FEC FORM 3X	AN	EPORT ( ID DISB Other Than	URSEN	IENTS	ee		Office Use Only	
1. NAME OF COMMITTEE (in fu		FEC MAILING I		xample:If typing ver the lines	ı, type			
				MMITTEE				] ]
ADDRESS (number and	street)	900 South Weste	rn Avenue					
Check if differ than previousl reported. (ACC	ent L	uite 102                 ioux Falls 					57108	
2. FEC IDENTIFICAT	ION NUMBER	¥	CITY 🛋		5	STATE	ZIPCOI	DE 萬
C00394163	• • • •		3. IS THIS REPOF		NEW (N) <b>OR</b>	AN (A)	IENDED	
July 15 Quarterly October Quarterly January 3 Quarterly July 31 M Report(N Year Only	orts: Report(Q1) Report(Q2) I5 Report(Q3) B1 Report(YE) lid-Year on-election	(b) Monthly Report Due On: (c) 12-Day <b>PRE</b> -Ele Report f (d) 30-Day <b>Post</b> -E Report f	Election on	3)	12C)	Sep	2G) in the State o	Special (30S)
5. Covering Period I certify that I have exam Type or Print Name of T Signature of Treasurer		t and to the best Brett Gosney	0 1 0 of my knowledg Gosney	through e and belief it is		31     and complete.     ate   04	2010	2010
NOTE : Submission of f	alse, erroneous	s, or incomplete in	formation may	subject the pers	on signing this	s Report to the	penalties of 2 U.S	_
Use Only							(Rev. 12/20	

Image# 10990605989

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) 2 / 24 Write or Type Committee Name PHYSICIAN HOSPITALS OF AMERICA POLITICAL ACTION COMMITTEE мм DD Y Y Y ММ D Y D Υ 03 01 2010 03 31 2010 From: Report Covering the Period: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 6. 20<sup>1</sup>0<sup>1</sup> 73875.97 January 1 (b) Cash on Hand at 44375.97 Begining of Reporting Period ..... 4500.00 9500.00 (c) Total Receipts (from Line 19) ..... (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 48875.97 83375.97 6(a) and 6(c) for Column B) ..... 48500.00 83000.00 Total Disbursements (from Line 31) ..... 7. Cash on Hand at Close of 8. **Reporting Period** 375.97 375.97 (subtract Line 7 from Line 6(d)) ..... 9. Debts and Obligations owed то the committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... 10. Debts and Obligations owed BY 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

#### Image# 10990605990

# DETAILED SUMMARY PAGE

Image# 10990605990	DETAILED SUMMARY PAGE OF RECEIPTS	
FEC Form 3X (Rev. 06/2004)	OF NEGLIFTS	3 / 24
Write or Type Committee Name PHYSICIAN HOSPITALS OF A	AMERICA POLITICAL ACTION COMMITTEE	
Report Covering the Period: From	m: 03 01 Y Y W Y 01 2010 T	$\begin{array}{c} \begin{array}{c} M & M \\ 0 & 3 \end{array} \end{array} \begin{array}{c} D & D \\ 3 & 1 \end{array} \begin{array}{c} Y & Y & Y \\ 2 & 0 & 1 & 0 \end{array}$
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
<ol> <li>Contributions (other than loans) From         <ul> <li>(a) Individuals/Persons Other</li> </ul> </li> </ol>	1:	
<ul> <li>(a) Individuals/Persons Other</li> <li>Than Political Committees</li> <li>(i) Itemized (use Schedule A) .</li> </ul>	0.00	5000.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	• 0.00	5000.00
(b) Political Party Committees	0.00	0.00
<ul> <li>(c) Other Political Committees</li> <li>(such as PACs)</li> <li>(d) Total Contributions (add Lines</li> </ul>	4000.00	4000.00
11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	4000.00	9000.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
<ol> <li>Loan Repayments Received</li> <li>Offsets To Operating Expenditures</li> </ol>	0.00	0.00
(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) 16. Refunds of Contributions Made	0.00	0.00
to Federal candidates and Other Political Committees		500.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levi	n 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(l	b)).	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	4500.00	9500.00
00 Total Fadaval Descipta		

4500.00

9500.00

20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....

#### Image# 10990605991

## DETAILED SUMMARY PAGE

	II. DISBURSEMENTS	COLUMN A	COLUMN B
21 (	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
	(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
(	Transfers to Affiliated/Other Party Committees	0.00	0.00
	Contributions to Federal Candidates/Committees and Other Political Committees	48500.00	83000.00
24.	ndependent 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
	_oan Repayments Made	0.00	0.00
27.	_oans Made	0.00	0.00
	Refunds of Contributions To: a) Individuals/Persons Other Than Political Committees	0.00	0.00
(	b) Political Party Committees	0.00	0.00
	c) Other Political Committees (such as PACs)	0.00	0.00
(	<ul> <li>d) Total Contribution Refunds</li> <li>(add Lines 28(a), (b), and (c))</li> </ul>	0.00	0.00
29. (	Other Disbursements	0.00	0.00
	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))	48500.00	83000.00
32.	Total Federal Disbursements		
	(subtract Line 21(a)(ii) and Line 30(a)(ii)	49500.00	83000.00
	from Line 31)	48500.00	83000.00

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FEC Form 3X (Rev. 02/2003)

## DETAILED SUMMARY PAGE

of Disbursements

5 / 24

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)	4000.00	9000.00
34.	Total Contribution Refunds (from Line 28(d))	0.00	0.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	4000.00	9000.00
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

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

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

FOR LINE NUMBER: PAGE 6/24 (check only one) 11a 11b х 11c 12 13 14 15 16 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.

17

### NAME OF COMMITTEE (In Full)

Full Name (Last, First, Middle Initial)

PHYSICIAN HOSPITALS OF AMERICA POLITICAL ACTION COMMITTEE

Α.

