06/28/2011 13:38

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FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

	For Other Than An Authorized Committee	Office Use Only
NAME OF COMMITTEE (in full)	USE FEC MAILING LABEL OR TYPE OR PRINT ₩ Example:If typing, type over the lines	
PHYSICIAN HOSPITALS O	F AMERICA POLITICAL ACTION COMMITTEE	
1000000	J PO Box 70980	
ADDRESS (number and street)		
Check if different than previously	Maskinston	DO 00004
reported. (ACC)	Washington	DC 20024 -
2. FEC IDENTIFICATION NUM	IBER ♥ CITY ▲	STATE A ZIPCODE A
C00394163	3. IS THIS REPORT (N) OR	X AMENDED (A)
4. TYPE OF REPORT (Choose One)	(b) Monthly Report Feb 20 (M2) May 20 (M5)	Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
(a) Quarterly Reports:	Due On: X Mar 20 (M3) Jun 20 (M6)	Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
April 15 Quarterly Report(Q	Apr 20 (M4) Jul 20 (M7)	Oct 20 (M10) Jan 31 (YE)
July 15	(c) 12-Day Primary (12P)	General (12G) Runoff (12R)
Quarterly Report(Q	Report for the: Convention (12C)	Special (12G)
Quarterly Report(Q January 31	(3)	in the
Quarterly Report(Y	E) Election on	State of
July 31 Mid-Year Report(Non-electio Year Only) (MY)	Post -Election General (30G)	Runoff (30R) Special (30S)
Termination Report	Report for the:	in the
(1211)	Election on	State of
5. Covering Period 0.2	2 01 2010 through 02	28 2010
I certify that I have examined this	Report and to the best of my knowledge and belief it is true, correct	and complete.
Type or Print Name of Treasurer	John Richardson	
Signature of Treasurer Electro	nically Filed by John Richardson	Date 06 28 2011
NOTE : Submission of false, error	neous, or incomplete information may subject the person signing th	nis Report to the penalties of 2 U.S.C 437g.
Office Use Only		FEC FORM 3X (Rev. 12/2004)
FE6AN026		

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

Page 2

FEC Form 3X (Rev. 02/2003)

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

D D [®] D 0 1 02 2010 0.2 28 2010 Report Covering the Period: From: To: **COLUMN A COLUMN B This Period** Calendar Year-to-Date (a) Cash on Hand 2010° 107325.01 January 1 (b) Cash on Hand at 100825.01 Begining of Reporting Period 0.00 5000.00 (c) Total Receipts (from Line 19) (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 100825.01 112325.01 6(a) and 6(c) for Column B) 23000.00 34500.00 Total Disbursements (from Line 31) Cash on Hand at Close of Reporting Period 77825.01 77825.01 (subtract Line 7 from Line 6(d)) 9. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D)

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

For further information contact:

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

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

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) Page 3

Write or Type Committee Name

PHYSICIAN HOSPITALS OF AMERICA POLITICAL ACTION COMMITTEE

01 м м 0 2 м°м 0 2 28 2010 2010 Report Covering the Period: From: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 0.00 5000.00 (i) Itemized (use Schedule A) 0.00 0.00 (ii) Unitemized (iii) TOTAL (add 0.00 5000.00 Lines 11(a)(i) and (ii) 0.00 0.00 (b) Political Party Committees Other Political Committees 0.00 0.00 (such as PACs) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry 0.00 5000.00 Totals to Line 33, page 5) 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees 0.00 0.00 13. All Loans Received 0.00 0.00 14. Loan Repayments Received 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 0.00 0.00 (Carry Totals to Line 37, page 5) 16. Refunds of Contributions Made to Federal candidates and Other 0.00 0.00 Political Committees 17. Other Federal Receipts 0.00 0.00 (Dividends, Interest, etc.) 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 0.00 (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)). 19. Total Receipts (add Lines 11(d), 0.00 5000.00 12, 13, 14, 15, 16, 17, and 18(c)) 20. Total Federal Receipts 0.00 5000.00 (subtract Line 18(c) from Line 19)

FE6AN026

DETAILED SUMMARY PAGE

of Disbursements FEC Form 3X (Rev. 02/2003) Page 4

	II. DISBURSEMENTS	COLUMN A	COLUMN B				
1.	Operating Expenditures:	Total This Period	Calendar Year-to-Date				
	(a) Shared Federal/Non-Federal Activity (from Schedule H4)	• • • • • • • • • • • • • • • • • • • •					
	(i) Federal Share	0.00	0.00				
	()	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				
2.	Transfers to Affiliated/Other Party	0.00	0.00				
3.	Committees Contributions to	0.00	0.00				
	Federal Candidates/Committeesand Other Political Committees	23000.00	34500.00				
4.	Independent Expenditure	0.00	0.00				
5.	(use Schedule E)	5.00	0.00				
	Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00				
6	Loan Repayments Made	0.00	0.00				
σ.	Local Hopaymonia Made						
	Loans MadeRefunds of Contributions To:	0.00	0.00				
о.	(a) Individuals/Persons Other	0.00	0.00				
	Than Political Committees						
	(b) Political Party Committees	0.00	0.00				
	(c) Other Political Committees (such as PACs)	0.00	0.00				
	(d) Total Contribution Refunds						
	(add Lines 28(a), (b), and (c))	0.00	0.00				
9.	Other Disbursements	0.00	0.00				
0.	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,	00000 00	04500.00				
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	23000.00	34500.00				
32.	Total Federal Disbursements						
	(subtract Line 21(a)(ii) and Line 30(a)(ii)						
	from Line 31)	23000.00	34500.00				

