8084

City JONESBORO State AR Zip Code 72403

Purpose of Disbursement  
Contribution

Candidate Name  
MARION BERRY

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: AR District: 01

Transaction ID: SB23.6979

Date of Disbursement

07 / 14 / 2009

Amount of Each Disbursement this Period

1500.00

**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

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: NM District: 01

Transaction ID: SB23.6986

Date of Disbursement

07 / 27 / 2009

Amount of Each Disbursement this Period

1000.00

**C.** 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

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: NM District: 01

Transaction ID: SB23.7076

Date of Disbursement

11 / 02 / 2009

Amount of Each Disbursement this Period

2500.00

**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) <b>MICHAEL BURGESS FOR CONGRESS</b>	<b>Transaction ID: SB23.7002</b>
	Mailing Address <b>PO Box 2334</b>	Date of Disbursement MM / DD / YYYY <b>08 / 14 / 2009</b>
	City <b>Denton</b> State <b>TX</b> Zip Code <b>76202</b>	Amount of Each Disbursement this Period <b>500.00</b>
	Purpose of Disbursement Contribution	Category/ Type
	Candidate Name <b>MICHAEL C DR. BURGESS</b>	
	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: <b>TX</b> District: <b>26</b>	

B.	Full Name (Last, First, Middle Initial) <b>MIKE ROSS FOR CONGRESS COMMITTEE</b>	<b>Transaction ID: SB23.7031</b>
	Mailing Address <b>PO Box 360</b>	Date of Disbursement MM / DD / YYYY <b>10 / 05 / 2009</b>
	City <b>Prescott</b> State <b>AR</b> Zip Code <b>71857</b>	Amount of Each Disbursement this Period <b>1000.00</b>
	Purpose of Disbursement Contribution	Category/ Type
	Candidate Name <b>MICHAEL AVERY ROSS</b>	
	Office Sought: <input checked="" type="checkbox"/> House <input 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: <b>AR</b> District: <b>04</b>	

C.	Full Name (Last, First, Middle Initial) <b>MIKE ROSS FOR CONGRESS COMMITTEE</b>	<b>Transaction ID: SB23.7032</b>
	Mailing Address <b>PO Box 360</b>	Date of Disbursement MM / DD / YYYY <b>10 / 05 / 2009</b>
	City <b>Prescott</b> State <b>AR</b> Zip Code <b>71857</b>	Amount of Each Disbursement this Period <b>1500.00</b>
	Purpose of Disbursement Contribution	Category/ Type
	Candidate Name <b>MICHAEL AVERY ROSS</b>	
	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: <b>AR</b> District: <b>04</b>	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>3000.00</b>
<b>TOTAL</b> 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><b>A.</b> Full Name (Last, First, Middle Initial) <b>MIKE ROSS FOR CONGRESS COMMITTEE</b></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 <b>MICHAEL AVERY ROSS</b></p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President 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><b>Transaction ID:</b> SB23.7086</p> <p>Date of Disbursement 11 / 23 / 2009</p> <p>Amount of Each Disbursement this Period 2000.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) <b>MIKE THOMPSON FOR CONGRESS</b></p> <p>Mailing Address 5429 Madison Avenue</p> <p>City Sacramento State CA Zip Code 95841</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name <b>MIKE THOMPSON</b></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><b>Transaction ID:</b> SB23.7015</p> <p>Date of Disbursement 09 / 28 / 2009</p> <p>Amount of Each Disbursement this Period 2500.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) <b>NANCY PELOSI FOR CONGRESS</b></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</p> <p>Candidate Name <b>NANCY PELOSI</b></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><b>Transaction ID:</b> SB23.7071</p> <p>Date of Disbursement 10 / 28 / 2009</p> <p>Amount of Each Disbursement this Period 5000.00</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>9500.00</b>
<b>TOTAL</b> 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

<b>A.</b>	Full Name (Last, First, Middle Initial) NELSON 2012  Mailing Address PO BOX 8666  City OMAHA State NE Zip Code 68108  Purpose of Disbursement Contribution Candidate Name E BENJAMIN NELSON Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 00 Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.6971 Date of Disbursement 07 / 02 / 2009  Amount of Each Disbursement this Period 2000.00  Category/ Type
<b>B.</b>	Full Name (Last, First, Middle Initial) NELSON 2012  Mailing Address PO BOX 8666  City OMAHA State NE Zip Code 68108  Purpose of Disbursement Contribution Candidate Name E BENJAMIN NELSON Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 00 Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.7104 Date of Disbursement 12 / 15 / 2009  Amount of Each Disbursement this Period 1000.00  Category/ Type
<b>C.</b>	Full Name (Last, First, Middle Initial) NEVADA STATE DEMOCRATIC PARTY  Mailing Address 409 Horn Street  City Las Vegas State NV Zip Code 89107  Purpose of Disbursement Contribution Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.7012 Date of Disbursement 09 / 13 / 2009  Amount of Each Disbursement this Period 2500.00  Category/ Type