TRIANGLE ORTHOPAEDIC ASSOCIATES PA	A POLITICAL ACTION COMMITTEE INC	Date of Receipt
Mailing Address 120 WILLIAM PENN	I PLAZA	M · M         /         D · D         /         Y · Y · Y · Y         Y           03         02         2010
City	State Zip Code	Transaction ID: SA11C.7242
DURHAM	NC 27704	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<b>C</b> C00418582	4000.00
Name of Employer	Occupation	- Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date  4000.00	

SUBTOTAL of Receipts This Page (optional)	4000.00
TOTAL This Period (last page this line number only)	▶ 4000.00

Α.

## 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 7/24

11a 11b 11c 12 Detailed Summary Page 13 14 15 Х 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 Т Full Name (Last, First, Middle Initial)

RICHARD BURR COMMITTEE		Date of Receipt
Mailing Address POST OFFICE BOX 59	28	$\begin{array}{c} \begin{array}{c} M & M \\ 0 \\ \end{array} \\ \end{array} \\ \left( \begin{array}{c} D & D \\ \end{array} \\ \end{array} \\ \left( \begin{array}{c} Y & Y \\ \end{array} \\ \end{array} \\ \left( \begin{array}{c} Y & Y \\ \end{array} \\ \end{array} \right) \\ \end{array} \\ \left( \begin{array}{c} Y & Y \\ \end{array} \\ \left( \begin{array}{c} Y \\ \end{array} \right) \\ \end{array} \\ \left( \begin{array}{c} Y \\ \end{array} \\ \end{array} \right) \\ \left( \begin{array}{c} Y \\ \end{array} \\ \left( \begin{array}{c} Y \\ \end{array} \right) \\ \end{array} \\ \left( \begin{array}{c} Y \\ \end{array} \right) \\ \left( \begin{array}{c} Y \\ \end{array} \\ \left( \begin{array}{c} Y \\ \end{array} \right) \\ \left( \begin{array}{c} Y \\ \end{array} \right) \\ \left( \begin{array}{c} Y \\ \end{array} \right) \\ \left( \begin{array}{c} Y \\ \end{array} \\ \\ \left( \begin{array}{c} Y \\ \end{array} \right) \\ \left( \begin{array}{c} Y \\ \end{array} \\ \\ \left( \begin{array}{c} Y \\ \end{array} \right) \\ \left( \begin{array}{c} Y \\ \end{array} \right) \\ \left( \begin{array}{c} Y \\ \end{array} \\ \\ \left( \begin{array}{c} Y \\ \end{array} \right) \\ \left( \begin{array}{c} Y \\ \end{array} \\ \\ \\ \left( \begin{array}{c} Y \\ \end{array} \\ \\ \left( \begin{array}{c} Y \\ \end{array} \\ \\ \\ \left( \begin{array}{c} Y \\ \end{array} \\ \\ \\ \\ \left( \begin{array}{c} Y \\ \end{array} \\ \\ \\ \left( \begin{array}{c} Y \\ \end{array} \\ \\ \\ \\ \\ \\ \\ \\ \left( \begin{array}{c} Y \\ \end{array} \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\$
City	State Zip Code	Transaction ID: SA16.7245
WINSTON-SALEM	NC 27113	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<b>C</b> C00385526	500.00
Name of Employer	Occupation	Refund
Receipt For:       2010         Primary       X         General         Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	►	500.00
TOTAL This Period (last page this line number only)	►	500.00

	B (FEC Form	3X)			F	OR LIN	IE N	UMBE	R:		PA	GE 8	/ 24			
ITEMIZED DISBURSEMENTS			Use separate schedule(s) for each category of the					nly one)								
				Summary Page		21b 27	Ц	22 28a	X 23 28b	F	24 28c		5 9	26		
	ed from such Reports rposes, other than usi					perso		the pu	rpose of		iting co	ontribut	ions			
NAME OF COM	MITTEE (In Full) OSPITALS OF AM	IERICA POLI	TICAL	ACTION CON	IMITTE	ΞE										
Full Name (Last, ADLER FOR (	First, Middle Initial)							Date o	action II	seme		-		-		
Mailing Address	14 KNIGHTSW	OOD DRIVE						0 3	M / D	1 <sup>⊅</sup>	/ Y	Ž0	ľ0 <sup>°</sup>			
City MARLTON		State NJ	9	Zip Code 08053				Amou	nt of Eac	h Dis	sburse			riod		
Purpose of Disbu Contribution								L.				1000	.00			
Candidate Name JOHN H. ADL	ER				Cateo Typ											
Office Sought: State: NJ	X House Senate President District: 03	Disbursemen X Prir Oth	mary	2010 General ccify) ▼												
	First, Middle Initial) HE FUND FOR A	GREATER AM	MERIC	A				Date o	action II	seme	ent		V · V	1		
Mailing Address	499 S. CAPITC	DL ST. S.W. #	414					0 3		1 <sup>D</sup>		20	ľ o ľ			
City WASHINGTO	N	State DC		Zip Code 20003				Amou	nt of Eac	h Dis	sburse			riod		
Purpose of Disbu Contribution								L.	<u> </u>			2500	.00			
Candidate Name					Cateo Typ											
Office Sought: State:	House Senate President District:		mary	2010 General ccify) ▼												
	First, Middle Initial) S FOR CONGRES	S						Date o	action II	seme						
Mailing Address	PO Box 1527							03	M / D	30	/ Y	Ž0	ľ0 <sup>°</sup>			
City Annapolis		State MD		Zip Code 21404				Amou	nt of Eac	h Di	sburse			riod		
Purpose of Disbu Contribution								L.				2000	.00			
Candidate Name ANDREW P H	ARRIS	1			Cateo Typ											
Office Sought: State: MD	X House Senate President District: 01	Disbursemen X Prir Oth	mary	2010 General ccify) ▼												
State: MD		•									_					