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003) Page 5

	III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33.	Total Contributions (other than loans) from Line 11(d), page 3)	0.00	5000.00
34.	Total Contribution Refunds (from Line 28(d))	0.00	0.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	0.00	5000.00
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

FE6AN026

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SCHEDULE B (FEC Form 3X)	Use separate schedule(s)				OR LIN			R:			0			
ITEMIZED DISBURSEMENTS		category of the Summary Page		Ė	21b 27	П	22 28a	Х	23 28b	F	24 28	, F	25 29	26 30b
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NAME OF COMMITTEE (In Full) PHYSICIAN HOSPITALS OF AMERICA PO	DLITICAL	ACTION COM	1MIT	ГТ	EE									
Full Name (Last, First, Middle Initial) BUILDING RELATIONSHIPS IN DIVERSE TS PAC (BRIDGE PAC) Mailing Address 499 SOUTH CAPITOL ST			NNC	ΛE	EN-		Trans		sburs		ment		43 2 0 1 (o ^Y
City	State DC	Zip Code 20003					Amou	nt o	f Eac	h [Disbur	seme	nt this I	Period
Purpose of Disbursement							L.					10	00.00)
Candidate Name Office Sought: House Disburse	ment For:				egory/ /pe									
Senate President State: District:	Primary Other (spe	General cify) ▼												
Full Name (Last, First, Middle Initial) CASTLE CAMPAIGN FUND							Trans		sburs	ser	ment			V
Mailing Address PO Box 133							0 2			2 :	2		ž 0 i (o
,	State DE	Zip Code 19899					Amou	nt o	f Eac	h [Disbur		nt this I	
Purpose of Disbursement Contribution				•				_				1(00.00)
Candidate Name MICHAEL N. CASTLE					egory/ /pe									
Office Sought: House Disburser X Senate President State: DE District:	ment For: Primary Other (spe	2010 General												
Full Name (Last, First, Middle Initial) CASTLE CAMPAIGN FUND							Trans					3.71	51	
Mailing Address PO Box 133							0 2	М	/ D	2 :	2 /	Y	ž 0 1 () Y
Wilmington	State DE	Zip Code 19899					Amou	nt o	f Eac	h [Disbur		nt this 0	
Purpose of Disbursement Contribution Candidate Name													JUU.U	
MICHAEL N. CASTLE					egory/ /pe									
χ Senate President	ment For: Primary Other (spe	2010 X General cify) ▼												
State: DE District:							_	_		_				
SUBTOTAL of Disbursements This Page (optional)					. •							30	00.00)

	CHEDULE B (FEC FOIII 3X)	Use separate schedule	(S) (check (NE NUMBER: PAGE 7/10 pnly one)
	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Pag	21b	22 X 23 24 25 28 28 28 29
	y Information copied from such Reports and State or commercial purposes, other than using the nar			
	NAME OF COMMITTEE (In Full) PHYSICIAN HOSPITALS OF AMERICA I	· ·		
<u> </u>	Full Name (Last, First, Middle Initial) COOPER FOR CONGRESS			Transaction ID: SB23.7154 Date of Disbursement
	Mailing Address c/o Davidson, Golden 8 P.O. Box 927	Lundy		0 2 M / D 2 B / Y 2 0 1 0 Y
	City Brentwood	State Zip Code TN 37024		Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution			1000.00
	Candidate Name JAMES H.S. COOPER		Category/ Type	
	Senate President	sement For: 2010 K Primary Genera Other (specify) ▼	ıl	
	State: TN District: 05 Full Name (Last, First, Middle Initial)			Transaction ID: SB23,7159
	GIFFORDS FOR CONGRESS			Date of Disbursement
	Mailing Address PO Box 12886			$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
	City Tucson	State Zip Code AZ 85732		Amount of Each Disbursement this Perio
	Purpose of Disbursement Contribution			1000.00
	Candidate Name GABRIELLE GIFFORDS		Category/ Type	
		sement For: 2010 K Primary General Other (specify)	al	
	Full Name (Last, First, Middle Initial) HOOSIERS FOR HILL			Transaction ID: SB23.7152 Date of Disbursement
	Mailing Address PO Box 1071			02 02 0 10
	City Seymour	State Zip Code IN 47274		Amount of Each Disbursement this Perio
	Purpose of Disbursement Contribution			1000.00
	Candidate Name BARON P HILL		Category/ Type	
	X X	sement For: 2010 K Primary General Other (specify)	al	
	State: IN District: 09	Other (appears)		

