

# 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:

- |                                      |                                      |                                       |   |
|--------------------------------------|--------------------------------------|---------------------------------------|---|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8)  | <input type="checkbox"/> Nov 20 (M11)<br>(Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9)  | <input type="checkbox"/> Dec 20 (M12)<br>(Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE)                              |

- (c) 12-Day **PRE**-Election Report for the:
- |   |  |                                       |
|---|--|---------------------------------------|
| <input type="checkbox"/> Primary (12P)    | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12S) |                                       |

Election on MM / DD / YYYYYY in the State of   

- (d) 30-Day **POST**-Election Report for the:
- |   |                                       |  |
|---|---------------------------------------|--|
| <input checked="" type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|---|---------------------------------------|--|

Election on 11 / 04 / 2008 in the State of DC

5. Covering Period MM / DD / YYYYYY 10 / 16 / 2008 through MM / DD / YYYYYY 11 / 24 / 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

*John Richardson*

[Electronically Filed]

Date

MM / DD / YYYYYY 01 / 03 / 2011

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

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

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

**Physician Hospitals of America Political Action Committee**

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2008"/>		190176.06
(b) Cash on Hand at Beginning of Reporting Period.....	59376.06	
(c) Total Receipts (from Line 19) .....	82764.58	206722.35
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	142140.64	396898.41
7. Total Disbursements (from Line 31).....	19679.23	274437.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	122461.41	122461.41
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:  /  /  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).....	81729.54	199479.54
(ii) Unitemized .....	1035.04	3985.04
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	82764.58	203464.58
(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) .....	82764.58	203464.58
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	750.77
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	2500.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	7.00
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))..... ▶	82764.58	206722.35
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	82764.58	206722.35

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	0.00	757.77
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	757.77
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	14500.00	267500.00
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 .....	5179.23	5179.23
(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)).....	5179.23	5179.23
29. Other Disbursements .....	0.00	1000.00
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)) ..	19679.23	274437.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	19679.23	274437.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	82764.58	203464.58
34. Total Contribution Refunds (from Line 28(d)) .....	5179.23	5179.23
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	77585.35	198285.35
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	0.00	757.77
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	750.77
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	7.00

**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 47
<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**

**A. Eustaquio Abay**  
Full Name (Last, First, Middle Initial)

Mailing Address 3333 North Webb Road

City State Zip Code  
Wichita KS 67226

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

Name of Employer Occupation  
Kansas Spine Hospital Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2000.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
11 / 12 / 2008

**Transaction ID : C579**

Amount of Each Receipt this Period  
2000.00

**B. Samir Abu-Ghazaleh**  
Full Name (Last, First, Middle Initial)

Mailing Address 1315 S Cliff Ave  
Ste 3000

City State Zip Code  
Sioux Falls SD 57105-1061

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

Name of Employer Occupation  
OB/GYN & GYN Oncology, PC Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1500.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
10 / 27 / 2008

**Transaction ID : C548**

Amount of Each Receipt this Period  
1500.00

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

Mailing Address 5000 South Minnesota

City State Zip Code  
Sioux Falls SD 57108

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

Name of Employer Occupation  
Sinus Specialty Clinics Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1679.23

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
10 / 31 / 2008

**Transaction ID : C553**

Amount of Each Receipt this Period  
1500.00

<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 7 OF 47
	<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. C. Barrett Alldredge**  
Full Name (Last, First, Middle Initial)

Mailing Address 225 Bendel Road

City Lafayette State LA Zip Code 70503

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

Name of Employer Acadiana Otolaryngology Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 21 / 2008

**Transaction ID : C533**

Amount of Each Receipt this Period  
 1000.00

**B. Dale Anderson**  
Full Name (Last, First, Middle Initial)

Mailing Address 101 E Minnesota St Ste 210

City Rapid City State SD Zip Code 57701-7758

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

Name of Employer Anderson Orthopaedics Occupation Orthopaedic Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 16 / 2008

**Transaction ID : C556**

Amount of Each Receipt this Period  
 1300.00

**C. Alan Appley**  
Full Name (Last, First, Middle Initial)

Mailing Address 223 Bendel Road #B

City Lafayette State LA Zip Code 70503

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

Name of Employer Acadiana Otolaryngology Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 03 / 2008

**Transaction ID : C572**

Amount of Each Receipt this Period  
 1000.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	3300.00
<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 47
<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 C. Ayers**  
Full Name (Last, First, Middle Initial)

Mailing Address 11326 West 141st Street

City Overland Park State KS Zip Code 66221-8206

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

Name of Employer Nueterra Holdings, LLC Occupation CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1051.22

Date of Receipt 10 / 21 / 2008  
**Transaction ID : C5749150**

Amount of Each Receipt this Period 88.72

**[MEMO ITEM]**  
\* Partner of Nueterra Holdings/ Memo of Surgical Inst. of Reading

**B. Keith Baumgarten**  
Full Name (Last, First, Middle Initial)

Mailing Address 810 East 23rd Street

City Sioux Falls State SD Zip Code 57105

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

Name of Employer Orthopaedic Institute Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1062.92

Date of Receipt 11 / 20 / 2008  
**Transaction ID : C580**

Amount of Each Receipt this Period 1000.00

**C. Stephen Bernard**  
Full Name (Last, First, Middle Initial)

Mailing Address 2820 Mt. Rushmore Rd.

