

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

Physician Hospitals of America Political Action Committee

ADDRESS (number and street) ▼

PO Box 70980

☐ Check if different than previously reported. (ACC)

Washington

DC

20024

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C 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  
Year-End 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)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the  
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y Y

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

John Richardson

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y Y

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

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Physician Hospitals of America Political Action Committee

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y  
06 / 01 / 2012 To: M M / D D / Y Y Y Y Y Y  
06 / 30 / 2012

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> <span style="border: 1px solid black; padding: 2px;">2012</span>		<span style="border: 1px solid black; padding: 2px;">21776.18</span>
(b) Cash on Hand at Beginning of Reporting Period.....	<span style="border: 1px solid black; padding: 2px;">34689.49</span>	
(c) Total Receipts (from Line 19) .....	<span style="border: 1px solid black; padding: 2px;">5500.00</span>	<span style="border: 1px solid black; padding: 2px;">39550.00</span>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<span style="border: 1px solid black; padding: 2px;">40189.49</span>	<span style="border: 1px solid black; padding: 2px;">61326.18</span>
7. Total Disbursements (from Line 31) .....	<span style="border: 1px solid black; padding: 2px;">5030.00</span>	<span style="border: 1px solid black; padding: 2px;">26166.69</span>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<span style="border: 1px solid black; padding: 2px;">35159.49</span>	<span style="border: 1px solid black; padding: 2px;">35159.49</span>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	

☒ 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**

Report Covering the Period:

From:

M M / D D / Y Y Y Y Y Y  
06 01 2012

To:

M M / D D / Y Y Y Y Y Y  
06 30 2012

**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).....**

5500.00

30550.00

**(ii) Unitemized .....**

0.00

0.00

**(iii) TOTAL (add**

Lines 11(a)(i) and (ii)..... ▶

5500.00

30550.00

**(b) Political Party Committees .....**

0.00

0.00

**(c) Other Political Committees**

(such as PACs).....

0.00

9000.00

**(d) Total Contributions (add Lines**

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ..... ▶

5500.00

39550.00

**12. Transfers From Affiliated/Other**

Party Committees.....

0.00

0.00

**13. All Loans Received .....**

0.00

0.00

**14. Loan Repayments Received.....**

0.00

0.00

**15. Offsets To Operating Expenditures**

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

**16. Refunds of Contributions Made**

to Federal Candidates and Other

Political Committees.....

0.00

0.00

**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 Transfers (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))..... ▶**

5500.00

39550.00

**20. Total Federal Receipts**

(subtract Line 18(c) from Line 19) ..... ▶

5500.00

39550.00

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated 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 .....	30.00	155.31
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	30.00	155.31
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	5000.00	23500.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	2511.38
(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	2511.38
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated 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)) ..	5030.00	26166.69
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	5030.00	26166.69

# **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) .....	5500.00	39550.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	2511.38
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	5500.00	37038.62
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	30.00	155.31
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	30.00	155.31

# **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 6 OF 13

☒ 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**

Full Name (Last, First, Middle Initial)

**A. C. Barrett Alldredge**

Mailing Address 225 Bendel Road

City

Lafayette

State

LA

Zip Code

70503

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 ▼

500.00

Date of Receipt

06 / 06 / 2012

**Transaction ID : C6511950**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. OSS Orthopaedic Hospital LLC**

Mailing Address 1861 Powder Mill Road

City

York

State

PA

Zip Code

17402

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

06 / 04 / 2012

**Transaction ID : C6511949**

Amount of Each Receipt this Period

5000.00

LLC - Members below if itemized. Permissible funds.

Full Name (Last, First, Middle Initial)

**C. Joseph Alhadeff**

Mailing Address 710 Oakwood Dr

City

Red Lion

State

PA

Zip Code

17356

FEC ID number of contributing  
federal political committee.