SCHEDULE B (FEC Form ITEMIZED DISBURSEMEN	Use separate schedule(s)	FOR LINE (check only 21b 27	NUMBER:     PAGE     9 / 24       y one)     22     X     23     24     25     26       28a     28b     28c     29     30
Any Information copied from such Reports or for commercial purposes, other than us NAME OF COMMITTEE (In Full) PHYSICIAN HOSPITALS OF AN		committee to so	
Full Name (Last, First, Middle Initial) BERKLEY FOR CONGRESS Mailing Address 3069 Conquist	a Court		Transaction ID: SB23.7197 Date of Disbursement 0 3 / D D / Y Y Y Y 2 0 1 0
City Las Vegas	State Zip Code NV 89121		Amount of Each Disbursement this Period
Purpose of Disbursement Contribution Candidate Name SHELLEY BERKLEY		Category/	1500.00
Office Sought: X House Senate President State: NV District: 01	Disbursement For: 2010 X Primary General Other (specify) ▼	Туре	
Full Name (Last, First, Middle Initial) BLEDSOE FOR CONGRESS Mailing Address 709 SKY MOU	NTAIN DR		Transaction ID: SB23.7218 Date of Disbursement 0 3 / 0 1 1 / 2 0 1 0
City ROGERS	State Zip Code AR 72756		Amount of Each Disbursement this Period
Purpose of Disbursement Contribution Candidate Name CECILE H BLEDSOE		Category/ Type	1000.00
Office Sought: X House Senate President State: AR District: 03	Disbursement For:       2010         X       Primary       General         Other (specify)       ▼		
Full Name (Last, First, Middle Initial) BURR VICTORY COMMITTEE			Transaction ID: SB23.7239 Date of Disbursement
Mailing Address 228 S WASHIN	IGTON STREET SUITE 115		$ \begin{bmatrix} M & M \\ 0 & 3 \end{bmatrix} $ $ \begin{pmatrix} D & D \\ 0 & 2 \end{pmatrix} $ $ \begin{pmatrix} Y & Y & Y & Y \\ 2 & 0 & 1 & 0 \end{bmatrix} $
City ALEXANDRIA	State Zip Code VA 22314		Amount of Each Disbursement this Period
Purpose of Disbursement Contribution Candidate Name		Category/ Type	1500.00
Office Sought: House Senate President State: District: 00	Disbursement For: 2010 Primary General X Other (specify) ▼ Other	~	
SUBTOTAL of Disbursements This Pag		····· •	4000.00
TOTAL This Period (last page this line n	umber only)		