City Rapid City State SD Zip Code 57701

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

Name of Employer Rapid City Medical Center Occupation Ophthalmologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 215.00

Date of Receipt 10 / 16 / 2008  
**Transaction ID : C557**

Amount of Each Receipt this Period 215.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1215.00

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



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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 9 OF 47
<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

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

Name of Employer Dickson-Dively Midwest Orthop. Occupation Surgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 22 / 2008

**Transaction ID : C544**

Amount of Each Receipt this Period 1000.00

**B. Aaron Calodney**  
Full Name (Last, First, Middle Initial)

Mailing Address 1814 Roseland Blvd. Suite 200

City Tyler State TX Zip Code 75701

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 ▼ 688.22

Date of Receipt 10 / 16 / 2008

**Transaction ID : C561**

Amount of Each Receipt this Period 500.00

**C. Cary Clark**  
Full Name (Last, First, Middle Initial)

Mailing Address 1905 Donnybrook

City Tyler State TX Zip Code 75701

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

Name of Employer Azalea Orthopedics Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 561.00

Date of Receipt 10 / 16 / 2008

**Transaction ID : C562**

Amount of Each Receipt this Period 500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 47
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Jim Davidson**  
Full Name (Last, First, Middle Initial)

Mailing Address 11221 Roe Avenue  
Suite 320

City Leawood State KS Zip Code 66211

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
588.72

Date of Receipt  
10 / 21 / 2008  
**Transaction ID : C5749145**

Amount of Each Receipt this Period  
88.72

**[MEMO ITEM]**  
\* Partner of Nueterra Holdings/ Memo of Surgical Inst. of Reading

**B. Montgomery Denbo**  
Full Name (Last, First, Middle Initial)

Mailing Address 225 Bendel Road

City Lafayette State LA Zip Code 70503

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

Name of Employer Acadiana Otolaryngology Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
10 / 21 / 2008  
**Transaction ID : C535**

Amount of Each Receipt this Period  
1000.00

**C. Bryan Denhartog**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 6850

City Rapid City State SD Zip Code 57709

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

Name of Employer Black Hills Orthopedics Occupation Orthopedic Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1368.50

Date of Receipt  
10 / 16 / 2008  
**Transaction ID : C563**

Amount of Each Receipt this Period  
1368.50

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2368.50
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 11 OF 47
<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. Timothy M. Dettmer MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 662 E State St  
 City State Zip Code  
 Mason City IA 50401-4171  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Mason City Clinic Physician  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
**750.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**10 / 21 / 2008**  
**Transaction ID : C534**  
 Amount of Each Receipt this Period  
**250.00**

**B. Brian J Divelbiss MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4520 West 140th St.  
 City State Zip Code  
 Leawood KS 66224  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Dickson-Dively Midwest Orthop. Physician  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
**1000.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**10 / 22 / 2008**  
**Transaction ID : C545**  
 Amount of Each Receipt this Period  
**1000.00**

**C. Clark Duchene**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 6850  
 City State Zip Code  
 Rapid City SD 57709  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Black Hills Orthopedics Orthopedic Surgeon  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
**736.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**10 / 16 / 2008**  
**Transaction ID : C564**  
 Amount of Each Receipt this Period  
**736.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>1986.00</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 12 OF 47
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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

**A. Stephen G Eckrich**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 6850  
 City State Zip Code  
 Rapid City SD 57709  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Black Hills Orthopedics Orthopedic Surgeon  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1424.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 16 / 2008  
**Transaction ID : C565**  
 Amount of Each Receipt this Period  
 1424.00

**B. Stuart E. Fromm**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 6850  
 City State Zip Code  
 Rapid City SD 57709  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Black Hills Orthopedics Orthopedic Surgeon  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1182.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 16 / 2008  
**Transaction ID : C566**  
 Amount of Each Receipt this Period  
 1182.00

**C. Tammy Duckworth Ham**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11221 Roe Avenue  
 Suite 320  
 City State Zip Code  
 Leawood KS 66211  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Nueterra Holdings, LLC Senior Vice President  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 588.72

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 21 / 2008  
**Transaction ID : C5749151**  
 Amount of Each Receipt this Period  
 88.72  
**[MEMO ITEM]**  
 \* Partner of Nueterra Holdings/ Memo of Surgical Inst. of Reading

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2606.00  
**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 13 OF 47
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Heart Hospital of Austin**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3801 North Lamar Blvd.  
 City Austin State TX Zip Code 78756  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 16 / 2008  
**Transaction ID : C531**  
 Amount of Each Receipt this Period  
 1000.00  
 See Refund Mid Year 2011

**B. John Herlihy**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2820 Mt. Rushmore Rd.  
 City Rapid City State SD Zip Code 57701  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Rapid City Medical Center Ophthalmologist  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 16 / 2008  
**Transaction ID : C567**  
 Amount of Each Receipt this Period  
 250.00

**C. Darlys Hofer**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1200 South Euclid Avenue #212  
 City Sioux Falls State SD Zip Code 57105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Urology Specialists Surgeon  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 2179.23

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 31 / 2008  
**Transaction ID : C554**  
 Amount of Each Receipt this Period  
 5000.00  
 See Refund on 11/3/08

<b>SUBTOTAL</b> of Receipts This Page (optional).....	6250.00
<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 14 OF 47
<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. Jeff Hunter**  
Full Name (Last, First, Middle Initial)

Mailing Address 3414 Golden Rd

City Tyler State TX Zip Code 75701-8336

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

Name of Employer Heaton Eye Associates Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt 10 / 16 / 2008  
**Transaction ID : C568**

Amount of Each Receipt this Period 500.00

**B. Darron Jones**  
Full Name (Last, First, Middle Initial)

Mailing Address 250 South Crescent

City Mason City State IA Zip Code 50402

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 10 / 28 / 2008  
**Transaction ID : C551**

Amount of Each Receipt this Period 250.00

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

Mailing Address PO Box 6850

City Rapid City State SD Zip Code 57709

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

Name of Employer Black Hills Orthopedics Occupation Orthopedic Surgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 316.00

Date of Receipt 10 / 16 / 2008  
**Transaction ID : C569**

Amount of Each Receipt this Period 316.00

**SUBTOTAL** of Receipts This Page (optional).....▶ 1066.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 47
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial)  
**A. David H. Lang**

Mailing Address **PO Box 6850**

City **Rapid City** State **SD** Zip Code **57709**

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

Name of Employer **Black Hills Orthopedics** Occupation **Orthopedic Surgeon**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **996.00**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
10			16			2008			

