

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

Physician Hospitals of America Political Action Committee

ADDRESS (number and street) PO Box 70980

Check if different than previously reported. (ACC) Washington DC 20024

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C C00394163

3. IS THIS REPORT NEW (N) OR AMENDED (A) 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)
 - Mar 20 (M3)
 - Apr 20 (M4)
 - May 20 (M5)
 - Jun 20 (M6)
 - Jul 20 (M7)
 - Aug 20 (M8)
 - Sep 20 (M9)
 - Oct 20 (M10)
 - Nov 20 (M11) (Non-Election Year Only)
 - Dec 20 (M12) (Non-Election Year Only)
 - Jan 31 (YE)

- (c) 12-Day PRE-Election Report for the:
- Primary (12P)
 - General (12G)
 - Runoff (12R)
 - Convention (12C)
 - Special (12S)

Election on [MM] / [DD] / [YYYY] in the State of []

- (d) 30-Day POST-Election Report for the:
- General (30G)
 - Runoff (30R)
 - Special (30S)

Election on [MM] / [DD] / [YYYY] in the State of []

5. Covering Period [MM] / [DD] / [YYYY] 01 / 01 / 2009 through [MM] / [DD] / [YYYY] 06 / 30 / 2009

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer John Richardson

Signature of Treasurer John Richardson [Electronically Filed] Date [MM] / [DD] / [YYYY] 01 / 03 / 2011

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office Use Only									
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**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

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="2009"/>		126821.41
(b) Cash on Hand at Beginning of Reporting Period.....	126821.41	
(c) Total Receipts (from Line 19)	136405.50	136405.50
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	263226.91	263226.91
7. Total Disbursements (from Line 31).....	221400.00	221400.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	41826.91	41826.91
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

Physician Hospitals of America Political Action Committee

Report Covering the Period: From: 01 / 01 / 2009 To: 06 / 30 / 2009

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).....	136105.50	136105.50
(ii) Unitemized	300.00	300.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	136405.50	136405.50
(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)	136405.50	136405.50
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))..... ▶	136405.50	136405.50
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	136405.50	136405.50

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	221400.00	221400.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(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	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	221400.00	221400.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	221400.00	221400.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	136405.50	136405.50
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	136405.50	136405.50
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 OF 88
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

A. David Abbott
 Full Name (Last, First, Middle Initial)
 Mailing Address 2402 Burleigh St
 City Yankton State SD Zip Code 57078-1893
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Ear Nose & Throat Associates Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 20 / 2009
Transaction ID : C614
 Amount of Each Receipt this Period
 1000.00

B. Joseph Cladius Allen
 Full Name (Last, First, Middle Initial)
 Mailing Address 333 North Texas Avenue
 City Webster State TX Zip Code 77598
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Houston Physicians Hospital Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 24 / 2009
Transaction ID : C672
 Amount of Each Receipt this Period
 1000.00

C. Robert Anderson
 Full Name (Last, First, Middle Initial)
 Mailing Address 705 Sioux Point Road Suite 100
 City Dakota Dunes State SD Zip Code 57049
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Midlands Clinic Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 23 / 2009
Transaction ID : C666
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 2250.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 7 OF 88
<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. Ray Aronowitz
Full Name (Last, First, Middle Initial)

Mailing Address 810 North Zang Blvd.

City Dallas	State TX	Zip Code 75208
----------------	-------------	-------------------

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

Name of Employer Arlington Orthopedic Assoc.	Occupation Physician
---	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	19	/	2009

Transaction ID : C689

Amount of Each Receipt this Period
1000.00

B. David C. Ayers
Full Name (Last, First, Middle Initial)

Mailing Address 11326 West 141st Street

City Overland Park	State KS	Zip Code 66221-8206
-----------------------	-------------	------------------------

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

Name of Employer Nueterra Holdings, LLC	Occupation CEO
--	-------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	28	/	2009

Transaction ID : C646

Amount of Each Receipt this Period
750.00

C. Wade Barker
Full Name (Last, First, Middle Initial)

Mailing Address 1151 North Buckner Blvd.
Suite 308

City Dallas	State TX	Zip Code 75218
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FEC ID number of contributing federal political committee. **C**

Name of Employer Barker Bariatric Center	Occupation Physician
---	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	20	/	2009

Transaction ID : C615

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional).....▶	2750.00
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 8 OF 88
(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. Mark Barre
 Full Name (Last, First, Middle Initial)
 Mailing Address 333 North Texas Avenue
 City State Zip Code
 Webster TX 77598
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Houston Physicians Hospital Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 24 / 2009
Transaction ID : C673
 Amount of Each Receipt this Period
 1000.00

B. Keith Baumgarten
 Full Name (Last, First, Middle Initial)
 Mailing Address 810 East 23rd Street
 City State Zip Code
 Sioux Falls SD 57105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Orthopaedic Institute Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 23 / 2009
Transaction ID : C667
 Amount of Each Receipt this Period
 1500.00

C. Scott Becker
 Full Name (Last, First, Middle Initial)
 Mailing Address 77 W Wacker Dr
 Ste 4100
 City State Zip Code
 Chicago IL 60601-1683
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 McGuire Woods Attorney
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 26 / 2009
Transaction ID : C660
 Amount of Each Receipt this Period
 600.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 3100.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 9 OF 88
<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. Vivek Bhaktaram MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 4050 West Memorial Road
 City Oklahoma City State OK Zip Code 73120
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Oklahoma Heart Hospital Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 08 / 2009
Transaction ID : C662
 Amount of Each Receipt this Period
 1000.00

B. James Bonnen
 Full Name (Last, First, Middle Initial)
 Mailing Address 333 North Texas Avenue
 City Webster State TX Zip Code 77598
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Houston Physicians Hospital Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 24 / 2009
Transaction ID : C674
 Amount of Each Receipt this Period
 1000.00

C. Barry Boone
 Full Name (Last, First, Middle Initial)
 Mailing Address 333 North Texas Avenue
 City Webster State TX Zip Code 77598
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Houston Physicians Hospital Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 24 / 2009
Transaction ID : C675
 Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional).....▶	3000.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 10 OF 88
<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. C. Robert Boone
Full Name (Last, First, Middle Initial)

Mailing Address 333 North Texas Avenue

City Webster	State TX	Zip Code 77598
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FEC ID number of contributing federal political committee. **C**

Name of Employer Houston Physicians Hospital	Occupation Physician
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	24	/	2009

Transaction ID : C676

Amount of Each Receipt this Period
1000.00

B. Joseph Boudreau
Full Name (Last, First, Middle Initial)

Mailing Address 2308 Burleigh

City Yankton	State SD	Zip Code 57078
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FEC ID number of contributing federal political committee. **C**

Name of Employer Yankton Urological Surgery	Occupation Physician
--	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	20	/	2009

Transaction ID : C616

Amount of Each Receipt this Period
1000.00

C. Ronald Burke
Full Name (Last, First, Middle Initial)

Mailing Address 901 West 7th Street

City Ft. Worth	State TX	Zip Code 76104
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FEC ID number of contributing federal political committee. **C**

Name of Employer Cook Children's Hospital	Occupation Physician
--	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	26	/	2009

Transaction ID : C661

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional).....▶	2250.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 88
	<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. S. Jeffrey Cannella
Full Name (Last, First, Middle Initial)

Mailing Address 807 Circle Drive

City State Zip Code
Bellaire TX 77401

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

Name of Employer Occupation
Anesthesiology Clinic Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
06 / 24 / 2009
Transaction ID : C677

Amount of Each Receipt this Period
1000.00

B. Walter Carlson
Full Name (Last, First, Middle Initial)

Mailing Address 810 East 23rd Street

City State Zip Code
Sioux Falls SD 57105

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

Name of Employer Occupation
Orthopedic Institute Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
06 / 23 / 2009
Transaction ID : C668

Amount of Each Receipt this Period
5000.00

C. Virgilio Chan
Full Name (Last, First, Middle Initial)

Mailing Address 8450 Northwest Blvd.

City State Zip Code
Indianapolis IN 46278

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

Name of Employer Occupation
Orthopaedics Indianapolis Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
02 / 17 / 2009
Transaction ID : C608

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 6300.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 12 OF 88
<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. Suresh Chandrasekaran
Full Name (Last, First, Middle Initial)

Mailing Address 8121 National Avenue #200

City Midwest City	State OK	Zip Code 73110
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FEC ID number of contributing federal political committee. **C**

Name of Employer Oklahoma Medical Specialists	Occupation Physician
--	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	23	/	2009

Transaction ID : C669

Amount of Each Receipt this Period
1000.00

B. Deepak Chavda
Full Name (Last, First, Middle Initial)

Mailing Address 8251 Bedford - Wules Road Suite 210

City N. Richland Hills	State TX	Zip Code 76180
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FEC ID number of contributing federal political committee. **C**

Name of Employer Texas Bone & Joint Center	Occupation Physician
---	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	20	/	2009

Transaction ID : C617

Amount of Each Receipt this Period
1000.00

C. Phillip Daley
Full Name (Last, First, Middle Initial)

Mailing Address 333 North Texas Avenue

City Webster	State TX	Zip Code 77598
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FEC ID number of contributing federal political committee. **C**

Name of Employer Houston Physicians Hospital	Occupation Physician
---	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	24	/	2009

Transaction ID : C678

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional).....▶	3000.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 88
	<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. Jim Davidson
Full Name (Last, First, Middle Initial)

Mailing Address 11221 Roe Avenue
Suite 320

City Leawood State KS Zip Code 66211

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

Name of Employer Nueterra Holdings, LLC Occupation EVP, Sales & Marketing

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 28 / 2009

Transaction ID : C647

Amount of Each Receipt this Period
500.00

B. Jose Deleon
Full Name (Last, First, Middle Initial)

Mailing Address 5939 Harry Hines Blvd.

City Dallas State TX Zip Code 75235

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

Name of Employer Obstetrics & Gynecology Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 20 / 2009

Transaction ID : C618

Amount of Each Receipt this Period
1000.00

C. Timothy M. Dettmer MD
Full Name (Last, First, Middle Initial)

Mailing Address 662 E State St

City Mason City State IA Zip Code 50401-4171

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

Name of Employer Mason City Clinic Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 29 / 2009

Transaction ID : C654

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional).....▶	1750.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 14 OF 88
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Douglas Dow		Date of Receipt MM / DD / YYYY 06 / 24 / 2009 Transaction ID : C679
Mailing Address 333 North Texas Avenue		Amount of Each Receipt this Period 2000.00
City Webster	State TX	Zip Code 77598
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00
Name of Employer Houston Physicians Hospital	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) B. James Scott Ellis		Date of Receipt MM / DD / YYYY 03 / 23 / 2009 Transaction ID : C635
Mailing Address 2909 South Hampton D-107		Amount of Each Receipt this Period 1000.00
City Dallas	State TX	Zip Code 75224
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Southwest Dallas Orthopedic	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Eduardo Garcia		Date of Receipt MM / DD / YYYY 06 / 24 / 2009 Transaction ID : C680
Mailing Address 333 North Texas Avenue		Amount of Each Receipt this Period 1000.00
City Webster	State TX	Zip Code 77598
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Houston Physicians Hospital	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 88
	<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. Thomas Garrison
Full Name (Last, First, Middle Initial)

Mailing Address 333 North Texas Avenue

City State Zip Code
Webster TX 77598

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

Name of Employer Occupation
Houston Physicians Hospital Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
06 / 24 / 2009
Transaction ID : C681

Amount of Each Receipt this Period
1000.00

B. Michael Gillett
Full Name (Last, First, Middle Initial)

Mailing Address 1200 S Euclid Ave
Ste 212

City State Zip Code
Sioux Falls SD 57105-0433

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

Name of Employer Occupation
Urology Specialists Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
01 / 12 / 2009
Transaction ID : C601