**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)

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<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) NODAK PAC	Transaction ID: SB23.6972 Date of Disbursement 07 / 02 / 2009
	Mailing Address PO Box 75214	
	City Washington State DC Zip Code 20013	Amount of Each Disbursement this Period 2500.00
	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: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other

B.	Full Name (Last, First, Middle Initial) OUR CONGRESS POLITICAL ACTION COMMITTEE	Transaction ID: SB23.7084 Date of Disbursement 11 / 19 / 2009
	Mailing Address PO Box 344	
	City Prescott State AR Zip Code 71857	Amount of Each Disbursement this Period 2500.00
	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: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other

C.	Full Name (Last, First, Middle Initial) PAUL BROUN COMMITTEE	Transaction ID: SB23.7016 Date of Disbursement 09 / 28 / 2009
	Mailing Address P.O. Box 1512	
	City Athens State GA Zip Code 30601	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Contribution 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) ▼

**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)  
PENNSYLVANIA SENATE VICTORY 2010

Mailing Address 120 MARYLAND AVE NE

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement  
Contribution

Candidate Name  
ARLEN SPECTER

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: PA District: 00

Transaction ID: SB23.7109

Date of Disbursement

12 / 17 / 2009

Amount of Each Disbursement this Period

5000.00

**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: SB23.7001

Date of Disbursement

08 / 10 / 2009

Amount of Each Disbursement this Period

1000.00

**C.** 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

10 / 16 / 2009

Amount of Each Disbursement this Period

1000.00

**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)

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<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)  
SECURE AMERICAS MAJORITY PAC (SAM-PAC)

Mailing Address P.O. Box 860159

City Plano State TX Zip Code 75086

Purpose of Disbursement  
Contribution

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2009  
 Primary  General  
 Other (specify) ▼

State: District:

Other

Transaction ID: SB23.7074

Date of Disbursement

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

Amount of Each Disbursement this Period

1000.00
---------

**B.** Full Name (Last, First, Middle Initial)  
SOUDER FOR CONGRESS INC.

Mailing Address P.O. BOX 40233

City FORT WAYNE State IN Zip Code 46804

Purpose of Disbursement  
Contribution

Candidate Name  
MARK E SOUDER

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: IN District: 03

Transaction ID: SB23.7043

Date of Disbursement

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

Amount of Each Disbursement this Period

1000.00
---------

**C.** Full Name (Last, First, Middle Initial)  
SOUTHERN PROSPERITY IN OPPORTUNITY PAC

Mailing Address 1831 BAY STREET SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
Contribution

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2009  
 Primary  General  
 Other (specify) ▼

State: District:

Other

Transaction ID: SB23.7093

Date of Disbursement

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

Amount of Each Disbursement this Period

1000.00
---------

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

3000.00
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**TOTAL** This Period (last page this line number only) ..... ►

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

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

FOR LINE 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)  
STABENOW FOR US SENATE

Mailing Address PO BOX 4945

City EAST LANSING State MI Zip Code 48826

Purpose of Disbursement  
Contribution

Candidate Name  
DEBBIE STABENOW

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: MI District: 00

Transaction ID: SB23.6992

Date of Disbursement

/  /

Amount of Each Disbursement this Period

**B.** Full Name (Last, First, Middle Initial)  
TIBERI FOR CONGRESS

Mailing Address 2021 E Dublin Granville Road  
Suite 2000

City Columbus State OH Zip Code 43229

Purpose of Disbursement  
Contribution

Candidate Name  
PATRICK J TIBERI

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: OH District: 12

Transaction ID: SB23.6989

Date of Disbursement

/  /

Amount of Each Disbursement this Period

**C.** Full Name (Last, First, Middle Initial)  
TIM MURPHY FOR CONGRESS

Mailing Address PO Box 24551

City Pttsburgh State PA Zip Code 15234

Purpose of Disbursement  
Contribution

Candidate Name  
TIM MURPHY

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: PA District: 18

Transaction ID: SB23.7050

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)

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<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)  
TRUST PAC TEAM REPUBLICANS FOR UTILIZING SENSIBLE TACTI-  
CS

Transaction ID: SB23.7054

Date of Disbursement

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

Mailing Address 228 S. Washington Street  
Suite 115

Amount of Each Disbursement this Period

1000.00
---------

City State Zip Code  
Alexandria VA 22314

Purpose of Disbursement  
Contribution

Category/ Type
-------------------

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2009  
 Primary  General  
 Other (specify) ▼

State: District:

Other

B.

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

Transaction ID: SB23.7041

Date of Disbursement

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

Mailing Address PO Box 1091

Amount of Each Disbursement this Period

1500.00
---------

City State Zip Code  
Hood River OR 97031

Purpose of Disbursement  
Contribution

Category/ Type
-------------------

Candidate Name  
GREGORY PAUL WALDEN

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: OR District: 02

SUBTOTAL of Disbursements This Page (optional) .....

2500.00

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

157000.00

**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)

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<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 Oklahoma City State OK Zip Code 73110-7570

Amount of Each Disbursement this Period

1000.00
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Purpose of Disbursement  
Refund of Contribution

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Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) .....

1000.00
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TOTAL This Period (last page this line number only) .....

1000.00
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