C

Name of Employer

OSS Orthopaedic Hospital LLC

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

217.50

Date of Receipt

06 / 04 / 2012

**Transaction ID : C6512830**

Amount of Each Receipt this Period

217.50

**[MEMO ITEM]**

\*

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

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

5500.00

# **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 7 OF 13

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**Physician Hospitals of America Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Todd Curran**

Mailing Address 2722 Meadow Cross Way

City State Zip Code  
 York PA 17402

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 OSS Orthopaedic Hospital LLC

Occupation  
 Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

217.50

Date of Receipt

06 / 04 / 2012

**Transaction ID : C6512831**

Amount of Each Receipt this Period

217.50

**[MEMO ITEM]**

\*

Full Name (Last, First, Middle Initial)

**B. Gracia Etienne**

Mailing Address 6331 Salem Run Rd

City State Zip Code  
 Dover PA 17315

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 OSS Orthopaedic Hospital LLC

Occupation  
 Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

435.00

Date of Receipt

06 / 04 / 2012

**Transaction ID : C6512832**

Amount of Each Receipt this Period

435.00

**[MEMO ITEM]**

\*

Full Name (Last, First, Middle Initial)

**C. Michael Furman**

Mailing Address 327 Imperial Dr

City State Zip Code  
 York PA 17403

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 OSS Orthopaedic Hospital LLC

Occupation  
 Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

217.50

Date of Receipt

06 / 04 / 2012

**Transaction ID : C6512833**

Amount of Each Receipt this Period

217.50

**[MEMO ITEM]**

\*

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

0.00

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

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

Use separate schedule(s)  
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FOR LINE NUMBER:  
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NAME OF COMMITTEE (In Full)

**Physician Hospitals of America Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. James Gilhool**

Mailing Address 2854 Barkhill Rd

City State Zip Code  
 York PA 17404

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 OSS Orthopaedic Hospital LLC

Occupation  
 Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

217.50

Date of Receipt

06 / 04 / 2012

Transaction ID : C6512834

Amount of Each Receipt this Period

217.50

[MEMO ITEM]

\*

Full Name (Last, First, Middle Initial)

**B. Steven Groff**

Mailing Address 885 S Pleasant Ave

City State Zip Code  
 Dallastown PA 17313

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 OSS Orthopaedic Hospital LLC

Occupation  
 Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

435.00

Date of Receipt

06 / 04 / 2012

Transaction ID : C6512835

Amount of Each Receipt this Period

435.00

[MEMO ITEM]

\*

Full Name (Last, First, Middle Initial)

**C. Dennis Grolman**

Mailing Address 1660 Starcross Rd

City State Zip Code  
 York PA 17403

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 OSS Orthopaedic Hospital LLC

Occupation  
 Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

217.50

Date of Receipt

06 / 04 / 2012

Transaction ID : C6512836

Amount of Each Receipt this Period

217.50

[MEMO ITEM]

\*

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

0.00

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



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

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

FOR LINE NUMBER: PAGE 9 OF 13

(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

Full Name (Last, First, Middle Initial)

**A. Brent Hines**

Mailing Address 1353 Needham Circle West

City	State	Zip Code
York	PA	17404

FEC ID number of contributing federal political committee.

C

Name of Employer

OSS Orthopaedic Hospital LLC

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

217.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	04	/	2012

Transaction ID : C6512837

Amount of Each Receipt this Period

217.50

[MEMO ITEM]

\*

Full Name (Last, First, Middle Initial)

**B. Douglas Hofmann**

Mailing Address 480 Chesnut Ln

City	State	Zip Code
York	PA	17403

FEC ID number of contributing federal political committee.

C

Name of Employer

OSS Orthopaedic Hospital LLC

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

217.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	04	/	2012

Transaction ID : C6512838

Amount of Each Receipt this Period

217.50

[MEMO ITEM]

\*

Full Name (Last, First, Middle Initial)

**C. Michael Mitrick**

Mailing Address 3399 Barwood Rd

City	State	Zip Code
York	PA	17406

FEC ID number of contributing federal political committee.