Amount of Each Receipt this Period
1000.00

C. David Gray
Full Name (Last, First, Middle Initial)

Mailing Address 901 West 7th Street

City State Zip Code
Ft. Worth TX 76104

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

Name of Employer Occupation
Cook Children's Physician Network Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1500.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
05 / 12 / 2009
Transaction ID : C657

Amount of Each Receipt this Period
1500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 3500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 88
	<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. Raymond Grundmeyer
Full Name (Last, First, Middle Initial)

Mailing Address 3333 North Webb Road

City State Zip Code
Wichita KS 67226

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

Name of Employer Occupation
Kansas Spine Hospital Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
955.50

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
01 / 26 / 2009

Transaction ID : C603

Amount of Each Receipt this Period
955.50

B. Tammy Duckworth Ham
Full Name (Last, First, Middle Initial)

Mailing Address 11221 Roe Avenue
Suite 320

City State Zip Code
Leawood KS 66211

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

Name of Employer Occupation
Nueterra Holdings, LLC Senior Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
04 / 28 / 2009

Transaction ID : C648

Amount of Each Receipt this Period
500.00

C. John R. Harvey MD
Full Name (Last, First, Middle Initial)

Mailing Address 4050 West Memorial Road

City State Zip Code
Oklahoma City OK 73120

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

Name of Employer Occupation
Oklahoma Heart Hospital/Okla Cardiovas Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
03 / 18 / 2009

Transaction ID : C613

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 2455.50

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 17 OF 88
	<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. John R. Harvey MD
Full Name (Last, First, Middle Initial)

Mailing Address 4050 West Memorial Road

City Oklahoma City State OK Zip Code 73120

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

Name of Employer Oklahoma Heart Hospital/Okla Cardiovas Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 08 / 2009

Transaction ID : C643

Amount of Each Receipt this Period
 4000.00

B. Robert Henderson
Full Name (Last, First, Middle Initial)

Mailing Address 9032 Harry Hines Blvd.

City Dallas State TX Zip Code 75235

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

Name of Employer Pine Creek Medical Center Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 20 / 2009

Transaction ID : C602

Amount of Each Receipt this Period
 1000.00

C. Paula Hicks
Full Name (Last, First, Middle Initial)

Mailing Address 2300 Burleigh Street

City Yankton State SD Zip Code 57078

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

Name of Employer Wilcockson Eye Associates Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 20 / 2009

Transaction ID : C619

Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional).....▶	6000.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 18 OF 88
<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. Darlys Hofer
Full Name (Last, First, Middle Initial)

Mailing Address 1200 South Euclid Avenue
#212

City State Zip Code
Sioux Falls SD 57105

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

Name of Employer Occupation
Urology Specialists Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
06 / 23 / 2009

Transaction ID : C670

Amount of Each Receipt this Period
5000.00

B. Brian Ipsen
Full Name (Last, First, Middle Initial)

Mailing Address 1111 McIntosh Circle Drive

City State Zip Code
Joplin MO 64804

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

Name of Employer Occupation
Ortho4States Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
02 / 13 / 2009

Transaction ID : C607

Amount of Each Receipt this Period
2000.00

C. Daniel Johnson
Full Name (Last, First, Middle Initial)

Mailing Address 136 Heritage Drive

City State Zip Code
Yankton SD 57078

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

Name of Employer Occupation
Yankton Bone and Joint Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
03 / 20 / 2009

Transaction ID : C620

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional).....▶	8000.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 88
	<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. Donald Knudson
Full Name (Last, First, Middle Initial)

Mailing Address 6110 South Minnesota Avenue

City State Zip Code
Sioux Falls SD 57108

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

Name of Employer Occupation
Sioux Falls Surgical Hospital Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 08 / 2009

Transaction ID : C663

Amount of Each Receipt this Period
5000.00

B. Jerome Peter Mathias MD
Full Name (Last, First, Middle Initial)

Mailing Address 8121 National Ave.
Ste. 200

City State Zip Code
Oklahoma City OK 73110-7570

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

Name of Employer Occupation
Oklahoma Heart Hospital Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 08 / 2009

Transaction ID : C664

Amount of Each Receipt this Period
1000.00

C. Denise Mayhew
Full Name (Last, First, Middle Initial)

Mailing Address 11221 Roe Avenue
Suite 320

City State Zip Code
Leawood KS 66211

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

Name of Employer Occupation
Nueterra Holdings, LLC Senior Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y
04 / 28 / 2009

Transaction ID : C649

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 6500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 88
	<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. Anthony Melillo
 Full Name (Last, First, Middle Initial)
 Mailing Address 1051 Pineloch Drive
 Suite 100
 City Houston State TX Zip Code 77059
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Bay Orthopaedics & Sports Med. Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
06 / 24 / 2009
Transaction ID : C682
 Amount of Each Receipt this Period
1000.00

B. John Milani
 Full Name (Last, First, Middle Initial)
 Mailing Address 1341 Mockingbird Lane
 City Dallas State TX Zip Code 75247
 FEC ID number of contributing federal political committee. **C**
 Name of Employer John Milani Clinic Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1250.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 20 / 2009
Transaction ID : C621
 Amount of Each Receipt this Period
1000.00

C. Lisa Miller
 Full Name (Last, First, Middle Initial)
 Mailing Address 902 Hillcrest Grand Avenue
 City Yankton State SD Zip Code 57078
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Yankton Surgical Associates Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 20 / 2009
Transaction ID : C622
 Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional).....	3000.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 88
	<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. Mark Miller
Full Name (Last, First, Middle Initial)

Mailing Address 333 North Texas Avenue

City State Zip Code
Webster TX 77598

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

Name of Employer Occupation
Houston Physicians Hospital Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
06 / 24 / 2009
Transaction ID : C683

Amount of Each Receipt this Period
1000.00

B. Douglas Neilson
Full Name (Last, First, Middle Initial)

Mailing Address 900 Karen Drive

City State Zip Code
Yankton SD 57078

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

Name of Employer Occupation
Yankton Bone & Joint Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
03 / 20 / 2009
Transaction ID : C623

Amount of Each Receipt this Period
1000.00

C. Daniel O'Neill
Full Name (Last, First, Middle Initial)

Mailing Address 333 North Texas Avenue

City State Zip Code
Webster TX 77598

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

Name of Employer Occupation
Houston Physicians Hospital Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
06 / 24 / 2009
Transaction ID : C684

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 3000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 22 OF 88
<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. Marcia Oliveira
Full Name (Last, First, Middle Initial)

Mailing Address 5959 Harry Hines Blvd.
Suite 1030

City Dallas State TX Zip Code 75235

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

Name of Employer Self-Employed Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
03 / 23 / 2009
Transaction ID : C636

Amount of Each Receipt this Period
1000.00

B. Wanderley Oliveira
Full Name (Last, First, Middle Initial)

Mailing Address 5959 Harry Hines Blvd.
Suite 1030

City Dallas State TX Zip Code 75235

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

Name of Employer Self-Employed Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
03 / 23 / 2009
Transaction ID : C637

Amount of Each Receipt this Period
1000.00

C. Donald Ozumba
Full Name (Last, First, Middle Initial)

Mailing Address 3523 McKenney Avenue
#354

City Dallas State TX Zip Code 75204

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

Name of Employer Self-Employed Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
03 / 20 / 2009
Transaction ID : C624

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional).....▶	3000.00
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 23 OF 88
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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

Full Name (Last, First, Middle Initial) A. Eric J. Potthoff MD		Date of Receipt MM / DD / YYYY 04 / 29 / 2009 Transaction ID : C655
Mailing Address PO Box 1815 250 South Crescent		Amount of Each Receipt this Period 250.00
City Mason City	State IA	
Zip Code 50402-1815		Aggregate Year-to-Date ▼ 250.00
FEC ID number of contributing federal political committee. C		
Name of Employer Mason City Clinic	Occupation Physician	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) B. Bruce Prager		Date of Receipt MM / DD / YYYY 03 / 20 / 2009 Transaction ID : C625
Mailing Address 515 West Mayfield Road #210		Amount of Each Receipt this Period 1000.00
City Arlington	State TX	
Zip Code 76014		Aggregate Year-to-Date ▼ 1000.00
FEC ID number of contributing federal political committee. C		
Name of Employer Orthopedic Center of Arlington	Occupation Physician	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. Corazon Ramirez		Date of Receipt MM / DD / YYYY 03 / 20 / 2009 Transaction ID : C626
Mailing Address 9080 Harry Hines Blvd. Suite 110		Amount of Each Receipt this Period 1000.00
City Dallas	State TX	
Zip Code 75235		Aggregate Year-to-Date ▼ 2700.00
FEC ID number of contributing federal political committee. C		
Name of Employer CMR Management LP	Occupation Physician	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Receipts This Page (optional).....▶	2250.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 88
	<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

Full Name (Last, First, Middle Initial)
A. Manuel Ramirez

Mailing Address 9080 Harry Hines Blvd.
Suite 110

City Dallas State TX Zip Code 75235

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

Name of Employer CMR Management LP Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2700.00

Date of Receipt
03 / 20 / 2009
Transaction ID : C627

Amount of Each Receipt this Period
1000.00

Full Name (Last, First, Middle Initial)
B. Ralph Reeder

Mailing Address 575 Sioux Point Road

City Dakota Dunes State SD Zip Code 57049

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

Name of Employer CNOS Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
06 / 23 / 2009
Transaction ID : C671

Amount of Each Receipt this Period
1000.00

Full Name (Last, First, Middle Initial)
C. Michael Rimlawi

Mailing Address 221 West Colorado Blvd. Pavil. II
Suite 925

City Dallas State TX Zip Code 75208

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

Name of Employer Advanced Spine and Scoliosis Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
03 / 12 / 2009
Transaction ID : C690

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 3000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 25 OF 88
<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. John Robbins
Full Name (Last, First, Middle Initial)

Mailing Address 1200 S Euclid #212

City State Zip Code
Sioux Falls SD 57105

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

Name of Employer Occupation
Urology Specialists Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
04 / 07 / 2009

Transaction ID : C642

Amount of Each Receipt this Period
2500.00

B. Matthew Rockett
Full Name (Last, First, Middle Initial)

Mailing Address 333 North Texas Avenue

City State Zip Code
Webster TX 77598

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

Name of Employer Occupation
Houston Physicians Hospital Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
06 / 24 / 2009

Transaction ID : C685

Amount of Each Receipt this Period
1000.00

C. Daniel Saale
Full Name (Last, First, Middle Initial)

Mailing Address 11221 Roe Avenue Suite 320

City State Zip Code
Leawood KS 66211

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

Name of Employer Occupation
Nueterra Holdings, LLC Executive VP & CFO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
04 / 28 / 2009

Transaction ID : C650

Amount of Each Receipt this Period
500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 88
	<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. David Sappenfield
Full Name (Last, First, Middle Initial)

Mailing Address 4102 North Roxbord Street

City Durham State NC Zip Code 27704

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

Name of Employer North Carolina Specialty Hosp. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 04 / 2009

Transaction ID : C656

Amount of Each Receipt this Period
 500.00

B. Robert Sauers
Full Name (Last, First, Middle Initial)

Mailing Address 2310 Highland Avenue

City Bethlehem State PA Zip Code 18020

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

Name of Employer Surg Specialty Ctr Coord Hlth. Occupation CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 26 / 2009

Transaction ID : C612

Amount of Each Receipt this Period
 5000.00

C. John Schario
Full Name (Last, First, Middle Initial)

Mailing Address 11221 Roe Avenue Suite 320

City Leawood State KS Zip Code 66211

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

Name of Employer Nueterra Holdings, LLC Occupation CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 28 / 2009