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ITEMIZED DISBURSEMENTS       for each category of the Detailed Summary Page       1000000000000000000000000000000000000	SCHEDULE B (FEC Form 3X)	Use separate schedule(s)		NUMBER:	PAGE 10/24
Arey Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions from such committee         NAME_OF COMMITTEE (n Full)         PHYSICIAN HOSPITALS OF AMERICA POLITICAL ACTION COMMITTEE         Full Name (Last, First, Middle Initial)         NATO PARTIES (N Model Initial)         City         City         City         Office Sought:         State:         Disbursement         City         Office Sought:         Purpose of Disbursement         Cardidate Name         Office Sought:         State:         Disbursement         City         City         City         Office Sought:         State:         Disbursement         City         City         City         Office Sought:         Prepose of Disbursement         City         City         City         City         Citagony/         Transaction ID:         State:         Disbursement         City         Lafayette         Lafayette	ITEMIZED DISBURSEMENTS	for each category of the	21b	22 X 23	
PHYSICIAN HOSPITALS OF AMERICA POLITICAL ACTION COMMITTEE         Full Name (Last, First, Middle Initial)         NATIONAL REPUBLICAN SENATORIAL COMMITTEE         Mailing Address       425 SECOND STREET NE         City       State       Zip Code         WASHINGTON       DC       20002         Purpose of Disbursement       Disbursement For:       2010         Cardidate Name       Disbursement For:       2010         Office Sought:       House       Disbursement For:       2010         Other       Other       State       Zip Code         Full Name (Last, First, Middle Initial)       Other (specify)       Transaction ID:       SE23.7184         Category:       Other       Other (specify)       Transaction ID:       SE23.7184         Date of Disbursement       Other (specify)       Other (specify)       Transaction ID:       SE33.7184         Category:       Other (specify)       Other (specify)       ID			by any person f	for the purpose of soli	citing contributions
NATIONAL REPUBLICAN SENATORIAL COMMITTEE       Interest 2000         Mailing Address       425 SECOND STREET NE         City       State       Zip Code         WASHINGTON       DC       20002         Purpose of Disbursement		A POLITICAL ACTION COM	MITTEE		
City       State       Zip Code         WASHINGTON       DC       20002         Purpose of Disbursement       Category/ Type         Office Sought:       House       Disbursement For:       2010         Category/ Type       Mailing Address       President       Other         State:       District:       Other       Other         Full Name (Last, First, Middle Initial)       Chargory/ Other       Transaction ID:       SB23.7184         Mailing Address       Post Office Box 80126       Transaction ID:       SB23.7184         City       State       Zip Code       Amount of Each Disbursement file         Category/ CharLES DUSTANY JR MD FOR CONGRESS INC       Transaction ID:       SB23.7184         Mailing Address       Post Office Box 80126       Amount of Each Disbursement file         City       State       Zip Code       Amount of Each Disbursement file         Category/ CharGatae Name       Disbursement For:       2010       Amount of Each Disbursement file         Contribution       Senate       President       Y Primary       General         Office Sought:       K House       Disbursement For:       2010         Y       Y President       X Primary       General       Y Z 0 1 0 Y		AL COMMITTEE		Date of Disbursen	nent
WÁSHINGTON       DC       20002         Purpose of Disbursement Contribution       Image: Contribution       Image: Contribution       Image: Contribution         Cardidate Name       Disbursement For:       2010       Image: Contribution       Image: Contribution         Office Sought:       House       Disbursement For:       2010       Image: Contribution       Image: Contribution         State:       District:       Other       Other       Transaction ID:       SB23,7184         CHARLES BOUSTANY JR MD FOR CONGRESS INC       Transaction ID:       SB23,7184       Date of Disbursement         Mailing Address       Post Office Box 80126       Transaction ID:       SB23,7184         Category/ Charles DR. JR. BOUSTANY       State       Zip Code       Amount of Each Disbursement this Period         Contribution       Senate       Disbursement For:       2010       Transaction ID:       SB23,7202         Purpose of Disbursement       Contribution       Category/ Type       Total ' Y 2 0 1 0 '       Transaction ID:       SB23,7202         Purpose of Disbursement       District: 07       Disbursement For:       2010       Transaction ID:       SB23,7202         Full Name (Last, First, Middle Initial)       Concomment       Contribution       Amount of Each Disbursement this Period       Tof	Mailing Address 425 SECOND STRE	ET NE			
Transaction       Category/ Type         Office Sought:       House         State:       District:         Other       Other         Full Name (Last, First, Middle Initial)       Charles         Charles       Contribution         Cardigate Name       Disbursement For:         2010       Y         Full Name (Last, First, Middle Initial)       Charles         Charles       Post Office Box 80126         City       State         Lafayette       LA         Category/ Charles DR. JR. BOUSTANY       State         Purpose of Disbursement       Contribution         Candidate Name       Disbursement For:         Contribution       Category/ Type         Office Sought:       X House         President       Disbursement For:         Contribution       Category/ Type         Office Sought:       X House         President       Disbursement For:         Condidate Name       Category/ Type         Office Sought:       Y House         President       Category/ Type         Mailing Address       P.O. Box 1444         Charles       President         Mailing Address       P.O. Box 1444 <td>WASHINGTON</td> <td></td> <td></td> <td>Amount of Each D</td> <td></td>	WASHINGTON			Amount of Each D	
Office Sought:       House Senate       Disbursement For: President       2010 X Other (specify) ▼       Image: Calibratic Senate         State:       District:       Other (specify) ▼       Image: Calibratic Senate       Image: Calibratic Senate         Full Name (Last, First, Middle Initial)       Other       State       Zip Code       Image: Calibratic Senate         Mailing Address       Post Office Box 80126       Image: Calegory/ Type       Image: Calegory/ Type       Image: Calegory/ Type       Image: Calegory/ Type       Image: Calegory/ Type         Office Sought:       X House Senate       Disbursement For: Prosident       2010       Image: Calegory/ Type       Image: Calegory/ Type       Image: Calegory/ Type         Office Sought:       X House Senate       Disbursement For: Prosident       2010       Senate       Image: Calegory/ Type       Image: Calegory/ Type         Office Sought:       X House Senate       Disbursement For: TX       2010       Transaction ID: SB23.7202         Contribution       Contribution       Calegory/ Type       Image: Calegory/ Type </td <td>Contribution</td> <td></td> <td>Category/</td> <td></td> <td>1500.00</td>	Contribution		Category/		1500.00