**Transaction ID : C518**

Amount of Each Receipt this Period  

996.00
--------

Full Name (Last, First, Middle Initial)  
**B. Brett Lawlor**

Mailing Address **1136 Jackson Blvd Ste 3**

City **Rapid City** State **SD** Zip Code **57702-4397**

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

Name of Employer **The Rehab Doctors** Occupation **Physiatrist**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **440.00**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
10			16			2008			

**Transaction ID : C519**

Amount of Each Receipt this Period  

440.00
--------

Full Name (Last, First, Middle Initial)  
**C. Jeffrey Marrs**

Mailing Address **PO Box 6850**

City **Rapid City** State **SD** Zip Code **57709**

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

Name of Employer **Black Hills Orthopedics** Occupation **Orthopedic Surgeon**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **476.00**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
10			16			2008			

**Transaction ID : C520**

Amount of Each Receipt this Period  

476.00
--------

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>1912.00</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: PAGE 16 OF 47 (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**

**A. Marius Maxwell**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4141 5th Street  
City Rapid City State SD Zip Code 57701  
FEC ID number of contributing federal political committee. **C**  
Name of Employer The Spine Center Occupation Neurosurgeon  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **1000.00**

Date of Receipt **10 / 16 / 2008**  
**Transaction ID : C521**  
Amount of Each Receipt this Period **1000.00**

**B. Denise Mayhew**  
Full Name (Last, First, Middle Initial)  
Mailing Address 11221 Roe Avenue Suite 320  
City Leawood State KS Zip Code 66211  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Nueterra Holdings, LLC Occupation Senior Vice President  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **1528.04**

Date of Receipt **10 / 21 / 2008**  
**Transaction ID : C5749146**  
Amount of Each Receipt this Period **88.72**  
**[MEMO ITEM]**  
\* Partner of Nueterra Holdings/ Memo of Surgical Inst. of Reading

**C. Michael McGowan**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2127 South Minnesota Avenue  
City Sioux Falls State SD Zip Code 57105  
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 **1029.52**

Date of Receipt **11 / 06 / 2008**  
**Transaction ID : C577**  
Amount of Each Receipt this Period **1000.00**

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 47
	<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. Horace Mitchell**  
Full Name (Last, First, Middle Initial)

Mailing Address 10101 Park Rowe Circle

City Baton Rouge State LA Zip Code 70810

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

Name of Employer The NeuroMedical Center Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 04 / 2008  
**Transaction ID : C574**

Amount of Each Receipt this Period  
 1000.00

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

Mailing Address 805 Farmington Drive

City Lafayette State LA Zip Code 70503

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

Name of Employer Anesthesia Specialists Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 21 / 2008  
**Transaction ID : C543**

Amount of Each Receipt this Period  
 750.00

**C. David S. Muldowny**  
Full Name (Last, First, Middle Initial)

Mailing Address 1103 Kaliste Saloom Road

City Lafayette State LA Zip Code 70508

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

Name of Employer Lafayette Surgical Hospital Occupation Orthopedic Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1822.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 21 / 2008  
**Transaction ID : C536**

Amount of Each Receipt this Period  
 1500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 3250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 47
	<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. New Dimensions Weight Loss Surgery**

Full Name (Last, First, Middle Initial)  
Mailing Address 9150 Huebner Road #250  
City San Antonio State TX Zip Code 78240

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
10 / 21 / 2008  
**Transaction ID : C540**

Amount of Each Receipt this Period  
500.00

See Refund Mid Year 2011

**B. Joe Olsen**

Full Name (Last, First, Middle Initial)  
Mailing Address 3813 Kiwanis Circle  
City Sioux Falls State SD Zip Code 57105

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

Name of Employer Occupation  
Children's Dental Center Dentist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2104.55

Date of Receipt  
10 / 31 / 2008  
**Transaction ID : C555**

Amount of Each Receipt this Period  
2000.00

**C. Lew W Papendick**

Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 6850  
City Rapid City State SD Zip Code 57709

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

Name of Employer Occupation  
Black Hills Orthopedics Orthopedic Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1634.00

Date of Receipt  
10 / 16 / 2008  
**Transaction ID : C523**

Amount of Each Receipt this Period  
1634.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	4134.00
<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 19 OF 47
	<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. Brad Plaga**  
Full Name (Last, First, Middle Initial)

Mailing Address 810 East 23rd Street

City State Zip Code  
Sioux Falls SD 57105

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

Name of Employer Occupation  
Orthopedic Institute Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
730.79

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
10 / 21 / 2008

**Transaction ID : C537**

Amount of Each Receipt this Period  
700.00

**B. Eric J. Potthoff MD**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 1815  
250 South Crescent

City State Zip Code  
Mason City IA 50402-1815

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

Name of Employer Occupation  
Mason City Clinic Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
11 / 12 / 2008

**Transaction ID : C578**

Amount of Each Receipt this Period  
250.00

**C. T.J. Rasmussen MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 3651 College Blvd. Suite 100A

City State Zip Code  
Leawood KS 66211

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

Name of Employer Occupation  
Orthopaedic & Sports Medicine Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
10 / 22 / 2008

**Transaction ID : C546**

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1950.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 47
	<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. Charles E. Rhoades MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3651 College Blvd.  
 City Leawood State KS Zip Code 66211  
 Name of Employer Dickson-Dively Midwest Orthop. Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 22 / 2008  
**Transaction ID : C547**  
 Amount of Each Receipt this Period 1000.00

**B. Stuart Rice**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4141 Fifth Street  
 City Rapid City State SD Zip Code 57701  
 Name of Employer The Spine Center Occupation Neurosurgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2414.04

Date of Receipt 10 / 16 / 2008  
**Transaction ID : C524**  
 Amount of Each Receipt this Period 2414.04

**C. Daniel Saale**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11221 Roe Avenue Suite 320  
 City Leawood State KS Zip Code 66211  
 Name of Employer Nueterra Holdings, LLC Occupation Executive VP & CFO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 801.22

Date of Receipt 10 / 21 / 2008  
**Transaction ID : C5749149**  
 Amount of Each Receipt this Period 88.72  
**[MEMO ITEM]**  
 \* Partner of Nueterra Holdings/ Memo of Surgical Inst. of Reading