Transaction ID : C651

Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 6000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 88
	<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

Full Name (Last, First, Middle Initial)
A. Ann Schellpfeffer

Mailing Address 26912 Baker Park Place

City State Zip Code
Sioux Falls SD 57105

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

Name of Employer Occupation
N/A Homemaker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y Y
05 / 13 / 2009
Transaction ID : C659

Amount of Each Receipt this Period
5000.00

Full Name (Last, First, Middle Initial)
B. Donald Schellpfeffer

Mailing Address 1100 East 26th Street

City State Zip Code
Sioux Falls SD 57105

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

Name of Employer Occupation
Anesthesiology Associates Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y Y
05 / 13 / 2009
Transaction ID : C658

Amount of Each Receipt this Period
5000.00

Full Name (Last, First, Middle Initial)
C. Hooman Sedighi MD

Mailing Address 13213 Glad Acres Dr

City State Zip Code
Farmer's Ranch TX 75234-5202

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

Name of Employer Occupation
Global Rehab Physician/CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 23 / 2009
Transaction ID : C638

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 11000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 88
	<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

Full Name (Last, First, Middle Initial) A. Edward L. Seljeskog		Date of Receipt MM / DD / YYYY 02 / 17 / 2009 Transaction ID : C609
Mailing Address 4141 Fifth Street		Amount of Each Receipt this Period 1000.00
City Rapid City	State SD	Zip Code 57701
FEC ID number of contributing federal political committee. C		
Name of Employer The Spine Center	Occupation Neurosurgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Daniel Shalev		Date of Receipt MM / DD / YYYY 03 / 20 / 2009 Transaction ID : C628
Mailing Address 5744 Lyndon B. Johnson Freeway #175		Amount of Each Receipt this Period 1000.00
City Dallas	State TX	Zip Code 75240
FEC ID number of contributing federal political committee. C		
Name of Employer Southwestern Pain Institute	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Scott Shindler		Date of Receipt MM / DD / YYYY 03 / 20 / 2009 Transaction ID : C629
Mailing Address 115 Broadway Suite 2		Amount of Each Receipt this Period 1000.00
City Yankton	State SD	Zip Code 57078
FEC ID number of contributing federal political committee. C		
Name of Employer Shindler Foot Clinic	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional).....▶	3000.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 29 OF 88
<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. Kevin Standefer
 Full Name (Last, First, Middle Initial)
 Mailing Address 11221 Roe Avenue
 Suite 320
 City Leawood State KS Zip Code 66211
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Nueterra Holdings, LLC Occupation Senior Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 28 / 2009
Transaction ID : C652
 Amount of Each Receipt this Period
 500.00

B. Don Swift
 Full Name (Last, First, Middle Initial)
 Mailing Address 142 Katherine Way
 City Yankton State SD Zip Code 57078
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Yankton Bone and Joint Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 20 / 2009
Transaction ID : C630
 Amount of Each Receipt this Period
 1000.00

C. Daniel Tasset
 Full Name (Last, First, Middle Initial)
 Mailing Address 11221 Roe Avenue
 Suite 320
 City Leawood State KS Zip Code 66211
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Nueterra Holdings, LLC Occupation Chairman, Board of Directors
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 28 / 2009
Transaction ID : C653
 Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 2000.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 88
	<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. Stephen Timon
Full Name (Last, First, Middle Initial)

Mailing Address 400 West LBJ Freeway
Suite 330

City Irving State TX Zip Code 75063

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

Name of Employer North Texas Spinal Institute Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1150.00

Date of Receipt
03 / 20 / 2009
Transaction ID : C631

Amount of Each Receipt this Period
1000.00

B. Joseph Toothaker Alvarez
Full Name (Last, First, Middle Initial)

Mailing Address 333 North Texas Avenue

City Webster State TX Zip Code 77598

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

Name of Employer Houston Physicians Hospital Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
06 / 24 / 2009
Transaction ID : C686

Amount of Each Receipt this Period
1000.00

C. Kynan Trail
Full Name (Last, First, Middle Initial)

Mailing Address 105 Calumet Drive

City Yankton State SD Zip Code 57078

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

Name of Employer Yankton Surgical Associates Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
03 / 20 / 2009
Transaction ID : C632

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional).....▶	3000.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 88
	<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. Marvin Van Hal
Full Name (Last, First, Middle Initial)

Mailing Address 1305 Airport Freeway
Suite 121

City Bedford State TX Zip Code 76021

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

Name of Employer Orthopedic Surgery Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
03 / 23 / 2009
Transaction ID : C639

Amount of Each Receipt this Period
1000.00

B. David Vanderweide
Full Name (Last, First, Middle Initial)

Mailing Address 333 North Texas Avenue

City Webster State TX Zip Code 77598

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

Name of Employer Houston Physicians Hospital Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
06 / 24 / 2009
Transaction ID : C687

Amount of Each Receipt this Period
1000.00

C. Keith A. Vollstedt
Full Name (Last, First, Middle Initial)

Mailing Address 612 North Sioux Point Road

City Dakota Dunes State SD Zip Code 57049

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

Name of Employer General Surgery & Diagnostics Occupation Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
04 / 22 / 2009
Transaction ID : C645

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 3000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 88
	<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. Eric Wieser
Full Name (Last, First, Middle Initial)

Mailing Address 800 Orthopedic Way

City Arlington State TX Zip Code 76015

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

Name of Employer Arlington Orthopedic Associate Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1150.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 20 / 2009

Transaction ID : C633

Amount of Each Receipt this Period
 1000.00

B. Matthew Witte
Full Name (Last, First, Middle Initial)

Mailing Address 1200 South Euclid Avenue #212

City Sioux Falls State SD Zip Code 57105

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

Name of Employer Urology Specialists Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 12 / 2009

Transaction ID : C665

Amount of Each Receipt this Period
 1500.00

C. Berto Zamora
Full Name (Last, First, Middle Initial)

Mailing Address 5959 Harry Hines Blvd. Suite 904

City Dallas State TX Zip Code 75235

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

Name of Employer Z & Z Medical Associates Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 20 / 2009

Transaction ID : C634

Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 3500.00

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 33 OF 88
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Oklahoma Heart Hospital
 Mailing Address 4050 W Memorial Rd
 City Oklahoma City State OK Zip Code 73120-8382
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 19 / 2009
Transaction ID : C610
 Amount of Each Receipt this Period
 5000.00
 PARTNERSHIP--partners below if itemized

Full Name (Last, First, Middle Initial)
B. Sullivan, Ashworth & Johnston
 Mailing Address 4050 West Memorial
 City Oklahoma City State OK Zip Code 73120
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1660.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 19 / 2009
Transaction ID : C1225
 Amount of Each Receipt this Period
 1660.00
[MEMO ITEM]
 * See Refund Mid Year 2011

Full Name (Last, First, Middle Initial)
c. Lafayette Surgical Specialty Hospital, LLC
 Mailing Address 1101 Kaliste Saloom Road
 City Lafayette State LA Zip Code 70508
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 13 / 2009
Transaction ID : C644
 Amount of Each Receipt this Period
 5000.00
 PARTNERSHIP--partners below if itemized

SUBTOTAL of Receipts This Page (optional)..... ► 10000.00
TOTAL This Period (last page this line number only)..... ►

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 88
	<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. Thomas V. Bertuccini MD, FACS.
 Full Name (Last, First, Middle Initial)
 Mailing Address 216 Kings Rd
 City Lafayette State LA Zip Code 70503-3620
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Lafayette Surgical Specialty Hospital Occupation Physician/Medical Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 214.00

Date of Receipt 04 / 13 / 2009
Transaction ID : C1220
 Amount of Each Receipt this Period 214.00
[MEMO ITEM]
 *

B. Louis C. Blanda
 Full Name (Last, First, Middle Initial)
 Mailing Address 1103 Kaliste Saloom Road Suite 100
 City Lafayette State LA Zip Code 70508
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Lafayette Surgical Hospital Occupation Orthopedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 429.00

Date of Receipt 04 / 13 / 2009
Transaction ID : C1218
 Amount of Each Receipt this Period 429.00
[MEMO ITEM]
 *

C. John E. Cobb
 Full Name (Last, First, Middle Initial)
 Mailing Address 1103 Kaliste Saloom Road Suite 100
 City Lafayette State LA Zip Code 70508
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Lafayette Surgical Hospital Occupation Orthopedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 697.00

Date of Receipt 04 / 13 / 2009
Transaction ID : C1217
 Amount of Each Receipt this Period 697.00
[MEMO ITEM]
 *

SUBTOTAL of Receipts This Page (optional)..... ▶ 0.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 35 OF 88
(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. Luiz C. DeAraujo
Full Name (Last, First, Middle Initial)

Mailing Address 1101 Kaliste Saloom Road

City Lafayette State LA Zip Code 70508

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

Name of Employer Lafayette Surgical Hospital Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 214.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 13 / 2009

Transaction ID : C1221

Amount of Each Receipt this Period
214.00

[MEMO ITEM]
*

B. James S. Garcelon
Full Name (Last, First, Middle Initial)

Mailing Address 1101 Kaliste Saloom Road

City Lafayette State LA Zip Code 70508

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

Name of Employer Lafayette Surgical Hospital Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 214.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 13 / 2009

Transaction ID : C1222

Amount of Each Receipt this Period
214.00

[MEMO ITEM]
*

C. Joseph T. Gillespie
Full Name (Last, First, Middle Initial)

Mailing Address 1101 Kaliste Saloom Road

City Lafayette State LA Zip Code 70508

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

Name of Employer Lafayette Surgical Hospital Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 214.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 13 / 2009

Transaction ID : C1223

Amount of Each Receipt this Period
214.00

[MEMO ITEM]
*

SUBTOTAL of Receipts This Page (optional)..... ▶ 0.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 88
	<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. David S. Muldowny
Full Name (Last, First, Middle Initial)

Mailing Address 1103 Kaliste Saloom Road

City Lafayette State LA Zip Code 70508

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

Name of Employer Lafayette Surgical Hospital Occupation Orthopedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 322.00

Date of Receipt 04 / 13 / 2009
Transaction ID : C1219

Amount of Each Receipt this Period 322.00

[MEMO ITEM]
*

B. Steven K. Staires
Full Name (Last, First, Middle Initial)

Mailing Address 1101 Kaliste Saloom Road

City Lafayette State LA Zip Code 70508

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

Name of Employer Lafayette Surgical Hospital Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 214.00

Date of Receipt 04 / 13 / 2009
Transaction ID : C1224

Amount of Each Receipt this Period 214.00

[MEMO ITEM]
*

c. Physician Synergy Group
Full Name (Last, First, Middle Initial)

Mailing Address 9080 Harry Hines Blvd. Suite 110

City Dallas State TX Zip Code 75235

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

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 01 / 26 / 2009
Transaction ID : C604

Amount of Each Receipt this Period 5000.00

PARTNERSHIP--partners below if itemized

SUBTOTAL of Receipts This Page (optional)..... ▶ 5000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 88
	<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. Don Buford
Full Name (Last, First, Middle Initial)

Mailing Address 9080 Harry Hines Blvd
Ste 110

City Dallas State TX Zip Code 75235-1700

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

Name of Employer Physician Synergy Group Occupation Partner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
01 / 26 / 2009
Transaction ID : C5692957

Amount of Each Receipt this Period
250.00

[MEMO ITEM]
*

B. George Cravens
Full Name (Last, First, Middle Initial)

Mailing Address 9080 Harry Hines Blvd
Ste 110

City Dallas State TX Zip Code 75235-1700

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

Name of Employer Physician Synergy Group Occupation Partner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
01 / 26 / 2009
Transaction ID : C5692954

Amount of Each Receipt this Period
250.00

[MEMO ITEM]
*

C. Robert Henderson
Full Name (Last, First, Middle Initial)

Mailing Address 9032 Harry Hines Blvd.