CHARLES BOUSTANY JR ND FOR CONGRESS INC       The of Disbursement Date of Disbursement Disbursement this Period         Mailing Address       Post Office Box 80126       Amount of Each Disbursement this Period         City       State       Zip Code         Lafayette       LA       70598         Purpose of Disbursement       Category/         Contribution       Category/         Charles DR. JR. BOUSTANY       Category/         Office Sought:       X House         Senate       Disbursement For:         Other (specify)       Image: Condection in the condection	Office Sought: House Disk Senate President	PrimaryGeneralXOther (specify)		[MEMO ITEM]	
Lafayette       LA       70598         Purpose of Disbursement Contribution       Image: Contribution       Image: Contribution         Cardidate Name Cardidate Name CHARLES DR. JR. BOUSTANY       Disbursement For:       2010         Office Sought:       X       House       Disbursement For:       2010         State:       LA       District: 07       Image: Control Disbursement For:       2010         Full Name (Last, First, Middle Initial) CONGRESSMAN JOE BARTON COMMITTEE, THE       Transaction ID:       SB23.7202         Mailing Address       P.O. Box 1444       Image: Control Disbursement For:       2010         City       State       Zip Code       Amount of Each Disbursement this Period         Purpose of Disbursement       Category/ Type       2000.00       2000.00         Office Sought:       X       House       Disbursement For:       2010         Category/ JOE LINUS BARTON       Disbursement For:       2010       Category/ Type       2000.00         Office Sought:       X       House       Disbursement For:       2010       2000.00         State: TX       District: 06       Other (specify) ▼       Image: Control Disbursement For:       2010	CHARLES BOUSTANY JR MD FOR C			Date of Disbursen	nent
Contribution       Category/ Type         Candidate Name Candidate Name CHARLES DR. JR. BOUSTANY       Disbursement For: 2010 X Primary General President         State: LA       District: 07         Full Name (Last, First, Middle Initial) CONGRESSMAN JOE BARTON COMMITTEE, THE       Transaction ID: SB23.7202 Date of Disbursement         Mailing Address       P.O. Box 1444         City       State         Candidate Name Contribution       Tx         Purpose of Disbursement Contribution       Tx         Category/ JOE LINUS BARTON       Disbursement For: 2010         Senate       Disbursement For: 2010         Senate       Disbursement For: 2010         Office Sought:       X House Senate       Disbursement For: 2010         Office Sought:       X House Senate       Disbursement For: 2010         State: TX       District: 06       Disbursement For: 2010				Amount of Each D	bisbursement this Period
Office Sought:       X       House       Disbursement For:       2010         State:       LA       District: 07       Image: Constraint of the second of the sec	Contribution Candidate Name				1000.00
Full Name (Last, First, Middle Initial)       Transaction ID: SB23.7202         CONGRESSMAN JOE BARTON COMMITTEE, THE       Date of Disbursement         Mailing Address       P.O. Box 1444         City       State       Zip Code         Ennis       TX       75120         Purpose of Disbursement       Category/         Contribution       Category/         Office Sought:       X         Y       House         Disbursement For:       2010         Office Sought:       X         Y       Disbursement For:         Other (specify)       Other (specify)	Office Sought: X House Disk Senate President	X Primary General	Туре		
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PHYSICIAN HOSPITALS OF AMERICA POLITICAL ACTION COMMITTEE         Full Name (Last, First, Middle Initial) GARAMENDI FOR CONGRESS         Mailing Address       of California Political Law, Inc. 3605 Long Beach Blvd., Ste. 426         City       State       Zip Code 90807         Purpose of Disbursement Contribution       Category/ Type         Office Sought:       X House President       Disbursement For: 2010         State:       CA         State:       Category/ Type         Office Sought:       X House President         State:       CA         State:       CA         State:       CA         Other (specify)       Transaction ID:         State:       CA         Other (specify)       Transaction ID:         State:       CA         Disbursement       Other (specify)         Tucson       A2         State:       CA         Disbursement       Category/ Type         Office Sought:       X House President         State:       AZ         City       State:         Category/ Tucson       A2         City       State:         City       State:         City       State: <t< th=""><th>PHYSICIAN HOSPITALS OF AMERICA P Full Name (Last, First, Middle Initial) GARAMENDI FOR CONGRESS Mailing Address c/o California Political La 3605 Long Beach Blvd., 3 City Long Beach</th><th>w, Inc. Ste. 426 State Zip Code</th><th>IMITTEE</th><th>Date of Disbursement</th></t<>	PHYSICIAN HOSPITALS OF AMERICA P Full Name (Last, First, Middle Initial) GARAMENDI FOR CONGRESS Mailing Address c/o California Political La 3605 Long Beach Blvd., 3 City Long Beach	w, Inc. Ste. 426 State Zip Code	IMITTEE	Date of Disbursement
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Candidate Name     Category/       Candidate Name     Category/       PHILLIP J. GINGREY     Disbursement For: 2010       Office Sought:     X       Y     President       Other (specify)     ▼				
PHILLIP J. GINGREY     Type       Office Sought:     X       Senate     Primary       Y     X       General     Other (specify)	Contribution			1000.00
Senate     Primary     X General       President     Other (specify)     ▼	PHILLIP J. GINGREY			
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Full Name (Last, First, Middle Initial)		MITTEE	Transaction ID: SB23,7250
HOOSIERS FOR HILL			Date of Disbursement
Mailing Address PO Box 1071			
Seymour	StateZip CodeIN47274		Amount of Each Disbursement this Perior
Purpose of Disbursement Void of Contribution Dated 5/1/08			-1000.00
Candidate Name BARON P HILL		Category/ Type	
X ·····	ement For: 2008 Primary General Other (specify) ▼		
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Purpose of Disbursement Void of Contribution Dated 5/16/08			-1000.00
Candidate Name BARON P HILL		Category/ Type	
Office Sought: X House Disburse Senate President State: IN District: 09	ement For: 2008 Primary X General Other (specify) ▼		
Full Name (Last, First, Middle Initial) JIM GERLACH FOR CONGRESS COMMI	TTEE		Transaction ID: SB23.7192 Date of Disbursement
Mailing Address PO Box 87			$\begin{bmatrix} M & M \\ 0 & 3 \end{bmatrix} \begin{pmatrix} P & D \\ 1 & 1 \end{bmatrix} \begin{pmatrix} Y & Y & Y \\ 2 & 0 & 1 \\ 0 \end{bmatrix} \begin{pmatrix} Y & Y & Y \\ 2 & 0 & 1 \\ 0 \end{bmatrix}$
City Uwchland	State Zip Code PA 19480		Amount of Each Disbursement this Perio
Purpose of Disbursement Contribution			1000.00
Candidate Name JIM GERLACH		Category/ Type	
	ement For: 2010 Primary General Other (specify) ▼		
SUBTOTAL of Disbursements This Page (optional)		······ <b>Þ</b>	-1000.00
