

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
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** 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 Quarterly 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 (12G)
Election on _____ in the State of _____
(d) 30-Day **Post -Election** Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period 03 01 2008 through 03 31 2008

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 Electronically Filed by John Richardson Date 06 28 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 **FEC FORM 3X** (Rev. 12/2004)

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
PHYSICIAN HOSPITALS OF AMERICA POLITICAL ACTION COMMITTEE

Report Covering the Period: From:

M	M
0	3

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>X</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	X	Y	Y	Y	2	0	0	8		190176.06
X	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period	166587.16									
(c) Total Receipts (from Line 19)	5350.00	13850.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	171937.16	204026.06								
7. Total Disbursements (from Line 31)	43544.45	75633.35								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	128392.71	128392.71								
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:

M	M
0	3

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	8

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)	3300.00	11800.00
(ii) Unitemized	2050.00	2050.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	5350.00	13850.00
(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)	5350.00	13850.00
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 Transfer (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))	5350.00	13850.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	5350.00	13850.00

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	44.45	133.35
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	44.45	133.35
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	43500.00	75500.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
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) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	43544.45	75633.35
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	43544.45	75633.35

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)	5350.00	13850.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	5350.00	13850.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	44.45	133.35
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	44.45	133.35

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

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

FOR LINE NUMBER: PAGE 6 / 17
(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)
Dr. Bruce Baldecchi

Mailing Address 313 W. Ann Street

City Carson City State NV Zip Code 89701

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

Name of Employer Prof. Anesthesia Services Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 05 / 2008
Transaction ID: SA11AI.5648
 Amount of Each Receipt this Period 250.00
 Contribution

B. Full Name (Last, First, Middle Initial)
Thomas V. Bertuccini

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 ▼ 500.00

Date of Receipt 03 / 19 / 2008
Transaction ID: SA11AI.5656
 Amount of Each Receipt this Period 500.00
 Contribution

C. Full Name (Last, First, Middle Initial)
Dr. James Breeden

Mailing Address 1200 N. Mountain Street

City Carson City State NV Zip Code 89701

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

Name of Employer Carson Medical Group Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 05 / 2008
Transaction ID: SA11AI.5645
 Amount of Each Receipt this Period 300.00
 Contribution

SUBTOTAL of Receipts This Page (optional) ► 1050.00

TOTAL This Period (last page this line number only) ►

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 17
(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)
Dr. Samuel Chacon

Mailing Address 1200 N. Mountain Street

City State Zip Code
Carson City NV 89701

FEC ID number of contributing federal political committee. C

Name of Employer Carson Medical Group Occupation Physician

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt M M / D D / Y Y Y Y
03 / 05 / 2008

Transaction ID: SA11AI.5640

Amount of Each Receipt this Period 300.00

Contribution

B. Full Name (Last, First, Middle Initial)
Dr. James Colgan

Mailing Address 1400 Medical Parkway

City State Zip Code
Carson City NV 89703

FEC ID number of contributing federal political committee. C

Name of Employer Sierra Surgery and Imaging Occupation Physician

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt M M / D D / Y Y Y Y
03 / 19 / 2008

Transaction ID: SA11AI.5655

Amount of Each Receipt this Period 500.00

Contribution

C. Full Name (Last, First, Middle Initial)
Dr. James A. Cunningham

Mailing Address 1425 Vista Lane

City State Zip Code
Carson City NV 89703

FEC ID number of contributing federal political committee. C

Name of Employer Carson Urologists Occupation Physician

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt M M / D D / Y Y Y Y
03 / 05 / 2008

Transaction ID: SA11AI.5639

Amount of Each Receipt this Period 300.00

Contribution

SUBTOTAL of Receipts This Page (optional) 1100.00

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 / 17
(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)
Joan Lapham

Mailing Address 1400 Medical Parkway

City State Zip Code
Carson City NV 89703

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

Name of Employer Occupation
Sierra Surgery Hospital CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
03 / 05 / 2008

Transaction ID: SA11AI.5653

Amount of Each Receipt this Period
150.00

Contribution

B. Full Name (Last, First, Middle Initial)
Dr. Thomas Parr

Mailing Address 14090 Southwest Freeway
Suite #130

City State Zip Code
Sugar Land TX 77478

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 ▼ 1000.00

Date of Receipt
MM / DD / YYYY
03 / 13 / 2008

Transaction ID: SA11AI.5654

Amount of Each Receipt this Period
1000.00

Contribution

SUBTOTAL of Receipts This Page (optional) ► 1150.00

TOTAL This Period (last page this line number only) ► 3300.00

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

A. Full Name (Last, First, Middle Initial)
BOREN FOR CONGRESS 2008

Mailing Address PO Box 1924

City Muskogee State OK Zip Code 74402

Purpose of Disbursement
Contribution

Candidate Name
DAVID BOREN

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: OK District: 02

Transaction ID: SB23.5683

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: TX District: 08

Transaction ID: SB23.5666

Date of Disbursement

/ /

Amount of Each Disbursement this Period

C. Full Name (Last, First, Middle Initial)
BUCK MCKEON FOR CONGRESS

Mailing Address 23942 Lyons Ave #105

City Santa Clarita State CA Zip Code 91321

Purpose of Disbursement
Contribution

Candidate Name
HOWARD 'BUCK' P MCKEON

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: CA District: 25

Transaction ID: SB23.5687

Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)

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

<p>A. Full Name (Last, First, Middle Initial) CHARLES BOUSTANY JR MD FOR CONGRESS INC</p> <p>Mailing Address Post Office Box 80126</p> <p>City Lafayette State LA Zip Code 70598</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Dr. Charles Boustany, Jr.</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 07</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.5678</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 6 / 2 0 0 8</p> <p>Amount of Each Disbursement this Period 2000.00</p>
<p>B. Full Name (Last, First, Middle Initial) CHARLIE DENT FOR CONGRESS</p> <p>Mailing Address PO Box 442</p> <p>City Allentown State PA Zip Code 18105</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name CHARLES W DENT</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 15</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.5697</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 6 / 2 0 0 8</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>C. Full Name (Last, First, Middle Initial) CITIZENS FOR TOM PETRI</p> <p>Mailing Address P.O. Box 270</p> <p>City Fond du Lac State WI Zip Code 54936</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name TOM PETRI</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 06</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.5709</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 0 / 2 0 0 8</p> <p>Amount of Each Disbursement this Period 2000.00</p>

SUBTOTAL of Disbursements This Page (optional)	5000.00
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

A.	Full Name (Last, First, Middle Initial) ELIZABETH DOLE COMMITTEE INC	Transaction ID: SB23.5657 Date of Disbursement 03 / 06 / 2008
	Mailing Address PO BOX 2918	
	City RALEIGH State NC Zip Code 27602	Amount of Each Disbursement this Period 2000.00
	Purpose of Disbursement Contribution	Category/ Type
	Candidate Name ELIZABETH DOLE	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NC District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) FORBES FOR CONGRESS	Transaction ID: SB23.5675 Date of Disbursement 03 / 06 / 2008
	Mailing Address PO Box 15100	
	City Chesapeake State VA Zip Code 23328	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Contribution	Category/ Type
	Candidate Name J. RANDY FORBES	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 04	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) FRIENDS OF CHARLIE WILSON	Transaction ID: SB23.5715 Date of Disbursement 03 / 19 / 2008
	Mailing Address 7 CADIZ PIKE	
	City BRIDGEPORT State OH Zip Code 43912	Amount of Each Disbursement this Period -1000.00
	Purpose of Disbursement Contribution Void of Contribution Check Dated 2/22/08	Category/ Type
	Candidate Name CHARLES A. WILSON, Jr.	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 06	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	2000.00
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

A. FRIENDS OF DOC HASTINGS

Full Name (Last, First, Middle Initial)
FRIENDS OF DOC HASTINGS

Mailing Address PO Box 2926

City Pasco State WA Zip Code 99302

Purpose of Disbursement Contribution

Candidate Name
DOC HASTINGS

Category/Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: WA District: 04

Transaction ID: SB23.5696
Date of Disbursement

03 / 06 / 2008

Amount of Each Disbursement this Period

1000.00

B. FRIENDS OF JIM INHOFE COMMITTEE

Full Name (Last, First, Middle Initial)

FRIENDS OF JIM INHOFE COMMITTEE

Mailing Address PO BOX 13300

City OKLAHOMA CITY State OK Zip Code 73113

Purpose of Disbursement Contribution

Candidate Name
JAMES M INHOFE

Category/Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: OK District:

Transaction ID: SB23.5680
Date of Disbursement

03 / 06 / 2008

Amount of Each Disbursement this Period

5000.00

C. FRIENDS OF LOIS CAPPS

Full Name (Last, First, Middle Initial)

FRIENDS OF LOIS CAPPS

Mailing Address PO Box 23940

City Santa Barbara State CA Zip Code 93121

Purpose of Disbursement Contribution

Candidate Name
LOIS G. CAPPS

Category/Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: CA District: 23

Transaction ID: SB23.5693
Date of Disbursement

03 / 06 / 2008

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional)

