

# 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) 2025 M STREET NW  
SUITE 800  
WASHINGTON DC 20036  
 Check if different than previously reported. (ACC)

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)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12S)  
Election on M M / D D / 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 / D D / Y Y Y Y Y Y in the State of

5. Covering Period 09 / 01 / 2017 through 09 / 30 / 2017

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.  
Richardson, John, , ,  
Type or Print Name of Treasurer

Signature of Treasurer Richardson, John, , , [Electronically Filed] Date 10 / 18 / 2017

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

**Physician Hospitals of America Political Action Committee**

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2017"/>		10958.89
(b) Cash on Hand at Beginning of Reporting Period.....	46820.39	
(c) Total Receipts (from Line 19) .....	9464.45	63714.45
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	56284.84	74673.34
7. Total Disbursements (from Line 31).....	4618.83	23007.33
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	51666.01	51666.01
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

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

**For further information contact:**  
  
Federal Election Commission  
999 E Street, NW  
Washington, DC 20463  
  
Toll Free 800-424-9530  
Local 202-694-1100

## DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 05/2016)

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 09 / 01 / 2017 To: M M / D D / Y Y Y Y 09 / 30 / 2017

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).....	8928.74	63178.74
(ii) Unitemized .....	535.71	535.71
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	9464.45	63714.45
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	9464.45	63714.45
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)).....▶	9464.45	63714.45
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	9464.45	63714.45

**DETAILED SUMMARY PAGE**  
of Disbursements

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 .....	118.83	507.33
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	118.83	507.33
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	4500.00	17500.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(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	5000.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	5000.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(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)) ..	4618.83	23007.33
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	4618.83	23007.33

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	9464.45	63714.45
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	5000.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	9464.45	58714.45
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	118.83	507.33
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	118.83	507.33

**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 22
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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**

**A. Bachamp, Monica, M., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 600 S Santa Fe Ave  
 Ste E  
 City Salina State KS Zip Code 67401-4171  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Salina Surgical Hospital Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 357.14

Date of Receipt 09 / 15 / 2017  
**Transaction ID : C8981932**  
 Amount of Each Receipt this Period 178.57  
 Memo Item

**B. Cossette, Jerrold, E., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 520 South Santa Fe Avenue  
 City Salina State KS Zip Code 67401  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Salina Surgical Hospital Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 357.14

Date of Receipt 09 / 15 / 2017  
**Transaction ID : C8982424**  
 Amount of Each Receipt this Period 178.57  
 Memo Item

**C. Daily, Bradley, C., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6 Red Fox  
 City Salina State KS Zip Code 67401  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Salina Surgical Hospital Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 357.14

Date of Receipt 09 / 15 / 2017  
**Transaction ID : C8981937**  
 Amount of Each Receipt this Period 178.57  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	535.71
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 22
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 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**

**A. Ellis, Lavelle, A., ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2353 Aidan Court

City Salina	State KS	Zip Code 67401
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Salina Surgical Hospital	Occupation (for Individual) Physician
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Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
357.14

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		15		2017

**Transaction ID : C8981934**

Amount of Each Receipt this Period  
178.57

Memo Item

**B. Grauerholz, Byron, L., ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 310 Estate Drive

City Salina	State KS	Zip Code 67401
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Salina Surgical Hospital	Occupation (for Individual) Physician
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Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
357.14

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		15		2017

**Transaction ID : C8982434**

Amount of Each Receipt this Period  
178.57

Memo Item

**C. Harbin, Gary, L., ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 523 South Santa Fe

City Salina	State KS	Zip Code 67401
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Salina Surgical Hospital	Occupation (for Individual) Physician
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Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼  
357.14

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		15		2017

**Transaction ID : C8982425**

Amount of Each Receipt this Period  
178.57

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	535.71
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 8 OF 22  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)  
**Physician Hospitals of America Political Action Committee**

