| Image# 12971705 | 938 | | | | | | | F | PAGE 1 / 13 |
|---------------------------|--------------------------------------|--------------|-----------------------------|----------------------------|------------------|----------------------------|-----------------|--------------------|---|
| FEC FORM 3 | | AND | DISB | OF RECURSEN | ЛЕМТ | s | | | |
| 1. NAME OF | | TYPE OR | PRINT V | Exa | mple: If typ | ing, type | 100004045 | Office Use Onl | у |
| COMMITTEE | | | | | r the lines. | | 12FE4M5 | | |
| Physician H | lospitals of | America | a Political | Action Co | mmittee | | | | |
| | | | | | | | | | |
| ADDRESS (numb | er and street) | PO Box | 70980 | | | | | | |
| Check i | f different | | | | | | | | |
| than pre reported | | Washing | gton | | | | | 20024 | |
| 2. FEC IDENT | IFICATION NU | JMBER 🔻 | | CITY 🔺 | | S | | ZIP | |
| C C003 | 94163 | | | 3. IS THIS REPORT | \sim | NEW (N) OR | AN (A) | IENDED | |
| 4. TYPE OF (Choose One | | | nthly port e On: | Feb 20 (M2) Mar 20 (M3) | | May 20 (M5) Jun 20 (M6) | | 20 (M8) 20 (M9) | Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) |
| (a) Quarterly | / Reports: | | H | Apr 20 (M4) | × | Jul 20 (M7) | | 20 (M10) | (Non-Electiòn Year Only) Jan 31 (YE) |
| Qua | il 15 arterly Report (Q | (c) | 12-Day | П | Primary (12 | P) | General | | Runoff (12R) |
| Qua | / 15 arterly Report (Q ober 15 | 2) | PRE-Electio Report for t | | Convention (12C) | | Special (| 12S) | |
| Qua Jan | arterly Report (Q uary 31 | | r | | M M / | D D / | Y Y Y Y Y | in th | |
| July | r-End Report (Y / 31 Mid-Year | (d) | 30-Day | Election on | | | | Stat | 9 01 |
| Yea | oort (Non-election r Only) (MY) | n | POST-Elect Report for t | | General (30 |)G) | Runoff (3 | 30R) | Special (30S) |
| (TE | mination Report R) | | E | Election on | M M / | | Y Y Y Y | in th Stat | |
| 5. Covering Pe | riod 06 | | | 012 | through | м м 06 | / D D / 30 | y y y y 2012 | Y |
| I certify that I have | ve examined thi | is Report a | and to the be | est of my know | wledge and | belief it is true | e, correct and | d complete. | |
| Type or Print Na | me of Treasurer | r John Rie | chardson | | | | | | |
| Signature of Trea | surer John | Richardson | | | [Electronical | lly Filed] | ate 07 | / D D D 20 | 2012 |
| NOTE: Submission | n of false, errone | eous, or inc | complete infor | mation may su | bject the pe | rson signing th | is Report to th | ne penalties of | 2 U.S.C. §437g. |
| Office Use | | | | | | | | FEC FC Rev. 1 | DRM 3X 2/2004 |
| Only | | | | | | | | 1 | |

07/20/2012 07 : 29

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

| • | O FEC Form 3X (Rev. 02/2003) | F RECEIPTS AND DISBURSEMENTS | Page 2 |
|-----|--|------------------------------------|------------------------------------|
| W | Vrite or Type Committee Name | | |
| F | Physician Hospitals of America Poli | tical Action Committee | |
| R | Report Covering the Period: From: 06 | M / D D / Y Y Y Y Y 01 2012 To: | 06 / D D / 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, 2012 | [| 21776.18 |
| | (b) Cash on Hand at Beginning of Reporting Period | 34689.49 | |
| | (c) Total Receipts (from Line 19) | 5500.00 | 39550.00 |
| | (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | 40189.49 | 61326.18 |
| 7. | Total Disbursements (from Line 31) | 5030.00 | 26166.69 |
| 8. | Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | 35159.49 | 35159.49 |
| 9. | Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | |
| 10. | . Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | |

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

For further information contact:

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

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

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| mayem | 1231 1103340 |

DETAILED SUMMARY PAGE

of Receipts

Page 3

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

Physician Hospitals of America Political Action Committee

| I. Receipts | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|---|---|-----------------------------------|
| . Contributions (other than loans) From: | | |
| (a) Individuals/Persons Other | | |
| Than Political Committees | 5500.00 | 30550.00 |
| (i) Itemized (use Schedule A) | | 7 7 |
| (ii) Unitemined | 0.00 | 0.00 |
| (ii) Unitemized (iii) TOTAL (add | 0.00 | |
| 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 |
| . Transfers From Affiliated/Other | | |
| Party Committees | 0.00 | 0.00 |
| | | |
| . All Loans Received | 0.00 | 0.00 |
| | | |
| . Loan Repayments Received | 0.00 | 0.00 |
| . Offsets To Operating Expenditures | 7 7 7 | |
| (Refunds, Rebates, etc.) | | |
| (Carry Totals to Line 37, page 5) | 0.00 | 0.00 |
| . Refunds of Contributions Made | | |
| to Federal Candidates and Other | | |
| Political Committees | 0.00 | 0.00 |
| 7. Other Federal Receipts | | , , , |
| (Dividends, Interest, etc.) | 0.00 | 0.00 |
| 8. 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 |
| | | |
| . Total Receipts (add Lines 11(d), | | |
| 12, 13, 14, 15, 16, 17, and 18(c)) | 5500.00 | 39550.00 |
| - | | |
| . Total Federal Receipts | | |
| (subtract Line 18(c) from Line 19)▶ | 5500.00 | 39550.00 |

DETAILED SUMMARY PAGE

| FEC Form 3X (Rev. 02/2003) | | Page 4 |
|--|-------------------------------|-----------------------------------|
| II. Disbursements | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
| Operating Expenditures: – (a) Allocated Federal/Non-Federal Activity (from Schedule H4) | | |
| (i) Federal Share | 0.00 | 0.0 |
| (ii) Non-Federal Share | 0.00 | 0.00 |
| (b) Other Federal Operating Expenditures | 30.00 | 155.3 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) | 30.00 | 155.3 |
| Transfers to Affiliated/Other Party | 0.00 | 0.00 |
| Committees Contributions to Federal Candidates/Committees | 5000.00 | |
| and Other Political Committees Independent Expenditures | 5000.00 | 23500.00 |
| (use Schedule E) Coordinated Party Expenditures | 0.00 | 0.0 |
| (2 U.S.C. §441a(d)) (use Schedule F) | 0.00 | 0.00 |
| Loan Repayments Made | 0.00 | 0.00 |
| Loans Made | 0.00 | 0.00 |
| 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 | 2511.3 |
| Other Disbursements | 0.00 | 0.00 |
| 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 |
| Total Disbursements (add Lines 21(c), 22, | | |
| 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) | 5030.00 | 26166.6 |
| Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) | | |
| from Line 31) | 5030.00 | 26166.69 |

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L

DETAILED SUMMARY PAGE

of Disbursements

| III. Net Contributions/Operating Expenditures | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date | | | | |
|---|-------------------------------|-----------------------------------|--|--|--|--|
| 3. Total Contributions (other than loans) (from Line 11(d), page 3) | 5500.00 | 39550.00 | | | | |
| Total Contribution Refunds (from Line 28(d)) | 0.00 | 2511.38 | | | | |
| 5. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 5500.00 | 37038.62 | | | | |
| Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) | 30.00 | 155.31 | | | | |
| Offsets to Operating Expenditures (from Line 15, page 3) | 0.00 | 0.00 | | | | |
| 8. Net Operating Expenditures (subtract Line 37 from Line 36) | 30.00 | 155.31 | | | | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

FOR LINE NUMBER:

(check only one)