City Dallas State TX Zip Code 75235

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

Name of Employer Pine Creek Medical Center Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1250.00

Date of Receipt
01 / 26 / 2009
Transaction ID : C5692953

Amount of Each Receipt this Period
250.00

[MEMO ITEM]
*

SUBTOTAL of Receipts This Page (optional)..... ▶ 0.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 38 OF 88
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. John Milani		Date of Receipt MM / DD / YYYY 01 / 26 / 2009 Transaction ID : C5692952
Mailing Address 1341 Mockingbird Lane		Amount of Each Receipt this Period 250.00
City Dallas	State TX	Zip Code 75247
FEC ID number of contributing federal political committee. C		[MEMO ITEM] *
Name of Employer John Milani Clinic	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00	

Full Name (Last, First, Middle Initial) B. Corazon Ramirez		Date of Receipt MM / DD / YYYY 01 / 26 / 2009 Transaction ID : C5692961
Mailing Address 9080 Harry Hines Blvd. Suite 110		Amount of Each Receipt this Period 1700.00
City Dallas	State TX	Zip Code 75235
FEC ID number of contributing federal political committee. C		[MEMO ITEM] *
Name of Employer CMR Management LP	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2700.00	

Full Name (Last, First, Middle Initial) C. Manuel Ramirez		Date of Receipt MM / DD / YYYY 01 / 26 / 2009 Transaction ID : C5692962
Mailing Address 9080 Harry Hines Blvd. Suite 110		Amount of Each Receipt this Period 1700.00
City Dallas	State TX	Zip Code 75235
FEC ID number of contributing federal political committee. C		[MEMO ITEM] *
Name of Employer CMR Management LP	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2700.00	

SUBTOTAL of Receipts This Page (optional).....▶	0.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 39 OF 88
<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. Stephen Timon
 Full Name (Last, First, Middle Initial)
 Mailing Address 400 West LBJ Freeway
 Suite 330
 City Irving State TX Zip Code 75063
 FEC ID number of contributing federal political committee. **C**
 Name of Employer North Texas Spinal Institute Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1150.00

Date of Receipt 01 / 26 / 2009
Transaction ID : C5692956
 Amount of Each Receipt this Period 150.00
[MEMO ITEM]
 *

B. Eric Wieser
 Full Name (Last, First, Middle Initial)
 Mailing Address 800 Orthopedic Way
 City Arlington State TX Zip Code 76015
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Arlington Orthopedic Associate Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1150.00

Date of Receipt 01 / 26 / 2009
Transaction ID : C5692955
 Amount of Each Receipt this Period 150.00
[MEMO ITEM]
 *

C. McAllen Anesthesia Consultants
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. Box 3449
 City McAllen State TX Zip Code 78502
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 02 / 10 / 2009
Transaction ID : C605
 Amount of Each Receipt this Period 5000.00
 PARTNERSHIP--partners below if itemized

SUBTOTAL of Receipts This Page (optional)..... ▶ 5000.00
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 40 OF 88
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Lawrence Gelman

Mailing Address 5415 South McColl Road

City State Zip Code
 Hidalgo TX 78539

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

Name of Employer Occupation
 Self-Employed Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 02 / 10 / 2009

Transaction ID : C982

Amount of Each Receipt this Period
 5000.00

[MEMO ITEM]
 *

Full Name (Last, First, Middle Initial)
B. The Cirrus Group

Mailing Address 9301 N. Central Expressway
 Suite 300

City State Zip Code
 Dallas TX 75231

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 02 / 19 / 2009

Transaction ID : C611

Amount of Each Receipt this Period
 1500.00

PARTNERSHIP--partners below if itemized

Full Name (Last, First, Middle Initial)
C. Jason Kirk Dodd

Mailing Address 9301 North Central Expressway
 Suite 300

City State Zip Code
 Dallas TX 75231

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

Name of Employer Occupation
 The Cirrus Group President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 750.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 02 / 19 / 2009

Transaction ID : C984

Amount of Each Receipt this Period
 750.00

[MEMO ITEM]
 *

SUBTOTAL of Receipts This Page (optional)..... ▶ 1500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 88
	<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

Full Name (Last, First, Middle Initial)
A. William Lette Hutchinson Jr.

Mailing Address 9301 North Central Expressway
Suite 300

City Dallas State TX Zip Code 75231

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

Name of Employer The Cirrus Group Occupation Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt
MM / DD / YYYY
02 / 19 / 2009

Transaction ID : **C983**

Amount of Each Receipt this Period
750.00

[MEMO ITEM]
*

Full Name (Last, First, Middle Initial)
B. Orthopaedic and Spine Ambulatory Surgery Center

Mailing Address 1855 Powder Mill Road

City York State PA Zip Code 17402

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
MM / DD / YYYY
03 / 23 / 2009

Transaction ID : **C640**

Amount of Each Receipt this Period
5000.00

PARTNERSHIP--partners below if itemized

Full Name (Last, First, Middle Initial)
C. Brian L. Bixler

Mailing Address 1855 Power Mill Road

City York State PA Zip Code 17402

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

Name of Employer OSS Ambulatory Surgery Ctr LLP Occupation Physician/Partner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
528.00

Date of Receipt
MM / DD / YYYY
03 / 23 / 2009

Transaction ID : **C739**

Amount of Each Receipt this Period
278.00

[MEMO ITEM]
*

SUBTOTAL of Receipts This Page (optional).....▶	5000.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 42 OF 88
<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. David L. Cohen
Full Name (Last, First, Middle Initial)

Mailing Address 1855 Power Mill Road

City York State PA Zip Code 17402

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

Name of Employer OSS Ambulatory Surgery Ctr LLP Occupation Physician/Partner

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **528.00**

Date of Receipt **03 / 23 / 2009**

Transaction ID : C740

Amount of Each Receipt this Period **278.00**

[MEMO ITEM]
*

B. Gracia Etienne
Full Name (Last, First, Middle Initial)

Mailing Address 1855 Power Mill Road

City York State PA Zip Code 17402

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

Name of Employer OSS Ambulatory Surgery Ctr LLP Occupation Physician/Partner

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **528.00**

Date of Receipt **03 / 23 / 2009**

Transaction ID : C741

Amount of Each Receipt this Period **278.00**

[MEMO ITEM]
*

C. Michael Furman
Full Name (Last, First, Middle Initial)

Mailing Address 1855 Power Mill Road

City York State PA Zip Code 17402

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

Name of Employer OSS Ambulatory Surgery Ctr LLP Occupation Physician/Partner

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **528.00**

Date of Receipt **03 / 23 / 2009**

Transaction ID : C742

Amount of Each Receipt this Period **278.00**

[MEMO ITEM]
*

SUBTOTAL of Receipts This Page (optional).....▶	0.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 43 OF 88
<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. James J. Gilhool
Full Name (Last, First, Middle Initial)

Mailing Address 1855 Power Mill Road

City York State PA Zip Code 17402

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

Name of Employer OSS Ambulatory Surgery Ctr LLP Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **528.00**

Date of Receipt **03 / 23 / 2009**

Transaction ID : C743

Amount of Each Receipt this Period **278.00**

[MEMO ITEM]
*

B. Steven Groff
Full Name (Last, First, Middle Initial)

Mailing Address 1855 Power Mill Road

City York State PA Zip Code 17402

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

Name of Employer OSS Ambulatory Surgery Ctr LLP Occupation Physician/Partner

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **528.00**

Date of Receipt **03 / 23 / 2009**

Transaction ID : C744

Amount of Each Receipt this Period **278.00**

[MEMO ITEM]
*

C. Dennis Grolman
Full Name (Last, First, Middle Initial)

Mailing Address 1855 Power Mill Road

City York State PA Zip Code 17402

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

Name of Employer OSS Ambulatory Surgery Ctr LLP Occupation Physician/Partner

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **528.00**

Date of Receipt **03 / 23 / 2009**

Transaction ID : C745

Amount of Each Receipt this Period **278.00**

[MEMO ITEM]
*

SUBTOTAL of Receipts This Page (optional).....▶	0.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 44 OF 88
<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. Douglas Hofmann
Full Name (Last, First, Middle Initial)

Mailing Address 1855 Power Mill Road

City York State PA Zip Code 17402

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

Name of Employer OSS Ambulatory Surgery Ctr LLP Occupation Physician/Partner

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **528.00**

Date of Receipt **03 / 23 / 2009**

Transaction ID : C746

Amount of Each Receipt this Period **278.00**

[MEMO ITEM]
*

B. Michael A. Klein
Full Name (Last, First, Middle Initial)

Mailing Address 1855 Power Mill Road

City York State PA Zip Code 17402

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

Name of Employer OSS Ambulatory Surgery Ctr LLP Occupation Physician/Partner

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **528.00**

Date of Receipt **03 / 23 / 2009**

Transaction ID : C747

Amount of Each Receipt this Period **278.00**

[MEMO ITEM]
*

C. Michael Mitrick
Full Name (Last, First, Middle Initial)

Mailing Address 1855 Power Mill Road

City York State PA Zip Code 17402

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

Name of Employer OSS Ambulatory Surgery Ctr LLP Occupation Physician/Partner

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **528.00**

Date of Receipt **03 / 23 / 2009**

Transaction ID : C748

Amount of Each Receipt this Period **278.00**

[MEMO ITEM]
*

SUBTOTAL of Receipts This Page (optional).....▶	0.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 45 OF 88
<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. Michael Moritz
Full Name (Last, First, Middle Initial)

Mailing Address 1855 Power Mill Road

City York State PA Zip Code 17402

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

Name of Employer OSS Ambulatory Surgery Ctr LLP Occupation Physician/Partner

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **528.00**

Date of Receipt **03 / 23 / 2009**

Transaction ID : C749

Amount of Each Receipt this Period **278.00**

[MEMO ITEM]
*

B. K. Nicholas Pandelidis
Full Name (Last, First, Middle Initial)

Mailing Address 1855 Power Mill Road

City York State PA Zip Code 17402

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

Name of Employer OSS Ambulatory Surgery Ctr LLP Occupation Physician/Partner

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **528.00**

Date of Receipt **03 / 23 / 2009**

Transaction ID : C750

Amount of Each Receipt this Period **278.00**

[MEMO ITEM]
*

C. Lawrence Pollack
Full Name (Last, First, Middle Initial)

Mailing Address 1855 Power Mill Road

City York State PA Zip Code 17402

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

Name of Employer OSS Ambulatory Surgery Ctr LLP Occupation Physician/Partner

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **528.00**

Date of Receipt **03 / 23 / 2009**

Transaction ID : C751

Amount of Each Receipt this Period **278.00**

[MEMO ITEM]
*

SUBTOTAL of Receipts This Page (optional).....▶	0.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 46 OF 88
<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. Chad M. Rutter
Full Name (Last, First, Middle Initial)

Mailing Address 1750 5th Avenue
Suite #201

City York State PA Zip Code 17402

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

Name of Employer OSS Ambulatory Surgery Ctr LLP Occupation Physician/Partner

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 528.00

Date of Receipt 03 / 23 / 2009
Transaction ID : C752

Amount of Each Receipt this Period 278.00

[MEMO ITEM]
*

B. Michael J. Sicuranza
Full Name (Last, First, Middle Initial)

Mailing Address 1855 Power Mill Road

City York State PA Zip Code 17402

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

Name of Employer OSS Ambulatory Surgery Ctr LLP Occupation Physician/Partner

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 527.00

Date of Receipt 03 / 23 / 2009
Transaction ID : C753

Amount of Each Receipt this Period 277.00

[MEMO ITEM]
*

C. Suzette J. Song
Full Name (Last, First, Middle Initial)

Mailing Address 1855 Power Mill Road

City York State PA Zip Code 17402

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

Name of Employer OSS Ambulatory Surgery Ctr LLP Occupation Physician/Partner

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 527.00

Date of Receipt 03 / 23 / 2009
Transaction ID : C754

Amount of Each Receipt this Period 277.00

[MEMO ITEM]
*

SUBTOTAL of Receipts This Page (optional)..... ▶ 0.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 88
	<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. Steven J. Triantafyllou
 Full Name (Last, First, Middle Initial)
 Mailing Address 1855 Power Mill Road
 City York State PA Zip Code 17402
 FEC ID number of contributing federal political committee. **C**
 Name of Employer OSS Ambulatory Surgery Ctr LLP Occupation Physician/Partner
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 527.00

Date of Receipt 03 / 23 / 2009
Transaction ID : C755
 Amount of Each Receipt this Period 277.00
[MEMO ITEM]
 *

B. Peter J. VanGiesen
 Full Name (Last, First, Middle Initial)
 Mailing Address 1855 Power Mill Road
 City York State PA Zip Code 17402
 FEC ID number of contributing federal political committee. **C**
 Name of Employer OSS Ambulatory Surgery Ctr LLP Occupation Physician/Partner
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 527.00

Date of Receipt 03 / 23 / 2009
Transaction ID : C756
 Amount of Each Receipt this Period 277.00
[MEMO ITEM]
 *

c. Orthopaedic and Spine Realty Company, LP
 Full Name (Last, First, Middle Initial)
 Mailing Address 1855 Powder Mill Road
 City York State PA Zip Code 17402
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 03 / 23 / 2009
Transaction ID : C641
 Amount of Each Receipt this Period 5000.00
 PARTNERSHIP--partners below if itemized

SUBTOTAL of Receipts This Page (optional).....▶	5000.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 48 OF 88
<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. Brian L. Bixler
Full Name (Last, First, Middle Initial)

Mailing Address 1855 Power Mill Road

City York State PA Zip Code 17402

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

Name of Employer OSS Ambulatory Surgery Ctr LLP Occupation Physician/Partner

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **528.00**

Date of Receipt **03 / 23 / 2009**

Transaction ID : C757

Amount of Each Receipt this Period **250.00**

[MEMO ITEM]
*

B. Vincent Butera
Full Name (Last, First, Middle Initial)

Mailing Address 1855 Power Mill Road

City York State PA Zip Code 17402

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

Name of Employer OSS Realty Company, LP Occupation Partner

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt **03 / 23 / 2009**

Transaction ID : C758

Amount of Each Receipt this Period **250.00**

[MEMO ITEM]
*

C. David L. Cohen
Full Name (Last, First, Middle Initial)

Mailing Address 1855 Power Mill Road

City York State PA Zip Code 17402

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

Name of Employer OSS Ambulatory Surgery Ctr LLP Occupation Physician/Partner

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **528.00**

Date of Receipt **03 / 23 / 2009**

Transaction ID : C759

Amount of Each Receipt this Period **250.00**

[MEMO ITEM]
*

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 49 OF 88
<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. Gracia Etienne
Full Name (Last, First, Middle Initial)

Mailing Address 1855 Power Mill Road

City York State PA Zip Code 17402

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

Name of Employer OSS Ambulatory Surgery Ctr LLP Occupation Physician/Partner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **528.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 23 / 2009

Transaction ID : C760

Amount of Each Receipt this Period
250.00

[MEMO ITEM]
*

B. Michael Furman
Full Name (Last, First, Middle Initial)

Mailing Address 1855 Power Mill Road

City York State PA Zip Code 17402

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

Name of Employer OSS Ambulatory Surgery Ctr LLP Occupation Physician/Partner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **528.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 23 / 2009

Transaction ID : C761

Amount of Each Receipt this Period
250.00

[MEMO ITEM]
*

C. James J. Gilhool
Full Name (Last, First, Middle Initial)

Mailing Address 1855 Power Mill Road

City York State PA Zip Code 17402

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

Name of Employer OSS Ambulatory Surgery Ctr LLP Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **528.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 23 / 2009

Transaction ID : C762

Amount of Each Receipt this Period
250.00

[MEMO ITEM]
*

SUBTOTAL of Receipts This Page (optional).....▶	0.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 50 OF 88
<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. Steven Groff
Full Name (Last, First, Middle Initial)

Mailing Address 1855 Power Mill Road

City York State PA Zip Code 17402

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

Name of Employer OSS Ambulatory Surgery Ctr LLP Occupation Physician/Partner

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **528.00**

Date of Receipt **03 / 23 / 2009**

Transaction ID : C763

Amount of Each Receipt this Period **250.00**

[MEMO ITEM]
*

B. Dennis Grolman
Full Name (Last, First, Middle Initial)

Mailing Address 1855 Power Mill Road

City York State PA Zip Code 17402

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

Name of Employer OSS Ambulatory Surgery Ctr LLP Occupation Physician/Partner

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **528.00**

Date of Receipt **03 / 23 / 2009**

Transaction ID : C764

Amount of Each Receipt this Period **250.00**

[MEMO ITEM]
*

C. Douglas Hofmann
Full Name (Last, First, Middle Initial)

Mailing Address 1855 Power Mill Road

City York State PA Zip Code 17402

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

Name of Employer OSS Ambulatory Surgery Ctr LLP Occupation Physician/Partner

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **528.00**

Date of Receipt **03 / 23 / 2009**

Transaction ID : C765

Amount of Each Receipt this Period **250.00**

[MEMO ITEM]
*

SUBTOTAL of Receipts This Page (optional).....▶	0.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 51 OF 88
<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. Michael A. Klein
Full Name (Last, First, Middle Initial)

Mailing Address 1855 Power Mill Road

City York	State PA	Zip Code 17402
--------------	-------------	-------------------

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

Name of Employer OSS Ambulatory Surgery Ctr LLP	Occupation Physician/Partner
--	---------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
528.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03	/	23	/	2009

Transaction ID : C766

Amount of Each Receipt this Period
250.00

[MEMO ITEM]
*

B. Todd M. Lord M.D.
Full Name (Last, First, Middle Initial)

Mailing Address 1855 Power Mill Road

City York	State PA	Zip Code 17402
--------------	-------------	-------------------

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

Name of Employer OSS Realty Company, LP	Occupation Physician/CEO
--	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03	/	23	/	2009

Transaction ID : C776

Amount of Each Receipt this Period
250.00

[MEMO ITEM]
*

C. Michael Mitrick
Full Name (Last, First, Middle Initial)

Mailing Address 1855 Power Mill Road

City York	State PA	Zip Code 17402
--------------	-------------	-------------------

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

Name of Employer OSS Ambulatory Surgery Ctr LLP	Occupation Physician/Partner
--	---------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
528.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03	/	23	/	2009

Transaction ID : C767

Amount of Each Receipt this Period
250.00

[MEMO ITEM]
*

SUBTOTAL of Receipts This Page (optional).....▶	0.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 52 OF 88
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)
A. Michael Moritz

Mailing Address 1855 Power Mill Road

City York State PA Zip Code 17402

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

Name of Employer OSS Ambulatory Surgery Ctr LLP Occupation Physician/Partner

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **528.00**

Date of Receipt **03 / 23 / 2009**

Transaction ID : C768

Amount of Each Receipt this Period **250.00**

[MEMO ITEM]
*

Full Name (Last, First, Middle Initial)
B. K. Nicholas Pandelidis

Mailing Address 1855 Power Mill Road

City York State PA Zip Code 17402

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

Name of Employer OSS Ambulatory Surgery Ctr LLP Occupation Physician/Partner

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **528.00**

Date of Receipt **03 / 23 / 2009**

Transaction ID : C769

Amount of Each Receipt this Period **250.00**

[MEMO ITEM]
*

Full Name (Last, First, Middle Initial)
C. Lawrence Pollack

Mailing Address 1855 Power Mill Road

City York State PA Zip Code 17402

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

Name of Employer OSS Ambulatory Surgery Ctr LLP Occupation Physician/Partner

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **528.00**

Date of Receipt **03 / 23 / 2009**

Transaction ID : C770

Amount of Each Receipt this Period **250.00**

[MEMO ITEM]
*

SUBTOTAL of Receipts This Page (optional).....▶	0.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 53 OF 88
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Chad M. Rutter		Date of Receipt MM / DD / YYYY 03 / 23 / 2009 Transaction ID : C771
Mailing Address 1750 5th Avenue Suite #201		Amount of Each Receipt this Period 250.00
City York State PA Zip Code 17402	FEC ID number of contributing federal political committee. C	[MEMO ITEM] *
Name of Employer OSS Ambulatory Surgery Ctr LLP	Occupation Physician/Partner	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 528.00	

Full Name (Last, First, Middle Initial) B. Michael J. Sicuranza		Date of Receipt MM / DD / YYYY 03 / 23 / 2009 Transaction ID : C772
Mailing Address 1855 Power Mill Road		Amount of Each Receipt this Period 250.00
City York State PA Zip Code 17402	FEC ID number of contributing federal political committee. C	[MEMO ITEM] *
Name of Employer OSS Ambulatory Surgery Ctr LLP	Occupation Physician/Partner	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 527.00	

Full Name (Last, First, Middle Initial) C. Suzette J. Song		Date of Receipt MM / DD / YYYY 03 / 23 / 2009 Transaction ID : C773
Mailing Address 1855 Power Mill Road		Amount of Each Receipt this Period 250.00
City York State PA Zip Code 17402	FEC ID number of contributing federal political committee. C	[MEMO ITEM] *
Name of Employer OSS Ambulatory Surgery Ctr LLP	Occupation Physician/Partner	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 527.00	

SUBTOTAL of Receipts This Page (optional).....▶	0.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 OF 88
	<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

Full Name (Last, First, Middle Initial) A. Steven J. Triantafyllou		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 23 / 2009 Transaction ID : C774
Mailing Address 1855 Power Mill Road		Amount of Each Receipt this Period 250.00
City York	State PA	Zip Code 17402
FEC ID number of contributing federal political committee. C		[MEMO ITEM] *
Name of Employer OSS Ambulatory Surgery Ctr LLP	Occupation Physician/Partner	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 527.00	

Full Name (Last, First, Middle Initial) B. Peter J. VanGiesen		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 23 / 2009 Transaction ID : C775
Mailing Address 1855 Power Mill Road		Amount of Each Receipt this Period 250.00
City York	State PA	Zip Code 17402
FEC ID number of contributing federal political committee. C		[MEMO ITEM] *
Name of Employer OSS Ambulatory Surgery Ctr LLP	Occupation Physician/Partner	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 527.00	

Full Name (Last, First, Middle Initial) C.		Date of Receipt M M / D D / Y Y Y Y Y Y
Mailing Address		Amount of Each Receipt this Period
City	State	Zip Code
FEC ID number of contributing federal political committee. C		
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	

SUBTOTAL of Receipts This Page (optional).....▶	0.00
TOTAL This Period (last page this line number only).....▶	136105.50

**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"/> 24	<input type="checkbox"/> 25	<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. AMERIPAC: THE FUND FOR A GREATER AMERICA

Mailing Address 499 S Capitol St SW
#414

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 23 / 2009

Transaction ID : D516

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. BATTLE BORN POLITICAL ACTION COMMITTEE

Mailing Address PO Box 40366
Suite 300

City Washington State DC Zip Code 20016

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
05 / 04 / 2009

Transaction ID : D490

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. BECERRA FOR CONGRESS

Mailing Address PO Box 261060

City Los Angeles State CA Zip Code 90026-0878

Purpose of Disbursement
Contribution

Candidate Name

XAVIER BECERRA

Office Sought: House Senate President
State: CA District: 31

Disbursement For: 2010 Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
04 / 29 / 2009

Transaction ID : D484

Amount of Each Disbursement this Period

2000.00

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

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

9000.00

**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"/> 24	<input type="checkbox"/> 25	<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. BEN CHANDLER FOR CONGRESS

Mailing Address PO Box 12678

City Lexington State KY Zip Code 40583-2678

Purpose of Disbursement Contribution

Candidate Name

BEN CHANDLER III

Office Sought: House Senate President

State: KY District: 06

Disbursement For: 2010 Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
06 / 09 / 2009

Transaction ID : D505

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. BERKLEY FOR CONGRESS

Mailing Address 3069 Conquista Court

City Las Vegas State NV Zip Code 89121

Purpose of Disbursement Contribution

Candidate Name

SHELLEY BERKLEY

Office Sought: House Senate President

State: NV District: 01

Disbursement For: 2010 Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
02 / 18 / 2009

Transaction ID : D428

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. BERKLEY FOR CONGRESS

Mailing Address 3069 Conquista Court

City Las Vegas State NV Zip Code 89121

Purpose of Disbursement Contribution

Candidate Name

SHELLEY BERKLEY

Office Sought: House Senate President

State: NV District: 01

Disbursement For: 2010 Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
05 / 20 / 2009

Transaction ID : D498

Amount of Each Disbursement this Period

1000.00

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

4500.00

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

**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"/> 24	<input type="checkbox"/> 25	<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. BILL CASSIDY FOR CONGRESS

Mailing Address 3482 Drusilla Ln
Ste 1

City State Zip Code
Baton Rouge LA 70809-1873

Purpose of Disbursement
Contribution

Candidate Name
WILLIAM CASSIDY

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼
State: LA District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	27	/	2009

Transaction ID : D435

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. BLUE DOG POLITICAL ACTION COMMITTEE

Mailing Address 6849 Old Dominion Drive
Suite 222

City State Zip Code
McLean VA 22101

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	08	/	2009

Transaction ID : D475

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. BLUEGRASS COMMITTEE

Mailing Address 400 N Capitol St NW
Ste 585

City State Zip Code
Washington DC 20001-1502

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	14	/	2009

Transaction ID : D453

Amount of Each Disbursement this Period

5000.00

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

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

11000.00

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**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"/> 24	<input type="checkbox"/> 25	<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. BOREN FOR CONGRESS

Mailing Address PO Box 1924

City State Zip Code
Muskogee OK 74402-1924

Purpose of Disbursement
Contribution

Candidate Name

DAVID BOREN

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: OK District: 02

Date of Disbursement

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

Transaction ID : D494

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. BRIGHT FOR CONGRESS.COM

Mailing Address PO Box 2106

City State Zip Code
Montgomery AL 36102-2106

Purpose of Disbursement
Contribution

Candidate Name

BOBBY NEAL BRIGHT

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: AL District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	3		2	0	0	9

Transaction ID : D465

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. BRIGHT FOR CONGRESS.COM

Mailing Address PO Box 2106

City State Zip Code
Montgomery AL 36102-2106

Purpose of Disbursement
Contribution

Candidate Name

BOBBY NEAL BRIGHT

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: AL District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	9		2	0	0	9

Transaction ID : D485

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

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

7	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

7	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

**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"/> 24	<input type="checkbox"/> 25	<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. CHARLIE MELANCON CAMPAIGN COMMITTEE INC

Mailing Address PO Box 549
511 CONGRESS ST

City Napoleonville State LA Zip Code 70390-0549

Purpose of Disbursement
Contribution

Candidate Name
CHARLIE MELANCON

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼
State: LA District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	23	/	2009

Transaction ID : D433

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

B. CHARLIE MELANCON CAMPAIGN COMMITTEE INC

Mailing Address PO Box 549
511 CONGRESS ST

City Napoleonville State LA Zip Code 70390-0549

Purpose of Disbursement
Contribution

Candidate Name
CHARLIE MELANCON

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼
State: LA District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04	/	27	/	2009

Transaction ID : D482

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. CITIZENS FOR HARKIN

Mailing Address PO Box 811

City Des Moines State IA Zip Code 50304-0811

Purpose of Disbursement
Contribution

Candidate Name
THOMAS RICHARD HARKIN

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify) ▼
State: IA District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	23	/	2009

Transaction ID : D515

Amount of Each Disbursement this Period

2000.00

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

4500.00

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

--

**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"/> 24	<input type="checkbox"/> 25	<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. COBURN FOR SENATE 2010

Mailing Address PO Box 977

City Muskogee State OK Zip Code 74402-0977

Purpose of Disbursement
See Refund Year End 2009

Candidate Name
THOMAS COBURN

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼
State: OK District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 13 / 2009

Transaction ID : D509

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. THE CONGRESSMAN JOE BARTON COMMITTEE

Mailing Address PO Box 1444

City Ennis State TX Zip Code 75120-1444

Purpose of Disbursement
Contribution

Candidate Name
JOE LINUS BARTON

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼
State: TX District: 06

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 24 / 2009

Transaction ID : D466

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. CONGRESSMAN WAXMAN CAMPAIGN COMMITTEE

Mailing Address 6380 Wilshire Blvd
Ste 1612

City Los Angeles State CA Zip Code 90048-5018

Purpose of Disbursement
Contribution

Candidate Name
HENRY WAXMAN

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼
State: CA District: 30

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
02 / 19 / 2009

Transaction ID : D430

Amount of Each Disbursement this Period

2500.00

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

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

12500.00

**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"/> 24	<input type="checkbox"/> 25	<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. CONTINUING A MAJORITY PARTY ACTION COMMITTEE (CAMPAC)

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		14		2009

Mailing Address 5915 Eastman Avenue Suite 100

Transaction ID : D440

City Midland State MI Zip Code 48640

Amount of Each Disbursement this Period

2000.00

Purpose of Disbursement
Contribution

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B. DEMOCRATIC PARTY OF WISCONSIN

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		27		2009

Mailing Address 222 W Washington Ave
Ste 150

Transaction ID : D436

City Madison State WI Zip Code 53703-2719

Amount of Each Disbursement this Period

5000.00

Purpose of Disbursement
Contribution

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C. DEMOCRATIC SENATORIAL CAMPAIGN COMMITTEE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		23		2009

Mailing Address 120 Maryland Ave NE

Transaction ID : D432

City Washington State DC Zip Code 20002-5610

Amount of Each Disbursement this Period

5000.00

Purpose of Disbursement
Contribution

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

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

12000.00

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

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**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"/> 24	<input type="checkbox"/> 25	<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. DIRIGO PAC

Mailing Address PO Box 1355

City Alexandria State VA Zip Code 22313

Purpose of Disbursement Contribution

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
04 / 09 / 2009

Transaction ID : D477

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. EDDIE BERNICE JOHNSON FOR CONGRESS

Mailing Address 3102 Maple Ave Ste 605

City Dallas State TX Zip Code 75201-1223

Purpose of Disbursement Contribution

Candidate Name

EDDIE BERNICE JOHNSON

Office Sought: House Senate President
State: TX District: 30

Disbursement For: 2010 Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
04 / 15 / 2009

Transaction ID : D478

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. ELLSWORTH FOR CONGRESS COMMITTEE

Mailing Address PO Box 62

City Evansville State IN Zip Code 47701-0062

Purpose of Disbursement Contribution

Candidate Name

BRAD ELLSWORTH

Office Sought: House Senate President
State: IN District: 08

Disbursement For: 2010 Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
03 / 14 / 2009

Transaction ID : D444

Amount of Each Disbursement this Period

1500.00

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

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

8500.00

**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"/> 24	<input type="checkbox"/> 25	<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. ENSIGN FOR SENATE

Mailing Address PO Box 370667

City Las Vegas State NV Zip Code 89137-0667

Purpose of Disbursement
Contribution

Candidate Name
JOHN ENSIGN

Office Sought: House Senate President
Disbursement For: 2012 Primary General Other (specify) ▼
State: NV District:

Date of Disbursement

MM / DD / YYYY
03 / 04 / 2009

Transaction ID : D438

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. EVAN BAYH COMMITTEE

Mailing Address 850 Fort Wayne Ave

City Indianapolis State IN Zip Code 46204-1308

Purpose of Disbursement
Contribution

Candidate Name
EVAN BAYH

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼
State: IN District:

Date of Disbursement

MM / DD / YYYY
01 / 05 / 2009

Transaction ID : D418

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. FLEMING FOR CONGRESS

Mailing Address PO Box 1236

City Minden State LA Zip Code 71058-1236

Purpose of Disbursement
Contribution

Candidate Name
JOHN CALVIN FLEMING JR

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼
State: LA District: 04

Date of Disbursement

MM / DD / YYYY
04 / 15 / 2009

Transaction ID : D480

Amount of Each Disbursement this Period

1000.00

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

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

8500.00

**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"/> 24	<input type="checkbox"/> 25	<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. FLEMING FOR CONGRESS

Mailing Address PO Box 1236

City Minden State LA Zip Code 71058-1236

Purpose of Disbursement
Contribution

Candidate Name
JOHN CALVIN FLEMING JR

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼
State: LA District: 04

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	0	9

Transaction ID : D487

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. FRIENDS FOR HARRY REID

Mailing Address PO Box 19163

City Las Vegas State NV Zip Code 89132-0163

Purpose of Disbursement
Contribution

Candidate Name
HARRY REID

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼
State: NV District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	9		2	0	0	9

Transaction ID : D424

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. FRIENDS OF BARBARA BOXER

Mailing Address PO Box 641751

City Los Angeles State CA Zip Code 90064-6751

Purpose of Disbursement
Contribution

Candidate Name
BARBARA BOXER

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼
State: CA District:

Date of Disbursement

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

Transaction ID : D500

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

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

7	0	0	0	0	0	0	0	0	0
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7	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

**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"/> 24	<input type="checkbox"/> 25	<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. FRIENDS OF GINNY BROWN-WAITE

Mailing Address PO Box 865

City Brooksville State FL Zip Code 34605-0865

Purpose of Disbursement
Contribution

Candidate Name

VIRGINIA BROWN-WAITE

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: FL District: 05

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	4		2	0	0	9

Transaction ID : D446

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

B. FRIENDS OF JOHN THUNE

Mailing Address PO Box 841

City Sioux Falls State SD Zip Code 57101-0841

Purpose of Disbursement
Contribution

Candidate Name

JOHN R THUNE

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: SD District:

Date of Disbursement

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

Transaction ID : D425

Amount of Each Disbursement this Period

1	5	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

C. FRIENDS OF SAM JOHNSON

Mailing Address PO Box 860096

City Plano State TX Zip Code 75086-0096

Purpose of Disbursement
Contribution

Candidate Name

SAMUEL R. JOHNSON

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: TX District: 03

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	6		2	0	0	9

Transaction ID : D434

Amount of Each Disbursement this Period

2	0	0	0	0	0	0	0	0	0

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

4	5	0	0	0	0	0	0	0	0

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

4	5	0	0	0	0	0	0	0	0

**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"/> 24	<input type="checkbox"/> 25	<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. FRIENDS OF SAM JOHNSON

Mailing Address PO Box 860096

City State Zip Code
Plano TX 75086-0096

Purpose of Disbursement
Contribution

Candidate Name
SAMUEL R. JOHNSON

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼
State: TX District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		03		2009