C

Name of Employer

OSS Orthopaedic Hospital LLC

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

217.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	04	/	2012

Transaction ID : C6512840

Amount of Each Receipt this Period

217.50

[MEMO ITEM]

\*

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

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

0.00

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

Use separate schedule(s)  
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FOR LINE NUMBER:  
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PAGE 10 OF 13

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**Physician Hospitals of America Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Michael Moritz**

Mailing Address 1861 Grantley Rd

City State Zip Code  
 York PA 17403

FEC ID number of contributing  
federal political committee.

C

Name of Employer

OSS Orthopaedic Hospital LLC

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

217.50

Date of Receipt

06 / 04 / 2012

**Transaction ID : C6512841**

Amount of Each Receipt this Period

217.50

**[MEMO ITEM]**

\*

Full Name (Last, First, Middle Initial)

**B. Lawrence Pollack**

Mailing Address 1801 Shawan Ln

City State Zip Code  
 York PA 17406

FEC ID number of contributing  
federal political committee.

C

Name of Employer

OSS Orthopaedic Hospital LLC

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

435.00

Date of Receipt

06 / 04 / 2012

**Transaction ID : C6512842**

Amount of Each Receipt this Period

435.00

**[MEMO ITEM]**

\*

Full Name (Last, First, Middle Initial)

**C. Chad Rutter**

Mailing Address 2106 Bernays Dr

City State Zip Code  
 York PA 17404

FEC ID number of contributing  
federal political committee.

C

Name of Employer

OSS Orthopaedic Hospital LLC

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

217.50

Date of Receipt

06 / 04 / 2012

**Transaction ID : C6512843**

Amount of Each Receipt this Period

217.50

**[MEMO ITEM]**

\*

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

0.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 11 OF 13

☒ 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**

Full Name (Last, First, Middle Initial)

**A. Michael Sicuranza**

Mailing Address 8831 Serendipity Ln

City

Seven Valleys

State

PA

Zip Code

17360

FEC ID number of contributing  
federal political committee.

C

Name of Employer

OSS Orthopaedic Hospital LLC

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

217.50

Date of Receipt

06 / 04 / 2012

Transaction ID : C6512845

Amount of Each Receipt this Period

217.50

[MEMO ITEM]

\*

Full Name (Last, First, Middle Initial)

**B. Suzette Song**

Mailing Address 2864 Deer Chase Ln

City

York

State

PA

Zip Code

17403

FEC ID number of contributing  
federal political committee.

C

Name of Employer

OSS Orthopaedic Hospital LLC

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

217.50

Date of Receipt

06 / 04 / 2012

Transaction ID : C6512846

Amount of Each Receipt this Period

217.50

[MEMO ITEM]

\*

Full Name (Last, First, Middle Initial)

**C. Steven Triantafyllou**

Mailing Address 1706 Country Manor Dr

City

York

State

PA

Zip Code

17408

FEC ID number of contributing  
federal political committee.

C

Name of Employer

OSS Orthopaedic Hospital LLC

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

435.00

Date of Receipt

06 / 04 / 2012

Transaction ID : C6512847

Amount of Each Receipt this Period

435.00

[MEMO ITEM]

\*

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

0.00

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

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

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

FOR LINE NUMBER: PAGE 12 OF 13

(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**

Full Name (Last, First, Middle Initial)

A. William Ulmer

Mailing Address 2655 Stevenson Dr

City State Zip Code  
 York PA 17404

FEC ID number of contributing  
federal political committee.

C

Name of Employer

OSS Orthopaedic Hospital LLC

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

217.50

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 04 / 2012

Transaction ID : C6512848

Amount of Each Receipt this Period

217.50

[MEMO ITEM]

\*

Full Name (Last, First, Middle Initial)

B. Peter VanGiesen

Mailing Address 1888 Mt. Zion Rd

City State Zip Code  
 York PA 17406

FEC ID number of contributing  
federal political committee.

C

Name of Employer

OSS Orthopaedic Hospital LLC

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

217.50

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 04 / 2012

Transaction ID : C6512849

Amount of Each Receipt this Period

217.50

[MEMO ITEM]

\*

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

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Amount of Each Receipt this Period

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