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 3414.04  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 47
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 11221 Roe Avenue  
Suite 320

City Leawood State KS Zip Code 66211

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

Name of Employer Nueterra Holdings, LLC Occupation CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
901.22

Date of Receipt  
10 / 21 / 2008  
**Transaction ID : C5749148**

Amount of Each Receipt this Period  
88.72

**[MEMO ITEM]**  
\* Partner of Nueterra Holdings/ Memo of Surgical Inst. of Reading

**B. James Scherrer**  
Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 6850

City Rapid City State SD Zip Code 57709

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

Name of Employer Black Hills Orthopedics Occupation Business Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
764.00

Date of Receipt  
10 / 16 / 2008  
**Transaction ID : C525**

Amount of Each Receipt this Period  
764.00

**C. Rand L Schleusener**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 6850

City Rapid City State SD Zip Code 57709

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

Name of Employer Black Hills Orthopedics Occupation Orthopedic Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1368.00

Date of Receipt  
10 / 16 / 2008  
**Transaction ID : C526**

Amount of Each Receipt this Period  
1368.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2132.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 47
	<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. Edward L. Seljeskog**  
Full Name (Last, First, Middle Initial)

Mailing Address 4141 Fifth Street

City State Zip Code  
Rapid City SD 57701

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

Name of Employer Occupation  
The Spine Center Neurosurgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
710.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
10 / 16 / 2008  
**Transaction ID : C527**

Amount of Each Receipt this Period  
710.00

**B. Scott Soleau**  
Full Name (Last, First, Middle Initial)

Mailing Address 10101 Park Rowe Circle

City State Zip Code  
Baton Rouge LA 70810

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

Name of Employer Occupation  
The NeuroMedical Center Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
11 / 04 / 2008  
**Transaction ID : C573**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 1101 Kaliste Saloom Road

City State Zip Code  
Lafayette LA 70508

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

Name of Employer Occupation  
Lafayette Surgical Hospital Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1214.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
10 / 21 / 2008  
**Transaction ID : C538**

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2710.00

**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 23 OF 47
<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) <b>A. Kevin Standefer</b>		Date of Receipt 10 / 21 / 2008 <b>Transaction ID : C5749141</b>
Mailing Address 11221 Roe Avenue Suite 320		Amount of Each Receipt this Period 88.73
City Leawood	State KS	Zip Code 66211
FEC ID number of contributing federal political committee. C	Name of Employer Nueterra Holdings, LLC	Occupation Senior Vice President
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 801.23	<b>[MEMO ITEM]</b> * Partner of Nueterra Holdings/ Memo of Surgical Inst. of Reading

Full Name (Last, First, Middle Initial) <b>B. Daniel Tasset</b>		Date of Receipt 10 / 21 / 2008 <b>Transaction ID : C5749147</b>
Mailing Address 11221 Roe Avenue Suite 320		Amount of Each Receipt this Period 88.72
City Leawood	State KS	Zip Code 66211
FEC ID number of contributing federal political committee. C	Name of Employer Nueterra Holdings, LLC	Occupation Chairman, Board of Directors
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2829.37	<b>[MEMO ITEM]</b> * Partner of Nueterra Holdings/ Memo of Surgical Inst. of Reading

Full Name (Last, First, Middle Initial) <b>C. Larry L Teuber</b>		Date of Receipt 10 / 16 / 2008 <b>Transaction ID : C529</b>
Mailing Address 4141 5th Street		Amount of Each Receipt this Period 2000.00
City Rapid City	State SD	Zip Code 57701
FEC ID number of contributing federal political committee. C	Name of Employer Neurosurgical & Spinal Surgery	Occupation Physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2000.00
<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 24 OF 47
<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. Patrick Tlustos**  
Full Name (Last, First, Middle Initial)

Mailing Address 1309 W. Main Street

City Rapid City State SD Zip Code 57702

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

Name of Employer Northwestern Engineering Co. Occupation CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1036.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 16 / 2008

**Transaction ID : C530**

Amount of Each Receipt this Period  
 1036.00

**B. TpHR, LLP**  
Full Name (Last, First, Middle Initial)

Mailing Address 14131 Midway Suite 1050

City Addison State TX Zip Code 75001

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 06 / 2008

**Transaction ID : C575**

Amount of Each Receipt this Period  
 500.00

See Refund Mid Year 2011

**C. Tim Watt**  
Full Name (Last, First, Middle Initial)

Mailing Address 4141 5th Street

City Rapid City State SD Zip Code 57701

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

Name of Employer Occupation  
 Neurosurgical & Spinal Surgery Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 16 / 2008

**Transaction ID : C532**

Amount of Each Receipt this Period  
 100.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1636.00
<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 25 OF 47  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

Full Name (Last, First, Middle Initial)  
**A. Tim Watt**

Mailing Address 4141 5th Street

City State Zip Code  
Rapid City SD 57701

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

Name of Employer Occupation  
Neurosurgical & Spinal Surgery Physician

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
900.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
10 / 21 / 2008

**Transaction ID : C539**

Amount of Each Receipt this Period  
800.00

Full Name (Last, First, Middle Initial)  
**B. Kirke Wheeler**

Mailing Address 1201 East Euclid #104

City State Zip Code  
Sioux Falls SD 57105

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

Name of Employer Occupation  
Surgical Associates Surgeon

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3634.42

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
11 / 03 / 2008

**Transaction ID : C571**

Amount of Each Receipt this Period  
3500.00

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

Mailing Address 1200 South Euclid Avenue #212

City State Zip Code  
Sioux Falls SD 57105

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

Name of Employer Occupation  
Urology Specialists Physician

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1535.56

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
11 / 06 / 2008

**Transaction ID : C576**

Amount of Each Receipt this Period  
1500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 5800.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 26 OF 47
<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. Lafayette Surgical Specialty Hospital, LLC**

Mailing Address 1101 Kaliste Saloom Road

City Lafayette	State LA	Zip Code 70508
-------------------	-------------	-------------------