Transaction ID : D470

Amount of Each Disbursement this Period

2400.00

Full Name (Last, First, Middle Initial)

B. FRIENDS OF SAM JOHNSON

Mailing Address PO Box 860096

City State Zip Code
Plano TX 75086-0096

Purpose of Disbursement
Contribution

Candidate Name
SAMUEL R. JOHNSON

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼
State: TX District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		17		2009

Transaction ID : D481

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

C. FRIENDS OF SCHUMER

Mailing Address 509 Madison Ave
Rm 1902

City State Zip Code
New York NY 10022-5523

Purpose of Disbursement
Contribution

Candidate Name
CHARLES E. SCHUMER

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼
State: NY District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		29		2009

Transaction ID : D483

Amount of Each Disbursement this Period

1000.00

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

3900.00

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

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**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"/> 24	<input type="checkbox"/> 25	<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. GEOFF DAVIS FOR CONGRESS

Mailing Address 3161 Dixie Highway
Suite F

City Erlanger State KY Zip Code 41018

Purpose of Disbursement
Contribution

Candidate Name

GEOFF DAVIS

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: KY District: 04

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	4		2	0	0	9

Transaction ID : D458

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

B. GEORGIANS FOR ISAKSON

Mailing Address PO Box 250116

City Atlanta State GA Zip Code 30325-1116

Purpose of Disbursement
Contribution

Candidate Name

JOHN HARDY ISAKSON

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: GA District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	4		2	0	0	9

Transaction ID : D461

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

C. GIFFORDS FOR CONGRESS

Mailing Address PO Box 12886

City Tucson State AZ Zip Code 85732

Purpose of Disbursement
Contribution

Candidate Name

GABRIELLE GIFFORDS

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: AZ District: 08

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	9		2	0	0	9

Transaction ID : D504

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

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

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

3	0	0	0	0	0	0	0	0	0

1	0	0	0	0	0	0	0	0	0

**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"/> 24	<input type="checkbox"/> 25	<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. GINGREY FOR CONGRESS

Mailing Address PO Box U

City Marietta State GA Zip Code 30061-1077

Purpose of Disbursement Contribution

Candidate Name
J. PHILLIP GINGREY

Office Sought: House Senate President
State: GA District: 11

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 01 / 2009

Transaction ID : D488

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. GINGREY FOR CONGRESS

Mailing Address PO Box U

City Marietta State GA Zip Code 30061-1077

Purpose of Disbursement Contribution

Candidate Name
J. PHILLIP GINGREY

Office Sought: House Senate President
State: GA District: 11

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 20 / 2009

Transaction ID : D496

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. GREAT AMERICAN FUND

Mailing Address PO Box 83142

City Gaithersburg State MD Zip Code 20883-3142

Purpose of Disbursement Contribution

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 15 / 2009

Transaction ID : D493

Amount of Each Disbursement this Period

5000.00

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

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

7000.00

**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"/> 24	<input type="checkbox"/> 25	<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. HARRY MITCHELL FOR CONGRESS

Mailing Address PO Box 23748

City State Zip Code
Tempe AZ 85285

Purpose of Disbursement
Contribution

Candidate Name
HARRY E. MITCHELL

Office Sought: House
 Senate
 President
State: AZ District: 05

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		26		2009

Transaction ID : D468

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. HEARTLAND VALUES PAC

Mailing Address PO Box 505

City State Zip Code
Sioux Falls SD 57101

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		09		2009

Transaction ID : D503

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. JIM GERLACH FOR CONGRESS COMMITTEE

Mailing Address PO Box 87

City State Zip Code
Uwchland PA 19480

Purpose of Disbursement
Contribution

Candidate Name
JIM GERLACH

Office Sought: House
 Senate
 President
State: PA District: 06

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		12		2009

Transaction ID : D448

Amount of Each Disbursement this Period

1000.00

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

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

5500.00

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**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"/> 24	<input type="checkbox"/> 25	<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. JIM GERLACH FOR CONGRESS COMMITTEE

Mailing Address PO Box 87

City Uwchland State PA Zip Code 19480

Purpose of Disbursement
Contribution

Candidate Name

JIM GERLACH

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: PA District: 06

Date of Disbursement

MM / DD / YYYY
03 / 14 / 2009

Transaction ID : D456

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. JIM GERLACH FOR CONGRESS COMMITTEE

Mailing Address PO Box 87

City Uwchland State PA Zip Code 19480

Purpose of Disbursement
Contribution

Candidate Name

JIM GERLACH

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: PA District: 06

Date of Disbursement

MM / DD / YYYY
06 / 12 / 2009

Transaction ID : D506

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. JOHN CAMPBELL FOR CONGRESS

Mailing Address 4590 Macarthur Boulevard
Suite 500

City Newport Beach State CA Zip Code 92660

Purpose of Disbursement
Contribution

Candidate Name

JOHN CAMPBELL

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: CA District: 48

Date of Disbursement

MM / DD / YYYY
03 / 14 / 2009

Transaction ID : D447

Amount of Each Disbursement this Period

1000.00

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

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

3000.00

**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"/> 24	<input type="checkbox"/> 25	<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. JOHN S FUND

Mailing Address PO Box 853

City State Zip Code
Edwardsville IL 62025

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 14 / 2009

Transaction ID : D454

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. JOHN S FUND

Mailing Address PO Box 853

City State Zip Code
Edwardsville IL 62025

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 / 02 / 2009

Transaction ID : D469

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. JOHN SALAZAR FOR CONGRESS

Mailing Address PO Box 534

City State Zip Code
Pueblo CO 81002-0534

Purpose of Disbursement
Contribution

Candidate Name

JOHN SALAZAR

Office Sought: House
 Senate
 President
State: CO District: 03

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 12 / 2009

Transaction ID : D508

Amount of Each Disbursement this Period

1000.00

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

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

3000.00

**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"/> 24	<input type="checkbox"/> 25	<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. JOHN SHADEGGS FRIENDS

Mailing Address PO Box 45444

City Phoenix State AZ Zip Code 85064-5444

Purpose of Disbursement
Contribution

Candidate Name
JOHN B. SHADEGG

Office Sought: House
 Senate
 President
State: AZ District: 03

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 12 / 2009

Transaction ID : D507

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. JON KYL FOR U S SENATE

Mailing Address PO BOX 10246

City PHOENIX State AZ Zip Code 85064

Purpose of Disbursement
Contribution

Candidate Name
JON KYL

Office Sought: House
 Senate
 President
State: AZ District:

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
02 / 18 / 2009

Transaction ID : D427

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. JOSEPH CAO FOR CONGRESS

Mailing Address PO Box 56156

City New Orleans State LA Zip Code 70156-6156

Purpose of Disbursement
Contribution

Candidate Name
AHN 'JOSEPH' CAO

Office Sought: House
 Senate
 President
State: LA District: 02

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 27 / 2009

Transaction ID : D499

Amount of Each Disbursement this Period

1000.00

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

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

11000.00

**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"/> 24	<input type="checkbox"/> 25	<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. KAGEN 4 CONGRESS

Mailing Address 100 W Lawrence St

City Appleton State WI Zip Code 54911-5773

Purpose of Disbursement
Contribution

Candidate Name
STEVEN LESLIE KAGEN

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼
State: WI District: 08

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	6		2	0	0	9

Transaction ID : D420

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. KIND FOR CONGRESS COMMITTEE

Mailing Address 205 5th Ave S
Ste 428

City La Crosse State WI Zip Code 54601-4044

Purpose of Disbursement
Contribution

Candidate Name
RON KIND

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼
State: WI District: 03

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	3		2	0	0	9

Transaction ID : D512

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. KLOBUCHAR FOR MINNESOTA 2012

Mailing Address PO Box 4146

City Saint Paul State MN Zip Code 55104-0146

Purpose of Disbursement
Contribution

Candidate Name
AMY J. KLOBUCHAR

Office Sought: House Senate President
Disbursement For: 2012 Primary General Other (specify) ▼
State: MN District:

Date of Disbursement

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

Transaction ID : D497

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

7	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

7	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

**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"/> 24	<input type="checkbox"/> 25	<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. LARSON FOR CONGRESS

Mailing Address 29 RUFF CIRCLE

City State Zip Code
GLASTONBURY CT 06033

Purpose of Disbursement
Contribution

Candidate Name
JOHN B. LARSON

Office Sought: House
 Senate
 President
State: CT District: 01

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 / 08 / 2009

Transaction ID : D474

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. LEVIN FOR CONGRESS

Mailing Address 230 North Ave

City State Zip Code
Mount Clemens MI 48043-1793

Purpose of Disbursement
Contribution

Candidate Name
SANDER M. LEVIN

Office Sought: House
 Senate
 President
State: MI District: 12

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 / 29 / 2009

Transaction ID : D486

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

C. LISA MURKOWSKI FOR US SENATE

Mailing Address PO Box 100847

City State Zip Code
Anchorage AK 99510-0847

Purpose of Disbursement
Contribution

Candidate Name
LISA MURKOWSKI

Office Sought: House
 Senate
 President
State: AK District:

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 14 / 2009

Transaction ID : D457

Amount of Each Disbursement this Period

1000.00

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

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

3500.00

**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"/> 24	<input type="checkbox"/> 25	<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. LUCILLE ROYBAL-ALLARD FOR CONGRESS

Mailing Address PO Box 582

City Kensington State MD Zip Code 20895-0582

Purpose of Disbursement Contribution

Candidate Name

LUCILLE ROYBAL-ALLARD

Office Sought: House Senate President

Disbursement For: 2010 Primary General Other (specify) ▼

State: CA District: 34

Date of Disbursement

MM / DD / YYYY
02 / 19 / 2009

Transaction ID : D431

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. MCCOTTER CONGRESSIONAL COMMITTEE

Mailing Address PO Box 530788

City Livonia State MI Zip Code 48153-0788

Purpose of Disbursement Contribution

Candidate Name

THADDEUS MCCOTTER

Office Sought: House Senate President

Disbursement For: 2010 Primary General Other (specify) ▼

State: MI District: 11

Date of Disbursement

MM / DD / YYYY
03 / 14 / 2009

Transaction ID : D450

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. MICHAEL BURGESS FOR CONGRESS

Mailing Address PO Box 2334

City Denton State TX Zip Code 76202-2334

Purpose of Disbursement Contribution

Candidate Name

MICHAEL C. BURGESS

Office Sought: House Senate President

Disbursement For: 2010 Primary General Other (specify) ▼

State: TX District: 26

Date of Disbursement

MM / DD / YYYY
02 / 19 / 2009

Transaction ID : D429

Amount of Each Disbursement this Period

2500.00

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

4500.00

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

**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"/> 24	<input type="checkbox"/> 25	<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. MICHAEL BURGESS FOR CONGRESS

Mailing Address PO Box 2334

City Denton State TX Zip Code 76202-2334

Purpose of Disbursement Contribution

Candidate Name
MICHAEL C. BURGESS

Office Sought: House Senate President
 Disbursement For: 2010 Primary General Other (specify) ▼
 State: TX District: 26

Date of Disbursement

MM / DD / YYYY
03 / 14 / 2009

Transaction ID : D455

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. MICHAEL BURGESS FOR CONGRESS

Mailing Address PO Box 2334

City Denton State TX Zip Code 76202-2334

Purpose of Disbursement Contribution

Candidate Name
MICHAEL C. BURGESS

Office Sought: House Senate President
 Disbursement For: 2010 Primary General Other (specify) ▼
 State: TX District: 26