8000.00

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

A.	Full Name (Last, First, Middle Initial) GRAVES FOR CONGRESS	Transaction ID: SB23.5672 Date of Disbursement
	Mailing Address 2345 Grand Suite 2400	<input type="text" value="03"/> / <input type="text" value="06"/> / <input type="text" value="2008"/>
	City Kansas City State MO Zip Code 64108	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="2000.00"/>
	Candidate Name SAMUEL B. GRAVES	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 06	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) HOYER FOR CONGRESS	Transaction ID: SB23.5718 Date of Disbursement
	Mailing Address 7905 MALCOLM ROAD SUITE 102	<input type="text" value="03"/> / <input type="text" value="17"/> / <input type="text" value="2008"/>
	City CLINTON State MD Zip Code 20735	Amount of Each Disbursement this Period
	Purpose of Disbursement Void of Contribution Check Dated 2/22/08	<input type="text" value="-5000.00"/>
	Candidate Name STENY HAMILTON HOYER	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 05	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) HOYER FOR CONGRESS	Transaction ID: SB23.5719 Date of Disbursement
	Mailing Address 7905 MALCOLM ROAD SUITE 102	<input type="text" value="03"/> / <input type="text" value="19"/> / <input type="text" value="2008"/>
	City CLINTON State MD Zip Code 20735	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="5000.00"/>
	Candidate Name STENY HAMILTON HOYER	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 05	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="2000.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**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

A. Full Name (Last, First, Middle Initial) JACKIE SPEIER FOR CONGRESS <hr/> Mailing Address PO BOX 112 <hr/> City BURLINGAME State CA Zip Code 94011 <hr/> Purpose of Disbursement Contribution Candidate Name JACKIE SPEIER Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CA District: 12	Transaction ID: SB23.5684 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 6 / 2 0 0 8
	Amount of Each Disbursement this Period 2000.00
	Category/ Type
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) JIM GERLACH FOR CONGRESS COMMITTEE <hr/> Mailing Address PO Box 87 <hr/> City Uwchland State PA Zip Code 19480 <hr/> Purpose of Disbursement Contribution Candidate Name JIM GERLACH Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: PA District: 06	Transaction ID: SB23.5698 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 6 / 2 0 0 8
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) PRICE FOR CONGRESS <hr/> Mailing Address PO BOX 425 <hr/> City ROSWELL State GA Zip Code 30077 <hr/> Purpose of Disbursement Contribution Candidate Name THOMAS EDMUNDS PRICE, MD Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: GA District: 06	Transaction ID: SB23.5701 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 6 / 2 0 0 8
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	4000.00
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

<p>A. Full Name (Last, First, Middle Initial) ROGERS FOR CONGRESS</p> <p>Mailing Address PO Box 581 Post Office Box 581</p> <p>City Brighton State MI Zip Code 48116</p> <p>Purpose of Disbursement Contribution <input type="checkbox"/></p> <p>Candidate Name MICHAEL J ROGERS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 08</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.5669</p> <p>Date of Disbursement 03 / 06 / 2008</p> <p>Amount of Each Disbursement this Period 2000.00</p>
<p>B. Full Name (Last, First, Middle Initial) SCHIFF FOR CONGRESS</p> <p>Mailing Address 777 S. Figueroa St. Suite 4050</p> <p>City Los Angeles State CA Zip Code 90017</p> <p>Purpose of Disbursement Contribution <input type="checkbox"/></p> <p>Candidate Name ADAM SCHIFF</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 29</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.5679</p> <p>Date of Disbursement 03 / 06 / 2008</p> <p>Amount of Each Disbursement this Period 2000.00</p>
<p>C. Full Name (Last, First, Middle Initial) SENATE MAJORITY FUND</p> <p>Mailing Address P.O. Box 32025</p> <p>City Phoenix State AZ Zip Code 85064</p> <p>Purpose of Disbursement Contribution <input type="checkbox"/></p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.5690</p> <p>Date of Disbursement 03 / 06 / 2008</p> <p>Amount of Each Disbursement this Period 5000.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

9000.00

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

A. Full Name (Last, First, Middle Initial)
SUE MYRICK FOR CONGRESS

Mailing Address PO Box 37091

City State Zip Code
Charlotte NC 28237

Purpose of Disbursement
Contribution

Candidate Name
SUE MYRICK

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: NC District: 09

Transaction ID: SB23.5712

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

Mailing Address PO BOX 500

City State Zip Code
RYE NH 03870

Purpose of Disbursement
Contribution

Candidate Name
JOHN E SUNUNU

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: NH District:

Transaction ID: SB23.5706

Date of Disbursement

/ /

Amount of Each Disbursement this Period

C. Full Name (Last, First, Middle Initial)
TIM MURPHY FOR CONGRESS

Mailing Address PO Box 24551

City State Zip Code
Pittsburgh PA 15234

Purpose of Disbursement
Contribution

Candidate Name
TIM MURPHY

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: PA District: 18

Transaction ID: SB23.5702

Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)

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)

PAGE 17 / 17

<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

A.

Full Name (Last, First, Middle Initial)
WALDEN FOR CONGRESS

Transaction ID: SB23.5660

Date of Disbursement

Mailing Address PO Box 1091

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	6		2	0	0	8

City State Zip Code
Hood River OR 97031

Amount of Each Disbursement this Period

1500.00

Purpose of Disbursement
Contribution

--

Candidate Name
GREGORY PAUL WALDEN

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: OR District: 02

SUBTOTAL of Disbursements This Page (optional) ►

1500.00

TOTAL This Period (last page this line number only) ►

43500.00