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

Name of Employer	Occupation
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
10 / 21 / 2008  
**Transaction ID : C541**

Amount of Each Receipt this Period  
5000.00

PARTNERSHIP--partners below if itemized

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

Mailing Address 216 Kings Rd

City Lafayette	State LA	Zip Code 70503-3620
-------------------	-------------	------------------------

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

Name of Employer Lafayette Surgical Specialty Hospital	Occupation Physician/Medical Director
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1714.00

Date of Receipt  
10 / 21 / 2008  
**Transaction ID : C988**

Amount of Each Receipt this Period  
214.00

**[MEMO ITEM]**  
\*

Full Name (Last, First, Middle Initial)  
**C. Louis C. Blanda**

Mailing Address 1103 Kaliste Saloom Road  
Suite 100

City Lafayette	State LA	Zip Code 70508
-------------------	-------------	-------------------

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

Name of Employer Lafayette Surgical Hospital	Occupation Orthopedic Surgeon
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 429.00

Date of Receipt  
10 / 21 / 2008  
**Transaction ID : C986**

Amount of Each Receipt this Period  
429.00

**[MEMO ITEM]**  
\*

<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 27 OF 47
<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) <b>A. John E. Cobb</b>		Date of Receipt 10 / 21 / 2008 <b>Transaction ID : C985</b>
Mailing Address 1103 Kaliste Saloom Road Suite 100		Amount of Each Receipt this Period 697.00
City Lafayette	State Zip Code LA 70508	
FEC ID number of contributing federal political committee. C		[MEMO ITEM] *
Name of Employer Lafayette Surgical Hospital	Occupation Orthopedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 697.00	

Full Name (Last, First, Middle Initial) <b>B. Luiz C. DeAraujo</b>		Date of Receipt 10 / 19 / 2008 <b>Transaction ID : C989</b>
Mailing Address 1101 Kaliste Saloom Road		Amount of Each Receipt this Period 214.00
City Lafayette	State Zip Code LA 70508	
FEC ID number of contributing federal political committee. C		[MEMO ITEM] *
Name of Employer Lafayette Surgical Hospital	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 214.00	

Full Name (Last, First, Middle Initial) <b>C. James S. Garcelon</b>		Date of Receipt 10 / 21 / 2008 <b>Transaction ID : C990</b>
Mailing Address 1101 Kaliste Saloom Road		Amount of Each Receipt this Period 214.00
City Lafayette	State Zip Code LA 70508	
FEC ID number of contributing federal political committee. C		[MEMO ITEM] *
Name of Employer Lafayette Surgical Hospital	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 214.00	

<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 28 OF 47 (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**

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

Mailing Address 1101 Kaliste Saloom Road

City Lafayette State LA Zip Code 70508

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

Name of Employer Lafayette Surgical Hospital Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 214.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 21 / 2008

**Transaction ID : C991**

Amount of Each Receipt this Period  
 214.00

**[MEMO ITEM]**  
\*

**B. David S. Muldowny**  
Full Name (Last, First, Middle Initial)

Mailing Address 1103 Kaliste Saloom Road

City Lafayette State LA Zip Code 70508

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

Name of Employer Lafayette Surgical Hospital Occupation Orthopedic Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1822.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 21 / 2008

**Transaction ID : C987**

Amount of Each Receipt this Period  
 322.00

**[MEMO ITEM]**  
\*

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

Mailing Address 1101 Kaliste Saloom Road

City Lafayette State LA Zip Code 70508

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

Name of Employer Lafayette Surgical Hospital Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1214.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 21 / 2008

**Transaction ID : C992**

Amount of Each Receipt this Period  
 214.00

**[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 29 OF 47
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<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. Surgical Institute of Reading**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2752 Century Blvd.  
 City Wyomissing State PA Zip Code 19610  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 5000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 21 / 2008  
**Transaction ID : C542**  
 Amount of Each Receipt this Period  
 5000.00  
 PARTNERSHIP--partners below if itemized

**B. David Allen**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6 Bordeaux Dr.  
 City Mohnton State PA Zip Code 19540  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Surgical Institute of Reading Partner  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 268.14

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 21 / 2008  
**Transaction ID : C1115**  
 Amount of Each Receipt this Period  
 268.14  
**[MEMO ITEM]**  
 \*

**C. Stephen P. Banco**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1816 Reading Blvd.  
 City Wyomissing State PA Zip Code 19610  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Surgical Institute of Reading Partner  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 268.14

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 21 / 2008  
**Transaction ID : C1116**  
 Amount of Each Receipt this Period  
 268.14  
**[MEMO ITEM]**  
 \*

<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: PAGE 30 OF 47  
(check only one)

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

Full Name (Last, First, Middle Initial)  
**A. Thomas C. Beetel**

Mailing Address 967 Imperial Dr.

City Mohnnton State PA Zip Code 19540

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

Name of Employer Surgical Insitute of Reading Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
268.14

Date of Receipt  
10 / 21 / 2008  
Transaction ID : C1117

Amount of Each Receipt this Period  
268.14

[MEMO ITEM]  
\*

Full Name (Last, First, Middle Initial)  
**B. Tonie Crandall**

Mailing Address 2387 Welsch Rd.

City Mohnnton State PA Zip Code 19540

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

Name of Employer Surgical Institute of Reading Occupation Partner

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
268.14

Date of Receipt  
10 / 21 / 2008  
Transaction ID : C1118

Amount of Each Receipt this Period  
268.14

[MEMO ITEM]  
\*

Full Name (Last, First, Middle Initial)  
**c. Jeffrey S. Driben**

Mailing Address 1894 Brandywine Ct.

City Wyomissing State PA Zip Code 19610

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

Name of Employer Surgical Institute of Reading Occupation Partner

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
268.14

Date of Receipt  
10 / 21 / 2008  
Transaction ID : C1119

Amount of Each Receipt this Period  
268.14

[MEMO ITEM]  
\*

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

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

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

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

FOR LINE NUMBER: PAGE 31 OF 47  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

Full Name (Last, First, Middle Initial)  
**A. Stephen H. Fehnel**

Mailing Address 410 N. Tulpehucken Rd.