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CHEDULE B (FEC Form 3X)	Use sepa	rate schedule(s)	FOR LINE NUMBER:							PAGE 8/10						
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PHYSICIAN HOSPITALS OF AMERICA P	OLITICAL	ACTION COM	IVIIIIE	:E												
Full Name (Last, First, Middle Initial) JIM GERLACH FOR CONGRESS COMMI	ITTEE					Transa Date of			_	714	6					
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Full Name (Last, First, Middle Initial) MICHAEL BURGESS FOR CONGRESS						Transa Date of		_	-	715	0					
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,	State	Zip Code			Amount of Each Disbursement th			sement this Period								
Denton	TX	76202						20.00	00							
Purpose of Disbursement Contribution					1000.		JU.UU	-	_							
Candidate Name Dr. MICHAEL C. BURGESS			Cateo Typ													
Office Sought: X House Senate President State: TX District: 26	ement For: Primary Other (spe	2010 X General cify)														
Full Name (Last, First, Middle Initial)						Transa	ction II)· · · ·	SB23	715	R					
MIKE ROSS FOR CONGRESS COMMITT	EE					Date of	Disbur	seme	-			Υ				
Mailing Address PO Box 360						0 ^M 2 M		28		2	0 1 0)				
City Prescott	State AR	Zip Code 71857				Amount	t of Eac	h Dis	sburse	ment	this F	Perio	d			
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Candidate Name MICHAEL AVERY ROSS			Cateo Typ													
Office Sought: X House Senate President State: AR District: 04	ement For: Primary Other (spe	2010 X General cify)														
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A .	Full Name (Last, First, Middle Initial) PERLMUTTER FOR CONGRESS						Date	of Di	sburse					
	Mailing Address 3440 Youngfield St #264						0 2	М	2	8 /	ž	0 1 0	Y	
	City Wheat Ridge	State CO	Zip Code 80033				Amou	int of	Each	Disburse	-		-	
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	Candidate Name EDWIN PERLMUTTER			C	ateg Typ									
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В.	PRICE FOR CONGRESS						Date		sburse				Υ	
	Mailing Address PO BOX 425						0 2		0	4	2	0 1 0		
	City ROSWELL	State GA	Zip Code 30077				Amou	int of	Each	Disburse	emen	t this F	Period	
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	Candidate Name THOMAS EDMUNDS PRICE, MD			С	ateg Typ	•								
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С.	Full Name (Last, First, Middle Initial) RICHARD BURR COMMITTEE						Date	of Di	sburse		.714	7		
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	City WINSTON-SALEM	State NC	Zip Code 27113				Amou	int of	Each	Disburse	emen	t this F	Period	
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	Candidate Name RICHARD M BURR			С	ateg Typ									
	X Senate President	ment For: Primary Other (spec	2010 X General elify)											
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В.

District:

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUI	
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 2	22 X 23 24 25 26 88 28b 28c 29 30b
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name	ents may not be sold or used by and address of any political con	any person for th	e purpose of soliciting contributions contributions from such committee
NAME OF COMMITTEE (In Full) PHYSICIAN HOSPITALS OF AMERICA PO	DLITICAL ACTION COMMI	TTEE	
Full Name (Last, First, Middle Initial) SHEILA JACKSON LEE FOR CONGRESS		D	ransaction ID: SB23.7138 ate of Disbursement
Mailing Address 4412 ALMEDA		L	$ \begin{bmatrix} 0 & 2 & M \\ 0 & 2 & M \end{bmatrix} / \begin{bmatrix} 0 & 0 & 3 \\ 0 & 0 & 3 \end{bmatrix} / \begin{bmatrix} & Y & Y & Y & Y & Y & Y & Y & Y & Y & $
,	State Zip Code TX 77004	A	mount of Each Disbursement this Period
Purpose of Disbursement Contribution			5000.00
Candidate Name SHEILA JACKSON LEE		ategory/ Type	
	ment For: 2010 Primary General Other (specify)		
Full Name (Last, First, Middle Initial)			ransaction ID: SB23.7137
TUESDAY GROUP POLITICAL ACTION C	OMMITTEE	D	ate of Disbursement
Mailing Address PO BOX 40385		L	$ \begin{bmatrix} 0 & 2 & 1 \\ 0 & 2 & 1 \end{bmatrix} $ $ \begin{bmatrix} 0 & 2 \\ 0 & 2 \end{bmatrix} $ $ \begin{bmatrix} 0 & 2 \\ 0 & 2 \end{bmatrix} $ $ \begin{bmatrix} 0 & 2 \\ 0 & 2 \end{bmatrix} $
	State Zip Code DC 20016	A	mount of Each Disbursement this Period
Purpose of Disbursement			5000.00
Candidate Name	_	ategory/ Type	
Office Sought: House Disburse Senate President			

SUBTOTAL of Disbursements This Page (optional)	•	10000.00
TOTAL This Period (last page this line number only)	•	23000.00

State: