

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

2. FEC IDENTIFICATION NUMBER C C00394163 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report (X), Termination Report (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), Dec 20 (M12), Jan 31 (YE) (c) 12-Day PRE-Election Report for the: Primary (12P), General (12G), Runoff (12R), Convention (12C), Special (12S) (d) 30-Day POST-Election Report for the: General (30G), Runoff (30R), Special (30S)

5. Covering Period 01 / 01 / 2013 through 06 / 30 / 2013

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 07 / 26 / 2013

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="2013"/>		9420.38
(b) Cash on Hand at Beginning of Reporting Period.....	9420.38	
(c) Total Receipts (from Line 19) .....	11250.00	11250.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	20670.38	20670.38
7. Total Disbursements (from Line 31).....	10542.30	10542.30
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	10128.08	10128.08
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

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

**For further information contact:**

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

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

## DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

**Physician Hospitals of America Political Action Committee**

Report Covering the Period: From: M M / D D / Y Y Y Y 01 / 01 / 2013 To: M M / D D / Y Y Y Y 06 / 30 / 2013

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).....	7250.00	7250.00
(ii) Unitemized .....	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	7250.00	7250.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	4000.00	4000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	11250.00	11250.00
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))..... ▶	11250.00	11250.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	11250.00	11250.00

**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 .....	242.30	242.30
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	242.30	242.30
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	10300.00	10300.00
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 .....	-300.00	-300.00
(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)).....	-300.00	-300.00
29. Other Disbursements .....	300.00	300.00
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)) ..	10542.30	10542.30
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	10542.30	10542.30

**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) .....	11250.00	11250.00
34. Total Contribution Refunds (from Line 28(d)) .....	-300.00	-300.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	11550.00	11550.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ▶	242.30	242.30
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....▶	242.30	242.30

**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 20
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

**A. C. Barrett Alldredge**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 313 Woodbluff  
 City Lafayette State LA Zip Code 70503  
 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 **06 / 10 / 2013**  
**Transaction ID : C7171291**  
 Amount of Each Receipt this Period **1000.00**

**B. Katherine Bruch**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 207 Pineview Rd  
 City Durham State NC Zip Code 27707  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer N/A Occupation Retired  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1000.00**

Date of Receipt **02 / 12 / 2013**  
**Transaction ID : C6937643**  
 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 **04 / 25 / 2013**  
**Transaction ID : C7106752**  
 Amount of Each Receipt this Period **250.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>2250.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 7 OF 20
<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. Kansas City Orthopaedic Center of Excellence LLC**

Mailing Address 3651 College Blvd.

City Leawood	State KS	Zip Code 66211-1910
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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 ▼ 5000.00

Date of Receipt  
02 / 25 / 2013  
**Transaction ID : C6937646**

Amount of Each Receipt this Period  
5000.00

PARTNERSHIP--partners below if itemized

Full Name (Last, First, Middle Initial)  
**B. Timothy M. Badwey MD**

Mailing Address 3651 College Blvd

City Leawood	State KS	Zip Code 66211
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FEC ID number of contributing federal political committee. **C**

Name of Employer Dickson-Dively Midwest Orthop.	Occupation Physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 297.62

Date of Receipt  
02 / 25 / 2013  
**Transaction ID : C6937655**

Amount of Each Receipt this Period  
297.62

**[MEMO ITEM]**  
\*

Full Name (Last, First, Middle Initial)  
**C. Cris D Barnhouse MD**

Mailing Address 3651 College Blvd.

City Leawood	State KS	Zip Code 66211
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FEC ID number of contributing federal political committee. **C**

Name of Employer Orthopaedic & Sports Med Clinic of KC	Occupation Physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 297.62

Date of Receipt  
02 / 25 / 2013  
**Transaction ID : C6937656**

Amount of Each Receipt this Period  
297.62

**[MEMO ITEM]**  
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<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	5000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 8 OF 20
<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. Mark Bernhardt MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 3651 College Blvd.

City Leawood	State KS	Zip Code 66211
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FEC ID number of contributing federal political committee. **C**

Name of Employer Dickson-Dively Midwest Orthop.	Occupation Surgeon
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
297.62

Date of Receipt  

M M	/	D D	/	Y Y Y Y
02	/	25	/	2013

**Transaction ID : C6937657**

Amount of Each Receipt this Period  
297.62

**[MEMO ITEM]**  
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**B. Stanley A Bowling MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 3651 College Blvd.

City Leawood	State KS	Zip Code 66211
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FEC ID number of contributing federal political committee. **C**

Name of Employer Dickson-Dively Midwest Orthop.	Occupation Physician
--	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
277.78

Date of Receipt  

M M	/	D D	/	Y Y Y Y
02	/	25	/	2013

**Transaction ID : C6937658**

Amount of Each Receipt this Period  
277.78

**[MEMO ITEM]**  
\*

**C. Jon E. Browne MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 3651 College Blvd.

City Leawood	State KS	Zip Code 66211
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FEC ID number of contributing federal political committee. **C**

Name of Employer Orthopaedic Sports Med. Clinic	Occupation Orthopedic Surgeon
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
297.62

Date of Receipt  

M M	/	D D	/	Y Y Y Y
02	/	25	/	2013

**Transaction ID : C6937659**

Amount of Each Receipt this Period  
297.62

**[MEMO ITEM]**  
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<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	0.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 9 OF 20
<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. Scott M Cook MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 3651 College Blvd.

City Leawood	State KS	Zip Code 66211
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FEC ID number of contributing federal political committee. **C**

Name of Employer Kansas City Orthopaedic Institute	Occupation Physician
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
297.62

Date of Receipt  

M M	/	D D	/	Y Y Y Y
02	/	25	/	2013

**Transaction ID : C6937660**

Amount of Each Receipt this Period  
297.62

**[MEMO ITEM]**  
\*

**B. Brian J Divelbiss MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 3651 College Blvd.

City Leawood	State KS	Zip Code 66211
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FEC ID number of contributing federal political committee. **C**

Name of Employer Dickson-Dively Midwest Orthop.	Occupation Physician
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
297.62

Date of Receipt  

M M	/	D D	/	Y Y Y Y
02	/	25	/	2013

**Transaction ID : C6937661**

Amount of Each Receipt this Period  
297.62

**[MEMO ITEM]**  
\*

**C. Constantine Lan Fotopoulos MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 3651 College Blvd.

City Leawood	State KS	Zip Code 66211
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FEC ID number of contributing federal political committee. **C**

Name of Employer Dickson-Dively Midwest Orthop.	Occupation Physician
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
277.78

Date of Receipt  

M M	/	D D	/	Y Y Y Y
02	/	25	/	2013

**Transaction ID : C6937669**

Amount of Each Receipt this Period  
277.78

**[MEMO ITEM]**  
\*

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 20
	<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. Robert C Gardiner MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 3651 College Blvd

City Leawood	State KS	Zip Code 66211
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FEC ID number of contributing federal political committee. **C**

Name of Employer Dickson-Dively Midwest Orthop.	Occupation Physician
--	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
297.62

Date of Receipt  

M M	/	D D	/	Y Y Y Y
02	/	25	/	2013

**Transaction ID : C6937670**

Amount of Each Receipt this Period  
297.62

**[MEMO ITEM]**  
\*

**B. Danny M. Gurba MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 3651 College Blvd.

City Leawood	State KS	Zip Code 66211
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FEC ID number of contributing federal political committee. **C**

Name of Employer Dickson-Dively Midwest Orthop.	Occupation Physician
--	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
297.62

Date of Receipt  

M M	/	D D	/	Y Y Y Y
02	/	25	/	2013

**Transaction ID : C6937662**

Amount of Each Receipt this Period  
297.62

**[MEMO ITEM]**  
\*

**C. Lowry Jones Jr., MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 3651 College Blvd.

City Leawood	State KS	Zip Code 66211
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FEC ID number of contributing federal political committee. **C**

Name of Employer Dickson-Dively Midwest Orthop.	Occupation Physician
--	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
297.62