Date of Disbursement

MM / DD / YYYY
05 / 04 / 2009

Transaction ID : D491

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. MIKE CRAPO FOR US SENATE

Mailing Address PO Box 1948

City Boise State ID Zip Code 83701-1948

Purpose of Disbursement Contribution

Candidate Name
MICHAEL D. CRAPO

Office Sought: House Senate President
 Disbursement For: 2010 Primary General Other (specify) ▼
 State: ID District:

Date of Disbursement

MM / DD / YYYY
03 / 20 / 2009

Transaction ID : D464

Amount of Each Disbursement this Period

1000.00

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

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

3000.00

**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"/> 24	<input type="checkbox"/> 25	<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. MIKE CRAPO FOR US SENATE

Mailing Address PO Box 1948

City State Zip Code
Boise ID 83701-1948

Purpose of Disbursement
Contribution

Candidate Name
MICHAEL D. CRAPO

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: ID District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	6		2	0	0	9

Transaction ID : **D472**

Amount of Each Disbursement this Period

4	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. MIKE CRAPO FOR US SENATE

Mailing Address PO Box 1948

City State Zip Code
Boise ID 83701-1948

Purpose of Disbursement
See Refund Year End 2009

Candidate Name
MICHAEL D. CRAPO

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: ID District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	6		2	0	0	9

Transaction ID : **D473**

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. MIKE HONDA FOR CONGRESS

Mailing Address P.O. Box 8180

City State Zip Code
San Jose CA 95155

Purpose of Disbursement
Contribution

Candidate Name
MIKE HONDA

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: CA District: 15

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		1	8		2	0	0	9

Transaction ID : **D426**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

**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"/> 24	<input type="checkbox"/> 25	<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. MINNICK FOR CONGRESS

Mailing Address PO Box 306

City State Zip Code
Boise ID 83701-0306

Purpose of Disbursement
Contribution

Candidate Name
WALTER MINNICK

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼
State: ID District: 01

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	4		2	0	0	9

Transaction ID : D459

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

B. NATHAN DEAL FOR CONGRESS

Mailing Address PO Box 902

City State Zip Code
Gainesville GA 30503-0902

Purpose of Disbursement
Contribution

Candidate Name
NATHAN DEAL

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼
State: GA District: 09

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	4		2	0	0	9

Transaction ID : D452

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

C. NATIONAL LEADERSHIP PAC

Mailing Address PO Box 5577

City State Zip Code
New York NY 10027

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
0	3		1	9		2	0	0	9

Transaction ID : D463

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0

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

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

4	5	0	0	0	0	0	0	0	0

**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"/> 24	<input type="checkbox"/> 25	<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. NATIONAL REPUBLICAN SENATORIAL COMMITTEE

Mailing Address 425 2nd St NE

City Washington State DC Zip Code 20002-4914

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
05 / 04 / 2009

Transaction ID : D489

Amount of Each Disbursement this Period

3000.00

Full Name (Last, First, Middle Initial)

B. NELSON 2012

Mailing Address PO BOX 8666

City OMAHA State NE Zip Code 68108

Purpose of Disbursement
Contribution

Candidate Name

BENJAMIN E. NELSON

Office Sought: House Senate President

State: NE District:

Disbursement For: 2012 Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
06 / 01 / 2009

Transaction ID : D502

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. PEOPLE FOR PATTY MURRAY US SENATE CAMPAIGN

Mailing Address PO Box 3662

City Seattle State WA Zip Code 98124-3662

Purpose of Disbursement
Contribution

Candidate Name

PATTY MURRAY

Office Sought: House Senate President

State: WA District:

Disbursement For: 2010 Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 14 / 2009

Transaction ID : D445

Amount of Each Disbursement this Period

2500.00

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

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

6500.00

**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"/> 24	<input type="checkbox"/> 25	<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. PETE SESSIONS FOR CONGRESS

Mailing Address PO Box 823047

City Dallas State TX Zip Code 75382

Purpose of Disbursement
Contribution

Candidate Name

PETE SESSIONS

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: TX District: 32

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	14	/	2009

Transaction ID : D451

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

B. PRESERVING AMERICA'S TRADITIONS (PATPAC)

Mailing Address 610 S Boulevard

City Tampa State FL Zip Code 33606-2693

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	14	/	2009

Transaction ID : D443

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. PRICE FOR CONGRESS

Mailing Address PO Box 425

City Roswell State GA Zip Code 30077-0425

Purpose of Disbursement
Contribution

Candidate Name

THOMAS EDMUNDS PRICE MD

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: GA District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05	/	06	/	2009

Transaction ID : D492

Amount of Each Disbursement this Period

2500.00

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

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

6000.00

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**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"/> 24	<input type="checkbox"/> 25	<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. RANGEL FOR CONGRESS

Mailing Address PO Box 5577
MANHATTANVILLE STA

City New York State NY Zip Code 10027-5570

Purpose of Disbursement
Contribution

Candidate Name
CHARLES B. RANGEL

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼
State: NY District: 15

Date of Disbursement

MM / DD / YYYY
04 / 03 / 2009

Transaction ID : D471

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. RANGEL VICTORY FUND

Mailing Address 818 Connecticut Ave NW
Ste 1100

City Washington State DC Zip Code 20006-2702

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement

MM / DD / YYYY
06 / 23 / 2009

Transaction ID : D514

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. RICHARD BURR COMMITTEE

Mailing Address PO Box 5928

City Winston Salem State NC Zip Code 27113-5928

Purpose of Disbursement
Contribution

Candidate Name
RICHARD M. BURR

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼
State: NC District:

Date of Disbursement

MM / DD / YYYY
01 / 27 / 2009

Transaction ID : D423

Amount of Each Disbursement this Period

2000.00

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

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

8000.00

**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"/> 24	<input type="checkbox"/> 25	<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. RICHARD BURR COMMITTEE

Mailing Address PO Box 5928

City Winston Salem State NC Zip Code 27113-5928

Purpose of Disbursement
Contribution

Candidate Name

RICHARD M. BURR

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: NC District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	25	/	2009

Transaction ID : D467

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. RICHARD BURR COMMITTEE

Mailing Address PO Box 5928

City Winston Salem State NC Zip Code 27113-5928

Purpose of Disbursement
Contribution

Candidate Name

RICHARD M. BURR

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: NC District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	25	/	2009

Transaction ID : D517

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

C. SEARCHLIGHT LEADERSHIP FUND

Mailing Address 422 C St NE
Lower level

City Washington State DC Zip Code 20002-5818

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	23	/	2009

Transaction ID : D513

Amount of Each Disbursement this Period

2500.00

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

5000.00

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

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**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"/> 24	<input type="checkbox"/> 25	<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. SENATE MAJORITY FUND

Mailing Address PO Box 32025

City Phoenix State AZ Zip Code 85064-2025

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
01 / 02 / 2009

Transaction ID : D416

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. SENSENBRENNER COMMITTEE

Mailing Address PO Box 575

City Brookfield State WI Zip Code 53008-0575

Purpose of Disbursement
Contribution

Candidate Name

F. JAMES SENSENBRENNER

Office Sought: House Senate President

Disbursement For: 2010 Primary General Other (specify) ▼

State: WI District: 05

Date of Disbursement

MM / DD / YYYY
03 / 14 / 2009

Transaction ID : D441

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

C. SOUDER FOR CONGRESS INC.

Mailing Address PO Box 40233

City Fort Wayne State IN Zip Code 46804-0233

Purpose of Disbursement
Contribution

Candidate Name

MARK E. SOUDER

Office Sought: House Senate President

Disbursement For: 2010 Primary General Other (specify) ▼

State: IN District: 03

Date of Disbursement

MM / DD / YYYY
06 / 23 / 2009

Transaction ID : D510

Amount of Each Disbursement this Period

1000.00

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

6500.00

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

**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"/> 24	<input type="checkbox"/> 25	<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. STABENOW FOR US SENATE

Mailing Address PO Box 4945

City East Lansing State MI Zip Code 48826-4945

Purpose of Disbursement
Contribution

Candidate Name
DEBBIE STABENOW

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: MI District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	5		2	0	0	9

Transaction ID : D479

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

B. TEXANS FOR HENRY CUELLAR CONGRESSIONAL CAMPAIGN

Mailing Address 1519 Washington St
Ste 200

City Laredo State TX Zip Code 78040-4412

Purpose of Disbursement
Contribution

Candidate Name
HENRY R. CUELLAR

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: TX District: 28

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	6		2	0	0	9

Transaction ID : D422

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

C. TEXAS FREEDOM FUND

Mailing Address 104 East Hume Avenue

City Alexandria State VA Zip Code 22301

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
0	1		2	3		2	0	0	9

Transaction ID : D419

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0

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

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

4	5	0	0	0	0	0	0	0	0

**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"/> 24	<input type="checkbox"/> 25	<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. TEXAS FREEDOM FUND

Mailing Address 104 East Hume Avenue

City Alexandria State VA Zip Code 22301

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 23 / 2009

Transaction ID : D511

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. THE REYES COMMITTEE, INC.

Mailing Address 1011 Montana Ave

City El Paso State TX Zip Code 79902-5411

Purpose of Disbursement
Contribution

Candidate Name

SILVESTRE REYES

Office Sought: House Senate President
State: TX District: 16

Disbursement For: 2010 Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
03 / 11 / 2009

Transaction ID : D439

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. TIM MURPHY FOR CONGRESS

Mailing Address PO Box 24551

City Pittsburgh State PA Zip Code 15234-4551

Purpose of Disbursement
Contribution

Candidate Name

TIM MURPHY

Office Sought: House Senate President
State: PA District: 18

Disbursement For: 2010 Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
03 / 14 / 2009

Transaction ID : D449

Amount of Each Disbursement this Period

1000.00

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

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

4500.00

**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"/> 24	<input type="checkbox"/> 25	<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. TRUST PAC TEAM REPUBLICANS FOR UTILIZING SENSIBLE TACTICS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		08		2009

Mailing Address 228 S Washington St
Ste 115

Transaction ID : D476

City Alexandria State VA Zip Code 22314-5404

Amount of Each Disbursement this Period

3000.00

Purpose of Disbursement
Contribution

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B. TUESDAY GROUP POLITICAL ACTION COMMITTEE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		05		2009

Mailing Address PO Box 40385

Transaction ID : D417

City Washington State DC Zip Code 20016-0385

Amount of Each Disbursement this Period

5000.00

Purpose of Disbursement
Contribution

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C. UPTON FOR ALL OF US

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		26		2009

Mailing Address PO Box 490

Transaction ID : D421

City St. Joseph State MI Zip Code 49085

Amount of Each Disbursement this Period

2500.00

Purpose of Disbursement
Contribution

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010 Primary General
 Other (specify) ▼

State: MI District: 06

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

10500.00

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

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**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"/> 24	<input type="checkbox"/> 25	<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. VICTORY IN NOVEMBER ELECTION PAC (VINEPAC)

Mailing Address 607 14th St NW
Ste 800

City Washington State DC Zip Code 20005-2005

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 01 / 2009

Transaction ID : D501

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. WALDEN FOR CONGRESS

Mailing Address PO Box 1091

City Hood River State OR Zip Code 97031-0037

Purpose of Disbursement
Contribution

Candidate Name

GREGORY PAUL WALDEN

Office Sought: House
 Senate
 President
State: OR District: 02

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 14 / 2009

Transaction ID : D462

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. WASSERMAN-SCHULTZ FOR CONGRESS

Mailing Address 1071 Twin Branch Ln

City Weston State FL Zip Code 33326

Purpose of Disbursement
Contribution

Candidate Name

DEBBIE WASSERMAN-SCHULTZ

Office Sought: House
 Senate
 President
State: FL District: 20

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 14 / 2009

Transaction ID : D442

Amount of Each Disbursement this Period

1000.00

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

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

7000.00

221400.00