PAGE 6 OF

| | | | Deteiled Summer Page | | (11a | 11b | 11c | 12 | | | | | |
|-------------|--|-------------|-----------------------|---------|--|-----------|----------|---------------|------|----|--|--|--|
| | | | Detailed Summary Page | ļĖ | 13 | 14 | 15 | 16 | | 17 | | | |
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| ١ | NAME OF COMMITTEE (In Full) | | | | | | | | | | | | |
| | Physician Hospitals of Americ | a Political | Action Committee | | | | | | | | | | |
| | Full Name (Last, First, Middle Initial) C. Barrett Alldredge | | | | | | | | | | | | |
| _ | Aailing Address 225 Bendel Road | | | | м м 06 | / D 0(| | y y y 2012 | Y | | | | |
| | Dity | State | Zip Code | | Trans | action ID | : C65119 | 950 | | | | | |
| _ | Lafayette | LA | 70503 | | Amount of Each Receipt this Period | | | | | | | | |
| | EC ID number of contributing ederal political committee. | С | | | | y | 7 | 50 | 0.00 | | | | |
| | Name of Employer | Occupation | 1 | | | | | | | | | | |
| | Self-Employed Receipt For: | Physician | | | | | | | | | | | |
| | Primary General | Aggregate | Year-to-Date ▼ | _ | | | | | | | | | |
| | Other (specify) | | 500.00 | | | | | | | | | | |
| | Full Name (Last, First, Middle Initial) OSS Orthopaedic Hospital LLC | | Date of | Receipt | | | | | | | | | |
| ľ | Aailing Address 1861 Powder Mill Road | | | | м м 06 | / D | | 2012 | Y | | | | |
| (| Dity | State | Zip Code | | | action ID | | | _ | | | | |
| - | York | PA | 17402 | | Amount | of Each | Receipt | this Perio | d | | | | |
| | C ID number of contributing eral political committee. | С | | | | | - 7 | 500 | 0.00 | | | | |
| 1 | lame of Employer | Occupatior | 1 | | | | | | | | | | |
| Ē | Receipt For: | Aggregate | Year-to-Date ▼ | | | | | | | | | | |
| | Primary General | Aggregate | | - I L | LLC - Members below if itemized. Permissible | | | | | | | | |
| | Other (specify) | | 5000.00 | 4 | | | | | | | | | |
| | ull Name (Last, First, Middle Initial) Joseph Alhadeff | | | | Date of | Receipt | | | | | | | |
| ľ | Nailing Address 710 Oakwood Dr | | | | м м 06 | / D 0. | | 2012 | Y | | | | |
| : N C | Dity | State | Zip Code | | Trans | action ID | : C6512 | 330 | | | | | |
| _ | Red Lion | PA | 17356 | | Amount | of Each | Receipt | this Perio | d | | | | |
| | EC ID number of contributing ederal political committee. | С | | | | | | 21 | 7.50 | | | | |
| 1 | Name of Employer | Occupation | 1 | | | | | | | | | | |
| (| DSS Orthopaedic Hospital LLC | Physician | | | | | | | | | | | |
| | Receipt For: | | Year-to-Date ▼ | | [МЕМО | ITEM] | | | | | | | |
| | Primary General | 33 - 3-10 | | , , | - | - | | | | | | | |
| | Other (specify) | | 217.50 | | | | | | | | | | |
| _ | | | | | - | | | | 0.00 | | | | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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| TEMIZED RECEIPTS | | Detailed Summary Page | | 11a | | 11b | b | 11c | 12 | | | | |
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| NAME OF COMMITTEE (In Full) Physician Hospitals of Ameri | ica Political A | Action Committee | | | | | | | | | | | |
| Full Name (Last, First, Middle Initial) A. Todd Curran | | | | | | | | | | | | | |
| Mailing Address 2722 Meadow Cross Way | y | | | Date of Receipt | | | | | | | | | |
| City | State | Zip Code | | Trans | acti | ion | ID : C | 651283 | 31 | | | | |
| York | PA | 17402 | Amount of Each Receipt this Period | | | | | | | | | | |
| FEC ID number of contributing federal political committee. | C | | | | | 5 | | 7 | 217 | .50 | | | |
| Name of Employer OSS Orthopaedic Hospital LLC | Occupation Physician | | | | | | | | | | | | |
| Receipt For: | | Year-to-Date ▼ | — | мемо | ITE | M | | | | | | | |
| Primary General Other (specify) ▼ | | 217.50 | [MEMO ITEM] * | | | | | | | | | | |
| Full Name (Last, First, Middle Initial) 3. Gracia Etienne | | Date of | Re | eceip | ot | | | | | | | | |
| Mailing Address 6331 Salem Run Rd | | | | | | | | | | Y | | | |
| City | State | Zip Code | | Transa | acti | ion I | ID : C | 651283 | | | | | |
| Dover | PA | 17315 | / | Amount | of | Eac | ch Red | ceipt th | is Period | | | | |
| FEC ID number of contributing federal political committee. | C | | | | | 5 | | 7 | 435 | .00 | | | |
| Name of Employer OSS Orthopaedic Hospital LLC | Occupation Physician | | | | | | | | | | | | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 435.00 | ^] * | IEMO I | TEN | M] | | | 16 contributior committee. 2012 1 s Period 217.50 217.50 2012 2 s Period 435.00 435.00 | | | | |
| Full Name (Last, First, Middle Initial) | | | | Date of | Re | eceip | ot | | | | | | |
| Mailing Address 327 Imperial Dr | | | | м м 06 | / | D | 04 | / Y | | Y | | | |
| Primary General Other (specify) ✓ Full Name (Last, First, Middle Initial) Gracia Etienne Mailing Address 6331 Salem Run Rd Over EC ID number of contributing Ederal political committee. Jame of Employer OSS Orthopaedic Hospital LLC Receipt For: Primary Primary General Other (specify) ✓ Full Name (Last, First, Middle Initial) Michael Furman Mailing Address 327 Imperial Dr City York EC ID number of contributing ederal political committee. Nichael Furman Mailing Address 327 Imperial Dr City York EC ID number of contributing Ederal political committee. Southopaedic Hospital LLC Receipt For: Primary General Other (specify) ✓ Other (specify) | State | Zip Code | | | | | | 651283 | | | | | |
| York | PA | 17403 | / | Amount | of | Eac | ch Red | ceipt th | is Period | | | | |
| FEC ID number of contributing federal political committee. | C | | | | | 7 | | 7 | 217 | .50 | | | |
| Name of Employer | Occupation | | | | | | | | | | | | |
| OSS Orthopaedic Hospital LLC | Physician | | | | | | | | | | | | |
| | Aggregate | Year-to-Date ▼ 217.50 | [* | МЕМО | ITE | [M] | | | | | | | |
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SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER:

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| | | se separate schedule(s) | (check or | nly one) | | | | | | | | |
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| | | r each category of the etailed Summary Page | X 11a | | | 12 | | | | | | |
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| NAME OF COMMITTEE (In Full) Physician Hospitals of Amer | ica Political Acti | on Committee | | | | | | | | | | |
| Full Name (Last, First, Middle Initial) A. James Gilhool | | | Date of Receipt | | | | | | | | | |
| Mailing Address 2854 Barkhill Rd | | | 06 | M = M / D = D / Y = Y = Y = Y 06 04 - 2012 - | | | | | | | | |
| City York | State PA | Transaction ID : C6512834 Amount of Each Receipt this Period | | | | | | | | | | |
| FEC ID number of contributing federal political committee. | C | | | | | 217. | .50 | | | | | |
| Name of Employer OSS Orthopaedic Hospital LLC | Occupation Physician | | | | | | | | | | | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year | -to-Date ▼ 217.50 | [MEMC | D ITEM] | 11b 11c 12 14 15 16 pose of soliciting contribututions from such committe accipt 04 2012 04 2012 2012 ion ID : C6512834 Each Receipt this Period accipt 2012 217 M] 04 2012 on ID : C6512835 Each Receipt this Period accipt 435. VI 2012 ion ID : C6512835 Each Receipt this Period accipt 2012 ion ID : C6512836 Each Receipt this Period accipt 2012 ion ID : C6512836 Each Receipt this Period accipt 217 M] M] | | | | | | | |
| Full Name (Last, First, Middle Initial) B. Steven Groff | Date | of Receip | ot | | | | | | | | | |
| Mailing Address 885 S Pleasant Ave | Mailing Address 885 S Pleasant Ave | | | | | 06 04 2012 | | | | | | |
| Dallastown | | Zip Gode 17313 | | | | | | | | | | |
| FEC ID number of contributing federal political committee. | С | | | 435. | 00 | | | | | | | |
| Name of Employer OSS Orthopaedic Hospital LLC | Occupation Physician | | | | | | | | | | | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year | -to-Date ▼ 435.00 | [MEMC |) ITEM] | | | | | | | | |
| Full Name (Last, First, Middle Initial) C. Dennis Grolman | | | Date | of Receip | ot | | | | | | | |
| Mailing Address 1660 Starcross Rd | | | 06 | | | | Y | | | | | |
| City York | | Zip Code 17403 | | | | | | | | | | |
| FEC ID number of contributing federal political committee. | С | | | | | 217. | .50 | | | | | |
| Name of Employer OSS Orthopaedic Hospital LLC | Occupation Physician | | | | | | | | | | | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year | -to-Date ▼ 217.50 | [MEM0 | O ITEM] | | | | | | | | |
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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:

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| | | | Detailed Summary Page | | (11a 13 | | 11b 14 | 11c | | 12 16 | 17 | | | |
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| $\left\rangle$ | NAME OF COMMITTEE (In Full) Physician Hospitals of America | a Political / | Action Committee | | | | | | | | | | | |
| A. | Full Name (Last, First, Middle Initial) Brent Hines | | | | | | | | | | | | | |
| | Mailing Address 1353 Needham Circle West | t | | | 06 04 2012 | | | | | | | | | |
| | City | State | Zip Code | | Trans | acti | ion ID : | C65128 | 37 | | | | | |
| | York | PA | 17404 | _ | Amount | t of | Each R | eceipt tl | nis P | Period | | | | |
| | FEC ID number of contributing federal political committee. | C | | | | _ | , | 7 | _ | 217. | 50 | | | |
| | Name of Employer | Occupation | I | | | | | | | | | | | |
| | OSS Orthopaedic Hospital LLC | Physician | | | | | | | | | | | | |
| | Receipt For: Primary General | Aggregate | Year-to-Date ▼ |] | MEMO | ITE | M] | | | | | | | |
| | Other (specify) ▼ | | 217.50 | | | | | | | | | | | |
| в. | Full Name (Last, First, Middle Initial) Douglas Hofmann | | Date of Receipt | | | | | | | | | | | |
| | Mailing Address 480 Chesnut Ln | | | 06 / Y Y Y Y Y Y 06 04 2012 | | | | | | | | | | |
| | City | State | Zip Code | | Trans | acti | on ID : | C65128 | 38 | | _ | | | |
| | York | PA | 17403 | - : | Amount | t of | Each R | eceipt tl | nis P | Period | | | | |
| | FEC ID number of contributing federal political committee. | С | | | | _ | , | 7 | _ | 217. | 50 | | | |
| | Name of Employer OSS Orthopaedic Hospital LLC | Occupation Physician | | | | | | | | | | | | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 217.50 | [I * | MEMO | ITEN | N] | | | | | | | |
| <u>с</u> . | Full Name (Last, First, Middle Initial) Michael Mitrick | | | | Date of | Re | ceipt | | | | | | | |
| | Mailing Address 3399 Barwood Rd | | | | м м 06 | / | 04 | / Y | |)12 | Y | | | |
| | City York | State PA | Zip Code 17406 | | | | | C65128 | | | | | | |
| | | | 17400 | - ' | Amount | t of | Each R | eceipt tl | າis P | Period | | | | |
| | FEC ID number of contributing federal political committee. | С | | | | | , | 7 | _ | 217. | 50 | | | |
| | Name of Employer | Occupation | | | | | | | | | | | | |
| | OSS Orthopaedic Hospital LLC | Physician | | | | | | | | | | | | |
| | Receipt For: | Aggregate | Year-to-Date ▼ 217.50 | [| MEMO | ITE | M] | | | | | | | |
| | Other (specify) | | 211.00 | | | | | | | | | | | |
| s | UBTOTAL of Receipts This Page (optional). | | | | | _ | 5 | | + | 0.0 | 00 | | | |
| т | OTAL This Period (last page this line number | er only) | | | | | | | | | | | | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIRTS

Use separate schedule(s)

FOR LINE NUMBER:

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| ITEMIZED RECEIPTS | - | Use separate schedule(s) | (check only on | (check only one) | | | | | | | |
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| NAME OF COMMITTEE (In Full) | asing the name and a | duress of any pointcar commute | | | r committee. | | | | | | |
| Physician Hospitals of Am | nerica Political / | Action Committee | | | | | | | | | |
| Full Name (Last, First, Middle Initial) A. Michael Moritz | | | Date of Receipt | | | | | | | | |
| Mailing Address 1861 Grantley Rd | | | M M / 06 | 2012 | | | | | | | |
| City | State | Zip Code | Transactio | Transaction ID : C6512841 | | | | | | | |
| York | PA | 17403 | Amount of I | Each Receipt th | is Period | | | | | | |
| FEC ID number of contributing federal political committee. | C | | | y | 217.50 | | | | | | |
| Name of Employer | Occupation | | | | | | | | | | |
| OSS Orthopaedic Hospital LLC | Physician | | | | | | | | | | |
| Receipt For: | Aggregate | Year-to-Date V | [MEMO ITEN | v i] | | | | | | | |
| Primary General Other (specify) | | 217.50 | * | | | | | | | | |
| | | 1 | - | | | | | | | | |
| Full Name (Last, First, Middle Initial) B. Lawrence Pollack | Lawrence Pollack | | | | | | | | | | |
| Mailing Address 1801 Shawan Ln | | | | | | | | | | | |
| City | State PA | Zip Code 17406 | | on ID : C651284 | | | | | | | |
| York | Amount of I | Each Receipt th | is Period | | | | | | | | |
| FEC ID number of contributing federal political committee. | С | | | 435.00 | | | | | | | |
| Name of Employer | Occupation | | | | | | | | | | |
| OSS Orthopaedic Hospital LLC | Physician | | [MEMO ITEM] | | | | | | | | |
| Receipt For: | Aggregate | Year-to-Date ▼ | | | | | | | | | |
| Other (specify) | | 435.00 | | | | | | | | | |
| Full Name (Last, First, Middle Initial) C. Chad Rutter | | | Date of Red | ceipt | | | | | | | |
| Mailing Address 2106 Bernays Dr | | | M M / | D D / Y 04 | 2012 | | | | | | |
| City | State | Zip Code | Transacti | on ID : C651284 | 43 | | | | | | |
| York | PA | 17404 | Amount of I | Each Receipt th | is Period | | | | | | |
| FEC ID number of contributing federal political committee. | С | | | 9 9 | 217.50 | | | | | | |
| Name of Employer | Occupation | l | | | | | | | | | |
| OSS Orthopaedic Hospital LLC | Physician | | | | | | | | | | |
| Receipt For: | Aggregate | Year-to-Date V | [MEMO ITE | M] | | | | | | | |
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SCHEDULE A (FEC Form 3X) ITEMIZED DECEIDTO