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TEMIZED DISBURSEMENTS       Use separate schedule(s) betailed Summary Page       image: Chinese Constructions or each category and schedule(s) betailed Summary Page       image: Chinese Constructions or commencial purposes, other than using the name and address of any political committee to solid to contributions from such committee         Any Information copied from such Reports and Statements may not be sold or used to solid to contributions from such committee       XMEE CF COMMITTEE (in Full)         NAME OF COMMITTEE (in Full)       Transaction ID: SB23.7210         PHYSICIAN HOSPITALS OF AMERICA POLITICAL ACTION COMMITTEE       Transaction ID: SB23.7210         Physician Hospital Statements       State         Mailing Address       PO Box 87         City       State         Querchand       President         Office Sought:       House         State:       PA Static: 06         President       Disbursement For:         QUID Construction       Category         QUID Constrestor       Category	SCHEDULE B (FEC Form 3X)			FOI	R LINE	NUMBE	R:			PA	GE	17/	24
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r 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) JIM GERLACH FOR CONGRESS COMMITTEE Mailing Address PO Box 87 City Uwchland PA 19480 Purpose of Diabursement Contribution Contributi					27	28a		28b		28c		29	
NAME OF COMMITTEE (in Full)         PHYSICIAN HOSPITALS OF AMERICA POLITICAL ACTION COMMITTEE         Full Name (Last, First, Middle Initial)         JIM GERLACH FOR CONGRESS COMMITTEE         Maling Address       PO Box 87         City       State         Uwchland       PA         Purpose of Disbursement       1000.00         Contribution       1000.00         Category/       Type         Office Sought:       K House         President       District: 06         State: PA       District: 06         District: 07       State         Purpose of Disbursement       Other (specify) ▼         Category/       Transaction ID: SE23.7190         Date of Disbursement       District: 06         President       State         State: PA       District: 06         Purpose of Disbursement       Co         Corr       Co         Purpose of Disbursement       Co         Candidate Name       District: 03         Yuppe of Disbursement       Disbursement For:         Corr       Co         Purpose of Disbursement       Disbursement For:         Corr       Other (specify) ▼         Office Sought:       X													S
PHYSICIAN HOSPITALS OF AMERICA POLITICAL ACTION COMMITTEE         Full Name (Last, First, Middle Initial)         JIM GERLACH FOR CONGRESS COMMITTEE         Mailing Address       PO Box 87         City       State       Zip Code         Durpose of Disbursement       Amount of Each Disbursement this Period         Candidate Name       Disbursement For:       2010         Cardidate Name       Disbursement For:       2010         Office Sought:       X. House       Disbursement For:       2010         Full Name (Last, First, Middle Initial)       Other (specify)       Y       Transaction ID:       SB23.7190         JOHN SALAZAR FOR CONGRESS       Disbursement For:       2010       Category:       Y       2 0 1 0 Y         Mailing Address       P.O. Box 534       Category:       Y       2 0 1 0 Y       Amount of Each Disbursement for:       2010         Caty       State: 0       0 bibursement For:       2010       Category:       Transaction ID:       SB23.7190         Date of Disbursement       Cot       81002       Transaction ID:       SB23.7190         Date of Disbursement       Cot       81002       Amount of Each Disbursement for:       2010         Caty       State: CO       Distric: 03       Y in 1 ' Y 2 0 i 0 Y </td <td></td> <td></td> <td>COITIN</td> <td></td> <td>0 30</td> <td></td> <td></td> <td></td> <td></td> <td>Such</td> <td>,01111</td> <td></td> <td></td>			COITIN		0 30					Such	,01111		
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JM GERLACH       Type         Office Sought:       X House       Disbursement For:       2010         State: PA       District: 06       Other (specify) ▼         Full Name (Last, First, Middle Initial)       JOHN SALAZAR FOR CONGRESS       Transaction ID: SB23.7190         Mailing Address       P.O. Box 534       Transaction ID: SB23.7190         City       State: Zip Code       Biolo2         Purpose of Disbursement       Contribution       Category/ Type         Office Sought:       X House       Disbursement For:       2010         Cardidate Name       Disbursement For:       2010       Category/ Type         Office Sought:       X House       Disbursement For:       2010         State: CO       Disbursement For:       2010       Category/ Type         Office Sought:       X House       Disbursement For:       2010         State: CO       District: 03       Transaction ID: SB23.7196       Date of Disbursement         Mailing Address       P.O. Box 8       Amount of Each Disbursement       Mailing Address         Mailing Address       P.O. Box 8       Amount of Each Disbursement       Mailing Address         Purpose of Disbursement       Category/ Type       Y 2 0 1 0'       Amount of Each Disbursement this Period	Contribution					L.					10	00.00	)
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Mailing Address       P.O. Box 534         City       State       Zip Code         Pueblo       CO       81002         Purpose of Disbursement       Category/         Cardidate Name       2000.00         Office Sought:       X House         Senate       Disbursement For:       2010         Category/       Transaction ID:       SB23.7196         Date of Disbursement       Other (specify) ▼         Full Name (Last, First, Middle Initial)       KIRK FOR SENATE         Mailing Address       P.O. Box 8         City       State       Zip Code         Winnetka       IL       60093         Purpose of Disbursement For:       2010         Category/       Type         Office Sought:       X House         State:       Zip Code         Winnetka       IL         Gologad       Disbursement For:         Category/       Type         Office Sought:       X House         Senate       Disbursement For:         Office Sought:       X House         Senate       Disbursement For:         Office Sought:       X House         Senate       Primary         Othe								sburs	-			-	
Pueblo       CO       81002         Purpose of Disbursement Contribution	Mailing Address P.O. Box 534					<sup>м</sup> 3	М	D.	1 <sup>D</sup>	/ Y	ž	0 ľ (	Ъ
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JOHN TONY SALAZAR       Type         Office Sought:       X       House       Disbursement For:       2010         Senate       President       Other (specify)       ✓       Full Name (Last, First, Middle Initial)         KIRK FOR SENATE       Mailing Address       P.O. Box 8       Transaction ID:       SB23.7196         City       State:       Zip Code       Mailing Address       P.O. Box 8       Mount of Each Disbursement this Period         City       State       Zip Code       Mount of Each Disbursement this Period       Mount of Each Disbursement this Period         Vinnetka       IL       60093       Category/       Type         Office Sought:       X       House       Disbursement For:       2010         Category/       Type       Other (specify)       ✓       1000.00         State:       IL       Disbursement For:       2010       1000.00         Senate       Primary       X General       Other (specify)       V         Office Sought:       X       House       Disbursement For:       2010         Senate       President       Other (specify)       V       Senate       1000.00	Contribution					L.					20	00.00	J