City State Zip Code  
Reading PA 19601

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

Name of Employer Occupation  
Surgical Institute of Reading Partner

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
268.14

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 21 / 2008

**Transaction ID : C1120**

Amount of Each Receipt this Period  
268.14

**[MEMO ITEM]**  
\*

Full Name (Last, First, Middle Initial)  
**B. Robert J. Howard**

Mailing Address 12 Mildred Lane

City State Zip Code  
Fleetwood PA 19522

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

Name of Employer Occupation  
Surgical Institute of Reading Partner

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
268.14

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 21 / 2008

**Transaction ID : C1121**

Amount of Each Receipt this Period  
268.14

**[MEMO ITEM]**  
\*

Full Name (Last, First, Middle Initial)  
**C. John V. LaManna**

Mailing Address 2 Randee Lane

City State Zip Code  
Reading PA 19607

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

Name of Employer Occupation  
Surgical Institute of Reading Partner

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
268.14

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 21 / 2008

**Transaction ID : C1122**

Amount of Each Receipt this Period  
268.14

**[MEMO ITEM]**  
\*

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 47
	<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. Joseph R. Levan**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3385 Harwood Lane  
 City Sinking Spring State PA Zip Code 19608  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Surgical Institute of Reading Occupation Partner  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 268.14

Date of Receipt 10 / 21 / 2008  
**Transaction ID : C1123**  
 Amount of Each Receipt this Period 268.14  
**[MEMO ITEM]**  
 \*

**B. Charles K. Lutz**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4751 Boyertown Pike  
 City Reading State PA Zip Code 19606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Surgical Institute of Reading Occupation Partner  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 268.14

Date of Receipt 10 / 21 / 2008  
**Transaction ID : C1124**  
 Amount of Each Receipt this Period 268.14  
**[MEMO ITEM]**  
 \*

**C. John A. Martin Jr.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1833 Limekiln Rd  
 City Douglassville State PA Zip Code 19518  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Surgical Institute of Reading Occupation Partner  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 268.14

Date of Receipt 10 / 21 / 2008  
**Transaction ID : C1125**  
 Amount of Each Receipt this Period 268.14  
**[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 33 OF 47
	<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. Paul C. Neuman**  
Full Name (Last, First, Middle Initial)

Mailing Address 486 Wheatfield Dr.

City Lilitz State PA Zip Code 17543

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

Name of Employer Surgical Institute of Reading Occupation Partner

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 268.14

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 21 / 2008

**Transaction ID : C1126**

Amount of Each Receipt this Period  
 268.14

**[MEMO ITEM]**  
\*

**B. Nueterra Holdings, LLC**  
Full Name (Last, First, Middle Initial)

Mailing Address 11221 Roe Ave Ste 310

City Leawood State KS Zip Code 66211-1878

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 709.78

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 21 / 2008

**Transaction ID : C1131**

Amount of Each Receipt this Period  
 709.78

**[MEMO ITEM]**  
\* Partnership Contribution/ See Attribution

**C. James P. Restrepo M.D., FACS**  
Full Name (Last, First, Middle Initial)

Mailing Address 1175 Reading Blvd

City Wyomissing State PA Zip Code 19610-2275

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

Name of Employer Surgical Institute of Reading Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 268.14

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 21 / 2008

**Transaction ID : C1127**

Amount of Each Receipt this Period  
 268.14

**[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 34 OF 47
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. John P. Stelmach**  
Full Name (Last, First, Middle Initial)

Mailing Address 1715 Alsace Rd

City Reading State PA Zip Code 19604

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

Name of Employer Surgical Institute of Reading Occupation Partner

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 268.13

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 21 / 2008

**Transaction ID : C1129**

Amount of Each Receipt this Period  
 268.13

**[MEMO ITEM]**  
\*

**B. Kevin M. Terefenko**  
Full Name (Last, First, Middle Initial)

Mailing Address 1939 Wickford Place

City Wyomissing State PA Zip Code 19610

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

Name of Employer Surgical Institute of Reading Occupation Partner

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 268.14

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 21 / 2008

**Transaction ID : C1128**

Amount of Each Receipt this Period  
 268.14

**[MEMO ITEM]**  
\*

**C. Alan Tuckman**  
Full Name (Last, First, Middle Initial)

Mailing Address 2933 Cotswold Rd

City Sinking Springs State PA Zip Code 19608

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

Name of Employer Surgical Institute of Reading Occupation Partner

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 268.13

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 21 / 2008

**Transaction ID : C1130**

Amount of Each Receipt this Period  
 268.13

**[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 35 OF 47
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial)  
**A. Regent Management Services**

Mailing Address 36 Regent Drive

City State Zip Code  
Oak Brook IL 60523

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
10 / 27 / 2008  
**Transaction ID : C549**

Amount of Each Receipt this Period  
5000.00

PARTNERSHIP--partners below if itemized

Full Name (Last, First, Middle Initial)  
**B. Margaret Mallon**

Mailing Address 36 Regent Drive

City State Zip Code  
Oak Brooke IL 60523

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

Name of Employer Occupation  
Regent Management Services Partner

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
10 / 27 / 2008  
**Transaction ID : C993**

Amount of Each Receipt this Period  
500.00

**[MEMO ITEM]**  
\*

Full Name (Last, First, Middle Initial)  
**C. Thomas Mallon**

Mailing Address 4 Westbrook Corporate Ctr  
Ste 440

City State Zip Code  
Westchester IL 60154-5735

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

Name of Employer Occupation  
Regent Surgical Health CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  
10 / 27 / 2008  
**Transaction ID : C994**

Amount of Each Receipt this Period  
2500.00

**[MEMO ITEM]**  
\*

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 36 OF 47
<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. Thomas J. Mallon Special Trust**