Date of Receipt  

M M	/	D D	/	Y Y Y Y
02	/	25	/	2013

**Transaction ID : C6937664**

Amount of Each Receipt this Period  
297.62

**[MEMO ITEM]**  
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<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	0.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 OF 20 (check only one)
<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"/>	<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) <b>A. Steven T Joyce MD</b>		Date of Receipt MM / DD / YYYY 02 / 25 / 2013 <b>Transaction ID : C6937671</b>
Mailing Address 3651 College Blvd.		Amount of Each Receipt this Period 297.62
City Leawood	State KS	Zip Code 66211
FEC ID number of contributing federal political committee. C	Name of Employer Dickson-Dively Midwest Orthop.	Occupation Physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 297.62	

**[MEMO ITEM]**  
\*

Full Name (Last, First, Middle Initial) <b>B. Thomas P Phillips MD</b>		Date of Receipt MM / DD / YYYY 02 / 25 / 2013 <b>Transaction ID : C6937663</b>
Mailing Address 3651 College Blvd.		Amount of Each Receipt this Period 208.34
City Leawood	State KS	Zip Code 66211
FEC ID number of contributing federal political committee. C	Name of Employer Dickson-Dively Midwest Orthop.	Occupation Physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 208.34	

**[MEMO ITEM]**  
\*

Full Name (Last, First, Middle Initial) <b>C. Mark Rasmussen MD</b>		Date of Receipt MM / DD / YYYY 02 / 25 / 2013 <b>Transaction ID : C6937667</b>
Mailing Address 3651 College Blvd.		Amount of Each Receipt this Period 297.62
City Leawood	State KS	Zip Code 66211
FEC ID number of contributing federal political committee. C	Name of Employer Orthopaedic & Sports Medicine	Occupation Physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 297.62	

**[MEMO ITEM]**  
\*

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 20
	<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. T.J. Rasmussen MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 3651 College Blvd.

City Leawood State KS Zip Code 66211

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

Name of Employer Orthopaedic & Sports Medicine Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
297.62

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 25 / 2013  
**Transaction ID : C6937665**

Amount of Each Receipt this Period  
 297.62

**[MEMO ITEM]**  
\*

**B. Charles E. Rhoades MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 3651 College Blvd.

City Leawood State KS Zip Code 66211

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

Name of Employer Dickson-Dively Midwest Orthop. Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
297.62

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 25 / 2013  
**Transaction ID : C6937666**

Amount of Each Receipt this Period  
 297.62

**[MEMO ITEM]**  
\*

**C. Daniel A Stechschulte Jr., MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 3651 College Blvd.

City Leawood State KS Zip Code 66211

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

Name of Employer Kansas City Orthopaedic Institute Occupation Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
297.62

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 25 / 2013  
**Transaction ID : C6937668**

Amount of Each Receipt this Period  
 297.62

**[MEMO ITEM]**  
\*

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	0.00
<b>TOTAL</b> This Period (last page this line number only).....▶	7250.00

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

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

FOR LINE NUMBER: PAGE 13 OF 20  
(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)  
**TRIANGLE ORTHOPAEDIC ASSOCIATES PA POLITICAL ACTION COMMITTEE INC**

Mailing Address 120 WILLIAM PENN PLAZA

City State Zip Code  
 DURHAM NC 27704

FEC ID number of contributing federal political committee. **C** C00418582

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 02 / 26 / 2013

Transaction ID : C6937679

Amount of Each Receipt this Period

4000.00

Unsolicited Contribution

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

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

**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

MM / DD / YYYY  
01 / 03 / 2013

**Transaction ID : D489415**

Amount of Each Disbursement this Period

30.00

Full Name (Last, First, Middle Initial)

**B. Paypal Inc.**

Mailing Address 2211 N 1st St

City San Jose State CA Zip Code 95131

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
02 / 04 / 2013

**Transaction ID : D489416**

Amount of Each Disbursement this Period

30.00

Full Name (Last, First, Middle Initial)

**C. Paypal Inc.**

Mailing Address 2211 N 1st St

City San Jose State CA Zip Code 95131

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 05 / 2013

**Transaction ID : D489417**

Amount of Each Disbursement this Period

59.30

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

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

119.30

**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

MM / DD / YYYY  
04 / 03 / 2013

**Transaction ID : D500297**

Amount of Each Disbursement this Period

30.00

Full Name (Last, First, Middle Initial)

**B. Paypal Inc.**

Mailing Address 2211 N 1st St

City San Jose State CA Zip Code 95131

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
05 / 03 / 2013

**Transaction ID : D500299**

Amount of Each Disbursement this Period

30.00

Full Name (Last, First, Middle Initial)

**C. Paypal Inc.**

Mailing Address 2211 N 1st St

City San Jose State CA Zip Code 95131

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 03 / 2013

**Transaction ID : D500922**

Amount of Each Disbursement this Period

30.00

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

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

90.00

209.30

**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. JOHNSON FOR CONGRESS**

Mailing Address P.O. BOX 14496

City POLAND State OH Zip Code 44514

Purpose of Disbursement Contribution

Candidate Name

**BILL JOHNSON**

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify) ▼

State: OH District: 06

Date of Disbursement

MM / DD / YYYY  
06 / 13 / 2013

**Transaction ID : D505611**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. BRADY FOR CONGRESS**

Mailing Address P.O. Box 8277

City The Woodlands State TX Zip Code 77387

Purpose of Disbursement Contribution

Candidate Name

**Kevin Brady**

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify) ▼

State: TX District: 08

Date of Disbursement

MM / DD / YYYY  
04 / 05 / 2013

**Transaction ID : D500294**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. DIANE BLACK FOR CONGRESS**

Mailing Address PO Box 1437

City Gallatin State TN Zip Code 37066-1437

Purpose of Disbursement Contribution

Candidate Name

**DIANE L. BLACK**

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify) ▼

State: TN District: 06

Date of Disbursement

MM / DD / YYYY  
05 / 10 / 2013

**Transaction ID : D500300**

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. 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: 2014  Primary  General  Other (specify) ▼  
State: TX District: 03

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	6		2	0	1	3

**Transaction ID : D501309**

Amount of Each Disbursement this Period

1	2	0	0	0	0	0	0	0	0
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Full Name (Last, First, Middle Initial)

**B. FRIENDS OF SUSAN BROOKS**

Mailing Address 9425 N MERIDIAN STREET  
# 237

City State Zip Code  
INDIANAPOLIS IN 46260

Purpose of Disbursement  
Contribution

Candidate Name  
**SUSAN BROOKS**

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify) ▼  
State: IN District: 05

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	5		2	0	1	3

**Transaction ID : D500295**

Amount of Each Disbursement this Period

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

Full Name (Last, First, Middle Initial)

**C. LYNN JENKINS FOR CONGRESS**

Mailing Address PO BOX 1441

City State Zip Code  
TOPEKA KS 66601

Purpose of Disbursement  
Contribution

Candidate Name  
**LYNN JENKINS**

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify) ▼  
State: KS District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	7		2	0	1	3

**Transaction ID : D500296**

Amount of Each Disbursement this Period

2	6	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

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

4	8	0	0	0	0	0	0	0	0
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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. STEVE CHABOT FOR CONGRESS**

Mailing Address 3030 HARRISON AVE

City Cincinnati State OH Zip Code 45211

Purpose of Disbursement  
Contribution

Candidate Name  
**STEVE CHABOT**

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

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	13	/	2013

**Transaction ID : D505610**

Amount of Each Disbursement this Period

1000.00
---------

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

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
-------	---	-------	---	-------------

Amount of Each Disbursement this Period

--

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

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
-------	---	-------	---	-------------

Amount of Each Disbursement this Period

--

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

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

1000.00
---------

10300.00
----------

# 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 type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" 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. Physician Synergy Group

Mailing Address 9080 Harry Hines Blvd.  
Suite 110

City Dallas State TX Zip Code 75235

Purpose of Disbursement  
Voided Check from 2/17/2012

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
03 / 05 / 2013

Transaction ID : D500292

Amount of Each Disbursement this Period

-300.00

### B.

Full Name (Last, First, Middle Initial)

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 / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

### C.

Full Name (Last, First, Middle Initial)

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 / 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)..... ▶

-300.00

-300.00

**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 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 checked="" 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. US Treasury**

Mailing Address 3700 East-West Highway

City Hyattsville State MD Zip Code 20782

Purpose of Disbursement  
Disorgement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
03 / 05 / 2013

**Transaction ID : D500293**

Amount of Each Disbursement this Period

300.00

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 /  D  D /  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 /  D  D /  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)..... ▶

300.00

300.00