**A. Herrenbruck, Todd, M.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1830 Stoneridge Lane

City Salina	State KS	Zip Code 67401
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Salina Surgical Hospital	Occupation (for Individual) Physician
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
357.14

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	15	/	2017

**Transaction ID : C8982430**

Amount of Each Receipt this Period  

178.57
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 Memo Item

**B. Johnson, Michael, J.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 882 Eastridge Drive

City Salina	State KS	Zip Code 67401
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Salina Surgical Hospital	Occupation (for Individual) Physician
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
357.14

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	15	/	2017

**Transaction ID : C8982435**

Amount of Each Receipt this Period  

178.57
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 Memo Item

**C. Johnson, Paul, Arthur,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 737 East Crawford Street

City Salina	State KS	Zip Code 67401
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Salina Surgical Hospital	Occupation (for Individual) Physician
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Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
357.14

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	15	/	2017

**Transaction ID : C8982426**

Amount of Each Receipt this Period  

178.57
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 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	535.71
<b>TOTAL</b> This Period (last page this line number only).....	



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

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

FOR LINE NUMBER: PAGE 9 OF 22  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Physician Hospitals of America Political Action Committee**

**A. Kansal, Sukesh, K., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2494 Mcclean Circle  
 City Salina State KS Zip Code 67401  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Salina Surgical Hospital Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 357.14

Date of Receipt 09 / 15 / 2017  
**Transaction ID : C8982431**  
 Amount of Each Receipt this Period 178.57  
 Memo Item

**B. Knox, Jeffrey, B., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 171 E Lake Dr  
 City Salina State KS Zip Code 67401-3410  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Salina Surgical Hospital Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 357.14

Date of Receipt 09 / 15 / 2017  
**Transaction ID : C8982428**  
 Amount of Each Receipt this Period 178.57  
 Memo Item

**C. Manguoglu, Ali, B., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 639 Gupsum Avenue Apt B2  
 City Salina State KS Zip Code 67401  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Salina Surgical Hospital Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 357.14

Date of Receipt 09 / 15 / 2017  
**Transaction ID : C8981935**  
 Amount of Each Receipt this Period 178.57  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 535.71  
**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 10 OF 22
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Physician Hospitals of America Political Action Committee**

**A. Matteuci, Michael, J., , Sr.**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 405 Greystone Drive

City Salina	State KS	Zip Code 67401
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Salina Surgical Hospital	Occupation (for Individual) Physician
---	--

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
357.14

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		15		2017

**Transaction ID : C8982437**

Amount of Each Receipt this Period  
178.57

Memo Item

**B. Morgan, Natalie, A., ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 119 S. Morris Drive

City Salina	State KS	Zip Code 67401
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Salina Surgical Hospital	Occupation (for Individual) Physician
---	--

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
357.14

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		15		2017

**Transaction ID : C8982432**

Amount of Each Receipt this Period  
178.57

Memo Item

**C. Parriott, Joel, E., ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1728 Upper Mil Terrace

City Salina	State KS	Zip Code 67401
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Salina Surgical Hospital	Occupation (for Individual) Physician
---	--

Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼  
357.14

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		15		2017

**Transaction ID : C8982429**

Amount of Each Receipt this Period  
178.57

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	535.71
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 22
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Physician Hospitals of America Political Action Committee**

**A. Prendergast, David, C., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5715 North Strekfus Trail  
 City Salina State KS Zip Code 67401  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Salina Surgical Hospital Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 357.14

Date of Receipt 09 / 15 / 2017  
**Transaction ID : C8982436**  
 Amount of Each Receipt this Period 178.57  
 Memo Item

**B. Rupe, Christopher, A., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 655 S. Santa Fe Avenue  
 City Salina State KS Zip Code 67401  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Salina Surgical Hospital Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 357.24

Date of Receipt 09 / 15 / 2017  
**Transaction ID : C8981938**  
 Amount of Each Receipt this Period 178.67  
 Memo Item

**C. Schraeder, Ward, C., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4380 E Cloud St  
 City Salina State KS Zip Code 67401-9162  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Salina Surgical Hospital Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 357.14

Date of Receipt 09 / 15 / 2017  
**Transaction ID : C8981940**  
 Amount of Each Receipt this Period 178.57  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	535.81
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 12 OF 22
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Physician Hospitals of America Political Action Committee**

**A. Schwartz, A. J., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 454 Upper Mill Heights  
 City Salina State KS Zip Code 67401  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Physicians & Investors LLC Occupation (for Individual) Businessman  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 357.24

Date of Receipt 09 / 15 / 2017  
**Transaction ID : C8981941**  
 Amount of Each Receipt this Period 178.67  
 Memo Item

**B. Smith, Brian, G., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2096 S. Woodward Road  
 City Salina State KS Zip Code 67401  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Salina Surgical Hospital Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 357.14

Date of Receipt 09 / 15 / 2017  
**Transaction ID : C8982433**  
 Amount of Each Receipt this Period 178.57  
 Memo Item

**C. Smith, David, E., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 302 West Park Lane  
 City Salina State KS Zip Code 67401-3553  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Salina Surgical Hospital Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 357.14

Date of Receipt 09 / 15 / 2017  
**Transaction ID : C8982427**  
 Amount of Each Receipt this Period 178.57  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	535.81
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 22
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 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**

**A. Vernon, Seth, A., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 655 S. Santa Fe Avenue  
 City Salina State KS Zip Code 67401  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Salina Surgical Hospital Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 357.14

Date of Receipt 09 / 15 / 2017  
**Transaction ID : C8982438**  
 Amount of Each Receipt this Period 178.57  
 Memo Item

**B. Physicians & Investors LLC**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 454 Upper Mill Heights Dr  
 City Salina State KS Zip Code 67401-3357  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 09 / 15 / 2017  
**Transaction ID : C8981942**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item  
 PARTNERSHIP--partners below if itemized

**C. Bachamp, Monica, M., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 600 S Santa Fe Ave Ste E  
 City Salina State KS Zip Code 67401-4171  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Salina Surgical Hospital Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 357.14

Date of Receipt 09 / 15 / 2017  
**Transaction ID : C8981943**  
 Amount of Each Receipt this Period 178.57  
 Memo Item  
 \*

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 5178.57  
**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 14 OF 22
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Physician Hospitals of America Political Action Committee**

**A. Cossette, Jerrold, E., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 520 South Santa Fe Avenue  
 City Salina State KS Zip Code 67401  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Salina Surgical Hospital Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 357.14

Date of Receipt 09 / 15 / 2017  
**Transaction ID : C8981944**  
 Amount of Each Receipt this Period 178.57  
 Memo Item  
 \*

**B. Daily, Bradley, C., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6 Red Fox  
 City Salina State KS Zip Code 67401  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Salina Surgical Hospital Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 357.14

Date of Receipt 09 / 15 / 2017  
**Transaction ID : C8981963**  
 Amount of Each Receipt this Period 178.57  
 Memo Item  
 \*

**C. Ellis, Lavelle, A., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2353 Aidan Court  
 City Salina State KS Zip Code 67401  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Salina Surgical Hospital Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 357.14

Date of Receipt 09 / 15 / 2017  
**Transaction ID : C8981950**  
 Amount of Each Receipt this Period 178.57  
 Memo Item  
 \*

<b>SUBTOTAL</b> of Receipts This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 22
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Physician Hospitals of America Political Action Committee**

**A. Grauerholz, Byron, L., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 310 Estate Drive  
 City Salina State KS Zip Code 67401  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Salina Surgical Hospital Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **357.14**

Date of Receipt **09 / 15 / 2017**  
**Transaction ID : C8981960**  
 Amount of Each Receipt this Period **178.57**  
 Memo Item  
 \*

**B. Harbin, Gary, L., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 523 South Santa Fe  
 City Salina State KS Zip Code 67401  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Salina Surgical Hospital Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **357.14**

Date of Receipt **09 / 15 / 2017**  
**Transaction ID : C8981945**  
 Amount of Each Receipt this Period **178.57**  
 Memo Item  
 \*

**C. Herrenbruck, Todd, M., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1830 Stoneridge Lane  
 City Salina State KS Zip Code 67401  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Salina Surgical Hospital Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **357.14**

Date of Receipt **09 / 15 / 2017**  
**Transaction ID : C8981954**  
 Amount of Each Receipt this Period **178.57**  
 Memo Item  
 \*

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>0.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 22
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Physician Hospitals of America Political Action Committee**

**A. Johnson, Michael, J., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 882 Eastridge Drive  
 City Salina State KS Zip Code 67401  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Salina Surgical Hospital Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 357.14

Date of Receipt 09 / 15 / 2017  
**Transaction ID : C8981961**  
 Amount of Each Receipt this Period 178.57  
 Memo Item  
 \*

**B. Johnson, Paul, Arthur, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 737 East Crawford Street  
 City Salina State KS Zip Code 67401  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Salina Surgical Hospital Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 357.14

Date of Receipt 09 / 15 / 2017  
**Transaction ID : C8981946**  
 Amount of Each Receipt this Period 178.57  
 Memo Item  
 \*

**C. Kansal, Sukesh, K., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2494 Mcclean Circle  
 City Salina State KS Zip Code 67401  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Salina Surgical Hospital Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 357.14

Date of Receipt 09 / 15 / 2017  
**Transaction ID : C8981956**  
 Amount of Each Receipt this Period 178.57  
 Memo Item  
 \*

<b>SUBTOTAL</b> of Receipts This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 22
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Physician Hospitals of America Political Action Committee**

**A. Knox, Jeffrey, B., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 171 E Lake Dr  
 City Salina State KS Zip Code 67401-3410  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Salina Surgical Hospital Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 357.14

Date of Receipt 09 / 15 / 2017  
**Transaction ID : C8981952**  
 Amount of Each Receipt this Period 178.57  
 Memo Item  
 \*

**B. Manguoglu, Ali, B., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 639 Gupsum Avenue Apt B2  
 City Salina State KS Zip Code 67401  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Salina Surgical Hospital Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 357.14

Date of Receipt 09 / 15 / 2017  
**Transaction ID : C8981955**  
 Amount of Each Receipt this Period 178.57  
 Memo Item  
 \*

**C. Matteuci, Michael, J., , Sr.**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 405 Greystone Drive  
 City Salina State KS Zip Code 67401  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Salina Surgical Hospital Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 357.14

Date of Receipt 09 / 15 / 2017  
**Transaction ID : C8981965**  
 Amount of Each Receipt this Period 178.57  
 Memo Item  
 \*

<b>SUBTOTAL</b> of Receipts This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 18 OF 22  
(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 of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. Morgan, Natalie, A., ,**

Mailing Address 119 S. Morris Drive

City Salina	State KS	Zip Code 67401
----------------	-------------	-------------------

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

Name of Employer (for Individual) Salina Surgical Hospital	Occupation (for Individual) Physician
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
357.14

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		15		2017

**Transaction ID : C8981958**

Amount of Each Receipt this Period  
178.57

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**B. Parriott, Joel, E., ,**

Mailing Address 1728 Upper Mil Terrace

City Salina	State KS	Zip Code 67401
----------------	-------------	-------------------

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

Name of Employer (for Individual) Salina Surgical Hospital	Occupation (for Individual) Physician
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
357.14

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		15		2017

**Transaction ID : C8981953**

Amount of Each Receipt this Period  
178.57

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**C. Prendergast, David, C., ,**

Mailing Address 5715 North Strefkus Trail

City Salina	State KS	Zip Code 67401
----------------	-------------	-------------------

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

Name of Employer (for Individual) Salina Surgical Hospital	Occupation (for Individual) Physician
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
357.14

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		15		2017

**Transaction ID : C8981971**

Amount of Each Receipt this Period  
178.57

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 19 OF 22  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Physician Hospitals of America Political Action Committee**

**A. Rupe, Christopher, A., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 655 S. Santa Fe Avenue  
 City Salina State KS Zip Code 67401  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Salina Surgical Hospital Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 357.24

Date of Receipt 09 / 15 / 2017  
**Transaction ID : C8981967**  
 Amount of Each Receipt this Period 178.57  
 Memo Item  
 \*

**B. Schraeder, Ward, C., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4380 E Cloud St  
 City Salina State KS Zip Code 67401-9162  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Salina Surgical Hospital Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 357.14

Date of Receipt 09 / 15 / 2017  
**Transaction ID : C8981969**  
 Amount of Each Receipt this Period 178.57  
 Memo Item  
 \*

**C. Schwartz, A. J., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 454 Upper Mill Heights  
 City Salina State KS Zip Code 67401  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Physicians & Investors LLC Occupation (for Individual) Businessman  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 357.24

Date of Receipt 09 / 15 / 2017  
**Transaction ID : C8981970**  
 Amount of Each Receipt this Period 178.57  
 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 20 OF 22  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Physician Hospitals of America Political Action Committee**

**A. Smith, Brian, G., ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2096 S. Woodward Road

City Salina	State KS	Zip Code 67401
----------------	-------------	-------------------

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

Name of Employer (for Individual) Salina Surgical Hospital	Occupation (for Individual) Physician
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
357.14

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	15	/	2017

**Transaction ID : C8981959**

Amount of Each Receipt this Period  
178.57

Memo Item

**B. Smith, David, E., ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 302 West Park Lane

City Salina	State KS	Zip Code 67401-3553
----------------	-------------	------------------------

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

Name of Employer (for Individual) Salina Surgical Hospital	Occupation (for Individual) Physician
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
357.14

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	15	/	2017

**Transaction ID : C8981948**

Amount of Each Receipt this Period  
178.57

Memo Item

**C. Vernon, Seth, A., ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 655 S. Santa Fe Avenue

City Salina	State KS	Zip Code 67401
----------------	-------------	-------------------

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

Name of Employer (for Individual) Salina Surgical Hospital	Occupation (for Individual) Physician
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
357.14

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	15	/	2017

**Transaction ID : C8981966**

Amount of Each Receipt this Period  
178.57

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	8928.74

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

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

FOR LINE NUMBER: (check only one)

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

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. Paypal Inc.**

Mailing Address 2211 N 1st St

City San Jose State CA Zip Code 95131

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
09 / 07 / 2017

FEC Identification Number

C

Transaction ID : D604604

Amount of Each Disbursement this Period

30.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Paypal Inc.**

Mailing Address 2211 N 1st St

City San Jose State CA Zip Code 95131

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
09 / 22 / 2017

FEC Identification Number

C

Transaction ID : D604605

Amount of Each Disbursement this Period

88.83

Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

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

118.83

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

118.83

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**Physician Hospitals of America Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. CONSERVATIVE ROUNDTABLE**

Mailing Address PO BOX 97275

City  
RALEIGH

State  
NC

Zip Code  
27624

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	9		2	5		2	0	1	7		

FEC Identification Number

**C** C00549725

**Transaction ID : D605049**

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. FRIENDS OF DAVID SCHWEIKERT**

Mailing Address 228 S WASHINGTON STREET  
STE 115

City  
ALEXANDRIA

State  
VA

Zip Code  
22314

Purpose of Disbursement  
Contribution

Candidate Name

**SCHWEIKERT, DAVID, , ,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify)

State: AZ District: 06

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	9		2	5		2	0	1	7		

FEC Identification Number

**C** C00540617

**Transaction ID : D605050**

Amount of Each Disbursement this Period

2000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y

FEC Identification Number

**C**

Amount of Each Disbursement this Period

Memo Item

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

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

4500.00

4500.00