Mailing Address 36 Regent Drive

City State Zip Code  
Oak Brook IL 60523

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 27 / 2008

**Transaction ID : C995**

Amount of Each Receipt this Period  
2000.00

**[MEMO ITEM]**  
\* See Refund Mid Year 2011

Full Name (Last, First, Middle Initial)  
**B. Global Rehab LP**

Mailing Address 1340 Empire Central Dr

City State Zip Code  
Dallas TX 75247-4022

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 20 / 2008

**Transaction ID : C581**

Amount of Each Receipt this Period  
5000.00

PARTNERSHIP--partners below if itemized

Full Name (Last, First, Middle Initial)  
**c. Cecil Bailey MD**

Mailing Address 200 Bryan Pl

City State Zip Code  
Cedar Hill TX 75104-1768

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

Name of Employer Occupation  
Heritage Inter Med Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
887.50

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 20 / 2008

**Transaction ID : C5675720**

Amount of Each Receipt this Period  
375.00

**[MEMO ITEM]**  
\*

<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: PAGE 37 OF 47 (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. Anthony Doti MD</b>	Date of Receipt M M / D D / Y Y Y Y Y 11 / 20 / 2008 <b>Transaction ID : C5675721</b>
Mailing Address 6601 Harris Pkwy	Amount of Each Receipt this Period 375.00
City State Zip Code Fort Worth TX 76132-6108	[MEMO ITEM] *
FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Occupation Self Employed Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 887.50

Full Name (Last, First, Middle Initial) <b>B. Wafer Gamil</b>	Date of Receipt M M / D D / Y Y Y Y Y 11 / 20 / 2008 <b>Transaction ID : C5675722</b>
Mailing Address 6601 Harris Parkway	Amount of Each Receipt this Period 375.00
City State Zip Code Fort Worth TX 76132	[MEMO ITEM] *
FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Occupation Self Employed Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 887.50

Full Name (Last, First, Middle Initial) <b>C. Gary Goff</b>	Date of Receipt M M / D D / Y Y Y Y Y 11 / 20 / 2008 <b>Transaction ID : C5675717</b>
Mailing Address 1340 Empire Central Drive	Amount of Each Receipt this Period 250.00
City State Zip Code Dallas TX 75247	[MEMO ITEM] *
FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Occupation Self Employed Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00

<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 38 OF 47
	<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. Michael Rimlawi**  
Full Name (Last, First, Middle Initial)

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

City Dallas State TX Zip Code 75208

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

Name of Employer Advanced Spine and Scoliosis Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
11 / 20 / 2008  
**Transaction ID : C5675718**

Amount of Each Receipt this Period  
250.00

**[MEMO ITEM]**  
\*

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

Mailing Address 13213 Glad Acres Dr

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

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

Name of Employer Global Rehab Occupation Physician/CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
962.50

Date of Receipt  
11 / 20 / 2008  
**Transaction ID : C5675723**

Amount of Each Receipt this Period  
400.00

**[MEMO ITEM]**  
\*

**C. Archana Thota**  
Full Name (Last, First, Middle Initial)

Mailing Address 6601 Harris Parkway

City Fort Worth State TX Zip Code 76132

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

Name of Employer Lone Star Internal Medicine Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
962.50

Date of Receipt  
11 / 20 / 2008  
**Transaction ID : C5675724**

Amount of Each Receipt this Period  
400.00

**[MEMO ITEM]**  
\*

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 47
	<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. Doug Won**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1340 Empire Central Dr  
City Dallas State TX Zip Code 75247-4022  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Southwest Spine Institute Occupation Physician  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 20 / 2008  
**Transaction ID : C5675719**  
Amount of Each Receipt this Period 250.00  
**[MEMO ITEM]**  
\*

**B. Scott Wood**  
Full Name (Last, First, Middle Initial)  
Mailing Address 6601 Harris Parkway  
City Fort Worth State TX Zip Code 76132  
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 ▼ 962.50

Date of Receipt 11 / 20 / 2008  
**Transaction ID : C5675725**  
Amount of Each Receipt this Period 400.00  
**[MEMO ITEM]**  
\*

**C. Global Rehab LP Fort Worth**  
Full Name (Last, First, Middle Initial)  
Mailing Address 6601 Harris Parkway  
City Fort Worth State TX Zip Code 76132  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 11 / 20 / 2008  
**Transaction ID : C582**  
Amount of Each Receipt this Period 5000.00  
PARTNERSHIP--partners below if itemized

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 40 OF 47
<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. Cecil Bailey MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 200 Bryan Pl

City Cedar Hill State TX Zip Code 75104-1768

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

Name of Employer Heritage Inter Med Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **887.50**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 20 / 2008

**Transaction ID : C5675681**

Amount of Each Receipt this Period  
 512.50

**[MEMO ITEM]**  
\*

**B. Anthony Doti MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 6601 Harris Pkwy

City Fort Worth State TX Zip Code 76132-6108

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 ▼ **887.50**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 20 / 2008

**Transaction ID : C5675692**

Amount of Each Receipt this Period  
 512.50

**[MEMO ITEM]**  
\*

**C. Wafer Gamil**  
Full Name (Last, First, Middle Initial)

Mailing Address 6601 Harris Parkway

City Fort Worth State TX Zip Code 76132

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 ▼ **887.50**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 20 / 2008

**Transaction ID : C5675702**

Amount of Each Receipt this Period  
 512.50

**[MEMO ITEM]**  
\*

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



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

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

FOR LINE NUMBER: PAGE 41 OF 47  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

Mailing Address 13213 Glad Acres Dr

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

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

Name of Employer Global Rehab Occupation Physician/CEO

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 962.50

Date of Receipt  
 11 / 20 / 2008  
**Transaction ID : C5675712**

Amount of Each Receipt this Period  
 562.50

**[MEMO ITEM]**  
\*

Full Name (Last, First, Middle Initial)  
**B. Archana Thota**

Mailing Address 6601 Harris Parkway

City Fort Worth State TX Zip Code 76132

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

Name of Employer Lone Star Internal Medicine Occupation Physician

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 962.50

Date of Receipt  
 11 / 20 / 2008  
**Transaction ID : C5675715**

Amount of Each Receipt this Period  
 562.50

**[MEMO ITEM]**  
\*

Full Name (Last, First, Middle Initial)  
**C. Scott Wood**

Mailing Address 6601 Harris Parkway

City Fort Worth State TX Zip Code 76132

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 ▼  
 962.50

Date of Receipt  
 11 / 20 / 2008  
**Transaction ID : C5675716**

Amount of Each Receipt this Period  
 562.50

**[MEMO ITEM]**  
\*

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	0.00
<b>TOTAL</b> This Period (last page this line number only).....▶	81729.54

