

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5
Physician Hospitals of America Political Action Committee

ADDRESS (number and street) PO Box 70980
Check if different than previously reported. (ACC) Washington DC 20024

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
C C00394163 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report (Q1)
 July 15 Quarterly Report (Q2)
 October 15 Quarterly Report (Q3)
 January 31 Year-End Report (YE)
 July 31 Mid-Year Report (Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day PRE-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on M M / D D / Y Y Y Y Y Y in the State of
(d) 30-Day POST-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on M M / D D / Y Y Y Y Y Y in the State of DC

5. Covering Period M M / D D / Y Y Y Y Y Y 10 / 18 / 2012 through M M / D D / Y Y Y Y Y Y 11 / 26 / 2012

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

Type or Print Name of Treasurer John Richardson

Signature of Treasurer John Richardson [Electronically Filed] Date M M / D D / Y Y Y Y Y Y 12 / 04 / 2012

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

**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="2012"/>		21776.18
(b) Cash on Hand at Beginning of Reporting Period.....	8142.38	
(c) Total Receipts (from Line 19)	6850.00	59050.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	14992.38	80826.18
7. Total Disbursements (from Line 31).....	5542.00	71375.80
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	9450.38	9450.38
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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

Physician Hospitals of America Political Action Committee

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

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).....	6750.00	49800.00
(ii) Unitemized	100.00	250.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	6850.00	50050.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	9000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	6850.00	59050.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	6850.00	59050.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	6850.00	59050.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	42.00	364.42
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	42.00	364.42
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	5500.00	68500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	2511.38
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	2511.38
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	5542.00	71375.80
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	5542.00	71375.80

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)	6850.00	59050.00
34. Total Contribution Refunds (from Line 28(d))	0.00	2511.38
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	6850.00	56538.62
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	42.00	364.42
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	42.00	364.42

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 6 OF 13
<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

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. David Brokaw		Date of Receipt M M / D D / Y Y Y Y Y 11 / 02 / 2012 Transaction ID : C6744676
Mailing Address 8450 Northwest Blvd.		Amount of Each Receipt this Period 250.00
City Indianapolis	State IN	Zip Code 46278
FEC ID number of contributing federal political committee. C	Name of Employer Indiana Orthopaedic Hospital	Occupation Orthopaedic Surgeon
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 346.50	

Full Name (Last, First, Middle Initial) B. John W. Dietz Jr., MD		Date of Receipt M M / D D / Y Y Y Y Y 11 / 15 / 2012 Transaction ID : C6744706
Mailing Address 8450 Northwest Blvd.		Amount of Each Receipt this Period 1000.00
City Indianapolis	State IN	Zip Code 46278
FEC ID number of contributing federal political committee. C	Name of Employer Indiana Orthopaedic Hospital	Occupation Surgeon
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1096.50	

Full Name (Last, First, Middle Initial) C. Jack Farr II		Date of Receipt M M / D D / Y Y Y Y Y 11 / 02 / 2012 Transaction ID : C6744680
Mailing Address 8450 Northwest Blvd.		Amount of Each Receipt this Period 500.00
City Indianapolis	State IN	Zip Code 46278
FEC ID number of contributing federal political committee. C	Name of Employer Indiana Orthopaedic Hospital	Occupation Physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 596.50	

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 7 OF 13
<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 A. Fisher
Full Name (Last, First, Middle Initial)
Mailing Address 8450 Northwest Blvd.
City Indianapolis State IN Zip Code 46278
FEC ID number of contributing federal political committee. **C**
Name of Employer Indiana Orthopaedic Hospital Occupation Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1096.50

Date of Receipt
11 / 02 / 2012
Transaction ID : C6744681
Amount of Each Receipt this Period
500.00

B. David A. Fisher
Full Name (Last, First, Middle Initial)
Mailing Address 8450 Northwest Blvd.
City Indianapolis State IN Zip Code 46278
FEC ID number of contributing federal political committee. **C**
Name of Employer Indiana Orthopaedic Hospital Occupation Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1096.50

Date of Receipt
11 / 02 / 2012
Transaction ID : C6744684
Amount of Each Receipt this Period
500.00

C. Scott D. Gudeman
Full Name (Last, First, Middle Initial)
Mailing Address 8450 Northwest Blvd.
City Indianapolis State IN Zip Code 46278
FEC ID number of contributing federal political committee. **C**
Name of Employer Indiana Orthopaedic Hospital Occupation Orthopaedic Surgeon
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 596.50

Date of Receipt
11 / 02 / 2012
Transaction ID : C6744685
Amount of Each Receipt this Period
500.00

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 8 OF 13
<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. Frank R. Kolisek
Full Name (Last, First, Middle Initial)

Mailing Address 8450 Northwest Blvd.

City Indianapolis State IN Zip Code 46278

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

Name of Employer Indiana Orthopaedic Hospital Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1096.50

Date of Receipt 11 / 02 / 2012
Transaction ID : C6744687

Amount of Each Receipt this Period 1000.00

B. Daniel E. Lehman
Full Name (Last, First, Middle Initial)

Mailing Address 8450 Northwest Blvd.

City Indianapolis State IN Zip Code 46278

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

Name of Employer Indiana Orthopaedic Hospital Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 596.50

Date of Receipt 11 / 02 / 2012
Transaction ID : C6744689

Amount of Each Receipt this Period 500.00

C. Dean C. Maar
Full Name (Last, First, Middle Initial)

Mailing Address 8450 Northwest Blvd.

City Indianapolis State IN Zip Code 46278

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

Name of Employer Indiana Orthopaedic Hospital Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 596.50

Date of Receipt 11 / 02 / 2012
Transaction ID : C6744690

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

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

A. Ronald S. Miller
 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
 Indiana Orthopaedic Hospital Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 269.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 02 / 2012
Transaction ID : C6744693
 Amount of Each Receipt this Period
 250.00

B. Michael T. Thieken
 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
 Indiana Orthopaedic Hospital Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 596.50

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 02 / 2012
Transaction ID : C6744698
 Amount of Each Receipt this Period
 500.00

C. Andrew J Vicar
 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
 Indiana Orthopaedic Hospital Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 346.50

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 02 / 2012
Transaction ID : C6744700
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1000.00
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 10 OF 13
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Timothy G.M. Weber

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
 Indiana Orthopaedic Hospital Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 596.50

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 02 / 2012

Transaction ID : C6744702

Amount of Each Receipt this Period
 500.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	500.00
TOTAL This Period (last page this line number only).....▶	6750.00

**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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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. Paypal Inc.

Mailing Address 2211 N 1st St

City San Jose State CA Zip Code 95131

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	05	/	2012

Transaction ID : D478016

Amount of Each Disbursement this Period

30.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

--

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

--

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

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

30.00

30.00

**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. ANDY HARRIS FOR CONGRESS

Mailing Address PO BOX 604

City BEL AIR State MD Zip Code 21014

Purpose of Disbursement
Contribution

Candidate Name
ANDREW P. HARRIS

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

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			19			2012			

Transaction ID : **D476203**

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

B. BOEHNER FOR SPEAKER

Mailing Address 320 FIRST ST. SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement
Voided Check from 10/3/2012

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			01			2012			

Transaction ID : **D476204**

Amount of Each Disbursement this Period

-5000.00

Full Name (Last, First, Middle Initial)

C. CHARLES BOUSTANY JR MD FOR CONGRESS INC

Mailing Address PO BOX 80126

City LAFAYETTE State LA Zip Code 70598

Purpose of Disbursement
Contribution

Candidate Name
CHARLES BOUSTANY JR.

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

Disbursement For: 2012
 Primary General
 Other (specify) ▼ Runoff

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			21			2012			

Transaction ID : **D478033**

Amount of Each Disbursement this Period

2500.00

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

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

-2000.00

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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. JEFF FLAKE FOR US SENATE INC

Mailing Address PO BOX 12512

City TEMPE State AZ Zip Code 85284

Purpose of Disbursement
Contribution

Candidate Name
JEFF FLAKE

Office Sought: House
 Senate
 President
State: AZ District:

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			19			2012			

Transaction ID : D476202

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. JEFF FLAKE FOR US SENATE INC

Mailing Address PO BOX 12512

City TEMPE State AZ Zip Code 85284

Purpose of Disbursement
Contribution

Candidate Name
JEFF FLAKE

Office Sought: House
 Senate
 President
State: AZ District:

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			05			2012			

Transaction ID : D478018

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. TOMMY THOMPSON FOR SENATE INC

Mailing Address PO BOX 620650

City MIDDLETON State WI Zip Code 53562

Purpose of Disbursement
Contribution

Candidate Name
TOMMY G THOMPSON

Office Sought: House
 Senate
 President
State: WI District:

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			02			2012			

Transaction ID : D478017

Amount of Each Disbursement this Period

2500.00

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

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

7500.00

5500.00