Senate       Y       Primary       General         President       Other (specify)       ✓         State: CO       District: 03       ✓         Full Name (Last, First, Middle Initial)       Transaction ID: SB23.7196         KIRK FOR SENATE       Date of Disbursement         Mailing Address       P.O. Box 8         City       State       Zip Code         Winnetka       IL       60093         Purpose of Disbursement       IL         Cardidate Name       Category/ MARK STEVEN KIRK       Disbursement For:         Office Sought:       X       House         President       Disbursement For:       2010         President       Other (specify)       ✓	JOHN TONY SALAZAR												
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Winnetka     IL     60093       Purpose of Disbursement Contribution     1000.00       Candidate Name Candidate Name MARK STEVEN KIRK     Category/ Type       Office Sought:     X       X     House       Disbursement For:     2010       Senate     Primary       Y     General       Other (specify)     ▼	Mailing Address P.O. Box 8					0 3	М	D .	1 1	/ Y	ž	0 Ì (	Ъ
Contribution       Category/         Candidate Name       Category/         MARK STEVEN KIRK       Type         Office Sought:       X       House         Senate       Primary       X         President       Other (specify)       ▼						Amou	int of	Each	n Di	sburse			
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Senate     Primary     X General       President     Other (specify)     ▼	MARK STEVEN KIRK												
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SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE	-		PA	GE ·	18 / 24	1
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NAME OF COMMITTEE (In Full)								
PHYSICIAN HOSPITALS OF AMERICA PO	DLITICAL ACTION COMM	ITTEE						
Full Name (Last, First, Middle Initial) MARSHA BLACKBURN FOR CONGRESS	INC.		Transaction Date of Dis	burse	ment			_
Mailing Address PO Box 682185			03 <sup>M</sup>	<sup>D</sup> 1	1	ź	) ĺ O	Y
	State Zip Code TN 37068		Amount of	Each [	Disburse			eriod
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Candidate Name MARSHA MRS. BLACKBURN		Category/ Type						
Office Sought: X House Disburse Senate X President State: TN District: 07	nent For: 2010 Primary General Other (specify) ▼							
Full Name (Last, First, Middle Initial) MARTIN HEINRICH FOR CONGRESS, INC	C.		Transaction Date of Dis	burse	ment			
Mailing Address 2118 CENTRAL AVENUE #71	SE		0 <sup>M</sup> 3 <sup>M</sup>	<sup>D</sup> 1	D / )	ź	) Í O	Y
	State Zip Code NM 87106		Amount of	Each [	Disburse	ement t	his Pe	eriod
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Candidate Name MARTIN HEINRICH	(	Category/ Type						
Office Sought: X House Disburser Senate X President State: NM District: 01	nent For: 2010 Primary General Other (specify) <b>V</b>							
Full Name (Last, First, Middle Initial) MCCOTTER CONGRESSIONAL COMMIT	TEE		Transaction			7195		
Mailing Address P.O. Box 530788			<b>0</b> 3 <sup>//</sup>	<sup>D</sup> 1	<sup>D</sup> / )	ź	10	Y
•	State Zip Code MI 48153		Amount of	Each [	Disburse			eriod
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Candidate Name THADDEUS G MR. MCCOTTER		Category/ Type						
President	nent For: 2010 Primary General Other (specify) ▼							
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SCHEDULE B (FEC Form ITEMIZED DISBURSEMEN	Use separate schedule(s)	FOR LINE (check only 21b	NUMBER: PAGE 19/24 / one) 22 X 23 24 25 26
Any Information copied from such Reports	and Statements may not be sold or used		
or for commercial purposes, other than usi NAME OF COMMITTEE (In Full) PHYSICIAN HOSPITALS OF AM	ng the name and address of any political		licit contributions from such committee
Full Name (Last, First, Middle Initial) MIKE THOMPSON FOR CONG	RESS		Transaction ID: SB23.7222 Date of Disbursement
Mailing Address 5429 Madison	Avenue		$ \begin{bmatrix} M & M \\ 0 & 3 \end{bmatrix} \begin{pmatrix} D & D \\ 1 & 9 \end{pmatrix} \begin{pmatrix} Y & Y & Y \\ 2 & 0 & 1 \\ 0 \end{bmatrix} $
City Sacramento	State Zip Code CA 95841		Amount of Each Disbursement this Period
Purpose of Disbursement Contribution			2500.00
Candidate Name MIKE THOMPSON		Category/ Type	
Office Sought: X House Senate President State: CA District: 01	Disbursement For: 2010 Primary X General Other (specify) ▼		
Full Name (Last, First, Middle Initial) MINNICK FOR CONGRESS	1		Transaction ID: SB23.7178 Date of Disbursement
Mailing Address P O Box 306			$ \begin{bmatrix} M & M \\ 0 & 3 \end{bmatrix} \begin{pmatrix} D & D \\ 1 & 1 \end{bmatrix} \begin{pmatrix} Y & Y & Y \\ 2 & 0 & 1 & 0 \end{bmatrix} $
City Boise	State Zip Code ID 83701		Amount of Each Disbursement this Period
Purpose of Disbursement Contribution Candidate Name		Category/	1500.00
WALTER C MINNICK Office Sought: X House Senate President State: ID District: 01	Disbursement For:       2010         X       Primary       General         Other (specify)       ▼	Туре	
Full Name (Last, First, Middle Initial) MODERATE VICTORY FUND			Transaction ID: SB23.7247 Date of Disbursement
Mailing Address PO Box 83142			$ \begin{bmatrix} M & M \\ 0 & 3 \end{bmatrix} \begin{pmatrix} D & D \\ 3 & 1 \end{pmatrix} \begin{pmatrix} Y & Y & Y \\ 2 & 0 & 1 \\ 0 \end{pmatrix} $
City Gaithersburg	State Zip Code MD 20883		Amount of Each Disbursement this Period
Purpose of Disbursement Void of Contribution Dated 7/23/07			-1000.00
Candidate Name		Category/ Type	
Office Sought: House Senate President	Disbursement For: 2007 Primary General X Other (specify) ▼		
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SCHEDULE B (FEC Form ITEMIZED DISBURSEMEN	for each category of the Detailed Summary Page	21b 27	rone) 22 X 23 24 25 26 28a 28b 28c 29 30
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Full Name (Last, First, Middle Initial) PAUL BROUN COMMITTEE Mailing Address P.O. Box 1512			Transaction ID: SB23.7223 Date of Disbursement
City Athens	State Zip Code GA 30601		Amount of Each Disbursement this Period
Purpose of Disbursement Contribution Candidate Name		Cotogony	1500.00
Office Sought: X House Senate President State: GA District: 10	Disbursement For:       2010         X       Primary       General         Other (specify)       ▼	Category/ Type	
Full Name (Last, First, Middle Initial) REYNOLDS FOR CONGRESS			Transaction ID: SB23.7249 Date of Disbursement 03 / $31$ / $2010$
Mailing Address PO Box 15388 PITTSFORD			
City Rochester	State Zip Code NY 14615		Amount of Each Disbursement this Period
Purpose of Disbursement Void of Contribution Dated 3/6/08 Candidate Name THOMAS M REYNOLDS		Category/ Type	-2000.00
Office Sought: X House Senate President State: NY District: 26	Disbursement For:       2008         X       Primary       General         Other (specify)       ▼		
Full Name (Last, First, Middle Initial) RICHARD BURR COMMITTEE	1		Transaction ID: SB23.7181 Date of Disbursement
Mailing Address POST OFFICE	BOX 5928		$\begin{bmatrix} M & M \\ 0 & 3 \end{bmatrix} \begin{pmatrix} D & D \\ 0 & 2 \end{pmatrix} \begin{pmatrix} Y & Y & Y \\ 2 & 0 & 1 & 0 \end{pmatrix}$
City WINSTON-SALEM	State Zip Code NC 27113		Amount of Each Disbursement this Period
Purpose of Disbursement Contribution			3000.00
Candidate Name RICHARD M BURR		Category/ Type	
Office Sought: House X Senate President State: NC District: 00	Disbursement For: 2010 Primary X General Other (specify) ▼		
SUBTOTAL of Disbursements This Page	l e (optional)	►	2500.00
TOTAL This Period (last page this line n	umber only)		