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| $\left\langle \right\rangle$ | NAME OF COMMITTEE (In Full) Physician Hospitals of America | Political A | Action Committee | | | | | | | | | | | |
| A. | Full Name (Last, First, Middle Initial) Michael Sicuranza | | | | Date of Receipt | | | | | | | | | |
| | Mailing Address 8831 Serendipity Ln | | | | M M / D D / Y Y Y Y Y 06 04 2012 | | | | | | | | | |
| | City Seven Valleys | State PA | Zip Code 17360 | | Transaction ID : C6512845 Amount of Each Receipt this Period | | | | | | | | | |
| | FEC ID number of contributing federal political committee. | С | | | | | 7 | | 217 | .50 | | | | |
| | Name of Employer OSS Orthopaedic Hospital LLC Receipt For: | | | | | | | | | | | | | |
| | Primary General Other (specify) | Aggregate | Year-to-Date ▼ 217.50 | gory of the mary Page X 11a 11b used by any person for the purpose of s slitical committee to solicit contributions from the purpose of s slitical committee Date of Receipt mittee Date of Receipt 04 Transaction ID : C Amount of Each Receipt (MEMO ITEM] * | | | | | | | | | | |
| в. | Full Name (Last, First, Middle Initial) Suzette Song | | | | | | eceipt | | | | | | | |
| | Mailing Address 2864 Deer Chase Ln City State Zip Code | | | | | | 06 04 2012 | | | | | | | |
| | York | PA | 2ip Code 17403 | | | | | | - | | | | | |
| | FEC ID number of contributing federal political committee. | С | | | | | 7 | | 217 | .50 | | | | |
| | Name of Employer OSS Orthopaedic Hospital LLC Receipt For: | Occupation Physician Aggregate | Year-to-Date ▼ | [MEMO ITEM] | | | | | | | | | | |
| — C. | Full Name (Last, First, Middle Initial) Steven Triantafyllou | | | | Date of | f Re | eceipt | | | | | | | |
| | Mailing Address 1706 Country Manor Dr | | | | | 1 | |) / Y | y y 2012 | Y | | | | |
| | City York | State PA | Zip Code 17408 | | | | | | | | | | | |
| | FEC ID number of contributing federal political committee. | С | | | | | 7 | | 435 | 5.00 | | | | |
| | Name of Employer OSS Orthopaedic Hospital LLC | Occupation Physician | | | | | | | | | | | | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 435.00 | | [MEMO | ITE | E M] | | | | | | | |
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| $\left.\right\rangle$ | NAME OF COMMITTEE (In Full) Physician Hospitals of America | Political / | Action Committee | | | | | | | | | | | | |
| Α. | Full Name (Last, First, Middle Initial) William Ulmer | | | | Date of Receipt | | | | | | | | | | |
| | Mailing Address 2655 Stevenson Dr | | | | | 06 04 2012 | | | | | | | | | |
| | City York | State PA | Zip Code 17404 | | | | | C651284 Receipt th | 18 | | | | | | |
| | FEC ID number of contributing federal political committee. | С | | | | | , | | 217 | 7.50 | | | | | |
| | Name of Employer OSS Orthopaedic Hospital LLC Receipt For: | Occupation Physician | Year-to-Date ▼ | | мемо | ITF | MI | | | | | | | | |
| | Primary General Other (specify) ▼ | , iggi egate | 217.50 | | | |] | | | | | | | | |
| В. | Full Name (Last, First, Middle Initial) Peter VanGiesen | | | | Date of | f Re | ceipt | | | | | | | | |
| | Mailing Address 1888 Mt. Zion Rd | 01.14 | 7. 0.1 | | м м 06 | 1 | 04 | / Y | 2012 | Y | | | | | |
| | City York | State PA | Zip Code 17406 | | | | | C651284 Receipt th | | | | | | | |
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| | Name of Employer OSS Orthopaedic Hospital LLC | Occupation Physician | | | | | | | | | | | | | |
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| | IAME OF COMMITTEE (In Full) | | | | | | | | | | | | | | |
| V | Physician Hospitals of America Pol | itical Action Commit | ttee | | | | | | | | | | | | |
| - | Full Name (Last, First, Middle Initial) CITIZENS FOR JOSH MANDEL | | | | | Date of Disbursement | | | | | | | | | |
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| N | Mailing Address 50 WEST BROAD STREET SUITE 1900 | | | | | | | | | | | | | | |
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