**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. GIFFORDS FOR CONGRESS**

Mailing Address PO Box 12886

City Tucson State AZ Zip Code 85732

Purpose of Disbursement  
Contribution

Candidate Name

**GABRIELLE GIFFORDS**

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

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	27	/	2008

**Transaction ID : D397**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. GRAVES FOR CONGRESS**

Mailing Address 2345 Grand Blvd  
Ste 2400

City Kansas City State MO Zip Code 64108-2642

Purpose of Disbursement  
Contribution

Candidate Name

**SAMUEL B. GRAVES**

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

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	27	/	2008

**Transaction ID : D402**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. HARRY MITCHELL FOR CONGRESS**

Mailing Address PO Box 23748

City Tempe State AZ Zip Code 85285

Purpose of Disbursement  
Contribution

Candidate Name

**HARRY E. MITCHELL**

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

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	27	/	2008

**Transaction ID : D398**

Amount of Each Disbursement this Period

1000.00
---------

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

3000.00
---------

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

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

**A. HELLER FOR CONGRESS**

Mailing Address 7840 Red Leaf Dr

City Las Vegas State NV Zip Code 89131-5005

Purpose of Disbursement Contribution

Candidate Name  
**DEAN HELLER**

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

Disbursement For: 2008  
 Primary  General  Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		27		2008

Transaction ID : D406

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. HOOSIERS FOR HILL**

Mailing Address PO Box 1071

City Seymour State IN Zip Code 47274

Purpose of Disbursement Contribution

Candidate Name  
**BARON P. HILL**

Office Sought:  House  Senate  President  
State: IN District: 09

Disbursement For: 2008  
 Primary  General  Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		27		2008

Transaction ID : D401

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. JON PORTER FOR CONGRESS COMMITTEE**

Mailing Address 1420 Cypress Creek Rd Ste 200-320

City Cedar Park State TX Zip Code 78613-3610

Purpose of Disbursement Contribution

Candidate Name  
**JON PORTER**

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

Disbursement For: 2008  
 Primary  General  Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		27		2008

Transaction ID : D407

Amount of Each Disbursement this Period

1000.00
---------

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

3000.00
---------

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

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

**A. KIRK FOR CONGRESS**

Mailing Address PO Box 8

City Winnetka State IL Zip Code 60093-0008

Purpose of Disbursement  
Contribution

Candidate Name

**MARK STEVEN KIRK**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: IL District: 10

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			27			2008			

**Transaction ID : D400**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. LAMPSON FOR CONGRESS**

Mailing Address PO Box 58606

City Houston State TX Zip Code 77258-8606

Purpose of Disbursement  
Contribution

Candidate Name

**NICHOLAS LAMPSON**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: TX District: 22

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			27			2008			

**Transaction ID : D408**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. PEOPLE FOR ENGLISH**

Mailing Address PO Box 1940

City Erie State PA Zip Code 16507-0940

Purpose of Disbursement  
Contribution

Candidate Name

**PHILIP S. ENGLISH**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: PA District: 03

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			27			2008			

**Transaction ID : D403**

Amount of Each Disbursement this Period

1000.00
---------

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

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

3000.00
---------

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

**A. RANGEL FOR CONGRESS**

Mailing Address PO Box 5577  
MANHATTANVILLE STA

City New York State NY Zip Code 10027-5570

Purpose of Disbursement  
Contribution

Candidate Name  
**CHARLES B. RANGEL**

Office Sought:  House  
 Senate  
 President  
State: NY District: 15

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 31 / 2008

**Transaction ID : D410**

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

**B. SALI FOR CONGRESS**

Mailing Address PO Box 71

City Kuna State ID Zip Code 83634

Purpose of Disbursement  
Contribution

Candidate Name  
**WILLIAM T. SALI**

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

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 27 / 2008

**Transaction ID : D399**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. SCHMIDT FOR CONGRESS COMMITTEE**

Mailing Address 771 Wards Corner Rd

City Loveland State OH Zip Code 45140

Purpose of Disbursement  
Contribution

Candidate Name  
**JEANNETTE H. SCHMIDT**

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

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 27 / 2008

**Transaction ID : D405**

Amount of Each Disbursement this Period

1000.00

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

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

3500.00

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

**A. SHELLEY MOORE CAPITO FOR CONGRESS**

Mailing Address PO Box 11519

City Charleston State WV Zip Code 25339-1519

Purpose of Disbursement  
Contribution

Candidate Name

**SHELLEY MOORE CAPITO**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: WV District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
10			27			2008					

**Transaction ID : D409**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. STEVE CHABOT FOR CONGRESS**

Mailing Address 3339 Harrison Ave.

City Cincinnati State OH Zip Code 45211

Purpose of Disbursement  
Contribution

Candidate Name

**STEVE CHABOT**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: OH District: 01

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
10			27			2008					

**Transaction ID : D404**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

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

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

2000.00
---------

14500.00
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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 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. Darlys Hofer**

Mailing Address 1200 South Euclid Avenue  
#212

City State Zip Code  
Sioux Falls SD 57105

Purpose of Disbursement  
Refund of Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /   
11 / 03 / 2008

Transaction ID : D411

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**B. Vaughn H. Meyer MD**

Mailing Address 2505 E Slaten Park Circle

City State Zip Code  
Sioux Falls SD 57103-4648

Purpose of Disbursement  
Refund of Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /   
11 / 03 / 2008

Transaction ID : D412

Amount of Each Disbursement this Period

179.23

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

/  /

Amount of Each Disbursement this Period

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

5179.23

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

5179.23