C. Form/Schedule : SB23 Transaction ID : SB23.7181 PHA-PAC inadvertently made a \$500 excessive contribution to the Burr Campaign. A \$500 refund was received from the Burr Campaign and is discussed on Line 16.

	CHEDULE B (FEC Form 3X)	Use separate schedule(s	.)	-	OR LINE	-	R:			Ρ	AGE	22 /	24
_	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page			21b 27	22 28a	X	23 28b				25 29	20
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$\overline{\nabla}$	NAME OF COMMITTEE (In Full)												
$\left \right\rangle$	PHYSICIAN HOSPITALS OF AMERIC	CA POLITICAL ACTION CO	MMI	TTE	E								
<b>~</b>	Full Name (Last, First, Middle Initial) SANFORD D. BISHOP JR. FOR CON	IGRESS				Date	of D	sburs	em	nent		-	
	Mailing Address P. O. Box 909					<sup>м</sup> 3	М		3 1	) /	2	2010	)
	City Columbus	State Zip Code GA 31902				Amou	int o	Each	۱D	isburs	-		
	Purpose of Disbursement Void of Contribution Dated 6/12/07					L.					-10	00.00	)
	Candidate Name SANFORD D JR. BISHOP		C	ateg Typ	ory/ e								
	Senate President	bursement For: 2008 X Primary General Other (specify) ▼	•										
	State: GA         District: 02           Full Name (Last, First, Middle Initial)         SENATE MAJORITY FUND							-			8.721	2	
	Mailing Address P.O. Box 32025					<sup>M</sup> 3	М	D	14	) /	Ý 2	źoło	)
	City Phoenix	State Zip Code AZ 85064				Amou	int o	Each	۱D	isburs	emer	nt this I	Period
	Purpose of Disbursement Contribution			0	-						25	500.00	)
	Candidate Name		0	ateg Typ	-								
	Senate President	bursement For: 2010 Primary General X Other (specify) ▼	1										
	State: District: Ot Full Name (Last, First, Middle Initial) SIMPSON FOR CONGRESS										8.724	16	
	Mailing Address 1487 PARKWAY DF	RIVE					M				Y 2	źoło	) Y
	City BLACKFOOT	State Zip Code ID 83221				Amou	int o	Each	ו D	isburs	emer	nt this I	Period
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	Candidate Name MICHAEL K SIMPSON		0	ateg Typ	ory/ e								
	Office Sought: X House Dis Senate President	bursement For: 2008 Primary X General Other (specify) ▼	1										
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ITEMIZED DISBURSEMENTS	SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	-	R LINE N	-	R:			P	AGE	23 /	24
ar for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee NAME OF COMMITTEE (in Fuil) PHYSICIAL HOSPITALES OF AMERICA POLITICAL ACTION COMMITTEE Full Name (Last, First, Middle Initial) SOUDER FOR CONCRESS INC.  Mailing Address P.O. BOX 40233 City FORT WANKE State N Sta		Detailed Summary Page		21b 27	22 28a	X	28b		280		29	
✓       Full Name (Last, First, Middle Initial)         SOUDER FOR CONGRESS INC.       Transaction ID: SB23,7194         Mailing Address       P.O. BOX 40233         City       State       Zip Code         FOR WAYNE       IN       46804         Purpose of Distursement       Category'         Contribution       Category'         Contribution       Category'         Marke E SOUDER       Disbursement For:         Office Sought:       X House         Distribution       Category'         Transaction ID:       SB23,7186         Date of Disbursement       Category'         Office Sought:       X House         District: 03       Category'         Y       2 0 1 0         Mailing Address       P.O. Box 9392         City       State: IN         Mailing Address       P.O. Box 9392         City       State         Marinilo       TX         Type       Office Sought:         Y House       Disbursement For:         Office Sought:       X House         Senate       Disbursement For:         Office Sought:       X House         Senate       Disbursement For:      <	or for commercial purposes, other than using th NAME OF COMMITTEE (In Full)	e name and address of any political	committe	e to soli								
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SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER:		PAGE	24/	24
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only 21b 27	one) 22 X 23 28a 28		24 28c	25 29	20
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NAME OF COMMITTEE (In Full) PHYSICIAN HOSPITALS OF AMERICA F	POLITICAL ACTION COM	<b>NITTEE</b>					
Full Name (Last, First, Middle Initial) TIM MURPHY FOR CONGRESS			Transaction Date of Disbu	-	-	93	
Mailing Address PO Box 24551			03 <sup>M</sup> /	<sup>D</sup> 1 1 <sup>D</sup>	/ Y	žoi (	) <sup>Y</sup>
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